

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



Part C State Performance Plan (SPP) for FFY 2005-2012

Most Recent Revisions Submitted February 1, 2011 with FFY 2009 APR

Overview of the State Performance Plan Development**Activities Relevant to All Indicators**

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 early intervention system. This commitment has been demonstrated through previous activities of the WV Birth to Three redesign, the State's self-assessment, and other improvement planning processes under IDEA. Development of this State Performance Plan continued to build on previous stakeholder efforts to improve results for infants, toddlers and families in West Virginia.

The West Virginia Early Intervention Interagency Coordinating Council (WVEIICC) has been the primary stakeholder group for development of previous State Improvement Plans, Annual Performance Reports, and the State Performance Plan. The WVEIICC also served in an oversight role for implementation of recommendations around the redesign of the WV Birth to Three System. The WVEIICC is established under WV Code Chapter 16, Volume 5A, and meets every other month. The Council includes all members required by Federal regulation including parents, service providers, and representatives of various state agencies, as well as other key stakeholders identified by the Council as needed to accomplish the role and function of the Council. These additional members include representatives of various advocacy and community groups, including West Virginia Advocates, and West Virginia Parent Training and Information.

The agendas for each of the WVEIICC meetings during 2005 have included information about the various drafts and final requirements of the State Performance Plan. The Council contributed input directly regarding establishment of improvement activities and rigorous targets for the six-year plan. In addition to the WVEIICC, input from the Making a Difference Initiative stakeholders and the Transition Steering Committee, was used to develop strategies under Indicators 3, 4, and 8.

The West Virginia Birth to Three State level staff provided information during WV Birth to Three regional practitioner meetings regarding the requirements of the State Performance Plan. State staff utilized a variety of strategies to obtain data needed for establishment of baseline measures, rigorous targets, and improvement strategies across the outcome indicators. The data sources included: information from the WV Birth to Three statewide integrated data system; onsite monitoring reviews conducted by the Office of Maternal, Child and Family Health Monitoring Unit; parent telephone surveys; specific data surveys of Regional Administrative Units; complaint logs; and claims payment data.

The input from these stakeholder groups was reviewed and incorporated into the final State Performance Plan that was submitted December 2, 2005 to the U.S. Department of Education, Office of Special Education Programs (OSEP).

WV Birth to Three will continue to inform the public regarding State and regional level performance related to the outcome indicators of the State Performance Plan. Public informing will include posting of the State Performance Plan on the WV Birth to Three website, distribution of information regarding the Plan through state advocacy groups, and through printed media such as Parent Newsletters of the Regional Administrative Units (RAUs), and the interagency published Provider Quarterly magazine.

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 USC 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.

Overview of Issue/Description of System or Process:

WV Birth to Three policies and procedures assure that every child referred to Part C is provided the opportunity for a timely multidisciplinary evaluation that addresses the child's development across five developmental domains, with disciplines related to the child and family's area of concern. Based on that information, an IFSP is developed to meet the individual needs of the child and family, including the identification of appropriate services and supports.

All families have a service coordinator who is responsible for monitoring the delivery of services to assure that families are receiving those services in a timely fashion, and that the services are meeting the needs of the family. All enrolled service coordinators and direct service practitioners complete required training prior to enrollment, and during enrollment in the WV Birth to Three system. The content of the training is targeted to needs identified by the service coordinators, and through various lead agency methods of gathering information.

The onsite monitoring process during the FY 2004-2005 reporting period gathered data as to whether or not children received the services on their IFSP during the period of time that had been chosen by the lead agency for claims review. The process also determined if the outcomes and services on the IFSP addressed the family's priority concerns. Gathering information in this manner had been used for prior OSEP reporting purposes, but does not now meet the State Performance Plan measurement requirements for 'timely' receipt of services as identified in the final State Performance Plan instructions and guidance of August, 2005. The lead agency has made an attempt to gather data regarding the 'timeliness of service' for the FFY 2004-2005 period. The lead agency, in conjunction with the West Virginia Early Intervention Interagency Coordinating Council, has identified the following criteria to define 'timely': "IFSP early intervention services for children/families will begin not more than 30 days from parent signature of consent".

Baseline Data for FFY 2004 (2004-2005):

Baseline data was obtained for all children with new IFSPs during the FFY 2004-2005. Baseline data for that period indicated that IFSP services began not more than 30 days after consent for 92% of children/families.

See FFY 2009 Annual Performance Report, February, 2011 for most current data.

Discussion of 2004-2005 Baseline Data:

In order to provide data for the FFY 2004-2005 year, the lead agency did a data comparison of each child/family’s IFSP services to the claim data for service payments in order to identify whether or not IFSP service began not more than 30 days from date of consent. A variety of reasons were identified as to why services did not begin in a timely fashion. For the 8% of children and families who did not receive services in a timely fashion, approximately 72% of the time, parents cancelled visits, or did not respond to practitioner calls and attempts to schedule visits. In another approximately 25%, there were a combination of reasons as to why the service was not timely. These included practitioner emergencies that required rescheduling of a visit, in conjunction with family scheduling difficulties. In approximately 10% of the time (10 families), practitioners did not complete the visit for unidentified reasons. Those situations are being followed up, both with the parents and the practitioners to determine if a non-compliance issue exists.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2006 (2006-2007)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2007 (2007-2008)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2008 (2008-2009)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2009 (2009-2010)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2010 (2010-2011)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2011 (2011-2012)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner
2012 (2012-2013)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner

Improvement Activities/Timelines/Resources:

Improvement Activities	Resources	Timelines
Disseminate Technical Assistance Bulletin, with reminders to field regarding criteria for evaluating timely delivery of IFSP early intervention service.	WV Birth to Three lead agency, with input from field and ICC	FFY 2005-2012
If service practitioner issue with untimely delivery, send written communication to service practitioner to inform practitioner of noncompliance. Identify corrective actions that practitioner will complete.	WV Birth to Three CQI Coordinator, and CFO	FFY 2005-2012
Include component in onsite monitoring review to gather data on timely delivery of IFSP service.	OMCFH Monitoring, RAU and BTT staff	FFY 2005-2012
Complete ongoing recruitment strategies to address areas of need for specific disciplines	OMCFH state staff and RAUs	FFY 2006-2012
Establish memorandum of understanding with major Universities to promote opportunities for clinical placements in early intervention	OMCFH state staff in collaboration with university programs	FFY 2010-2012

Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator # 1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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.

Overview of Issue/Description of System or Process:

WV Birth to Three has policies and procedures in place to assure that eligible children and families receive early intervention services in natural environments in accordance with the requirements of the Individuals with Disabilities Education Act. The IFSP team, with the family as an integral member, is responsible for utilizing assessment and other relevant information to identify outcomes, strategies and services, including frequency, intensity and location. WV Birth to Three policies and procedures require early intervention services to be delivered in the child/family's natural environment unless there is an appropriate justification that early intervention cannot be achieved in that setting.

All direct service practitioners and service coordinators complete training prior to enrollment in the WV Birth to Three system, including policy and procedure around provision of services in natural environments. Training and technical assistance is provided for enrolled practitioners throughout the year, with quarterly meetings in each region of the state.

WV Birth to Three service definitions support the delivery of services in natural environments. WV Birth to Three rates are calculated based on the cost of providing services, with higher payments for services provided in home and community settings versus service provider locations, in order to reflect the increased cost of traveling to these settings.

Recruitment activities are carried out at the state and regional level in order to identify and address areas of practitioner specialty shortages. The panhandle areas of the state, as well as the border counties typically experience more difficulty in meeting capacity needs for service practitioners. WV Birth to Three has been successful in attracting additional practitioners. However, as child numbers continue to increase, practitioner recruitment to address priority areas will remain a need. This also increases the need for training and technical assistance to assure that practitioners are knowledgeable of supporting the development of infants and toddlers through participation in typical daily learning opportunities.

Baseline Data for FFY 2004 (2004-2005):

Of the one thousand nine hundred and eighty six (1,986) children with IFSPs on December 1, 2004, one thousand nine hundred and sixty four (1,964) received their services primarily in natural environments (home or community settings). Twelve children were receiving their service primarily in service provider locations. Therefore, the FFY 2004-2005 baseline data reflects that 99.396% of children with IFSPs received their service primarily in natural environments.

*** See FFY 2009 Annual Performance Report, February, 2011 for most current data.**

Discussion of 2004-2005 Baseline Data:

Data is generated from the WV Birth to Three integrated data system. West Virginia's data gathering methodology was reviewed during the OSEP onsite verification visit of September, 2003 and deemed to be a reasonable approach to assuring the accuracy of data reported to OSEP under section 618 of IDEA. The WV Birth to Three Data Analyst generates reported data by aggregating electronic data from the eight RAUs. The 2004-2005 data reported in this plan is based on data for the one thousand nine hundred and eighty six (1,986) children reported in the December 1, 2004 child count.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	99.398% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2006 (2006-2007)	99.399% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2007 (2007-2008)	99.4% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2008 (2008-2009)	99.412% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2009 (2009-2010)	99.425% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2010 (2010-2011)	99.5% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2011 (2011-2012)	99.5% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children
2012 (2012-2013)	99.5% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children

Improvement Activities/Timelines/Resources:

Improvement Strategies	Resources	Timelines
Provide ongoing training for enrolled service practitioners and service coordinators regarding the delivery of services in natural environments.	Part C state staff in coordination with Part B, consultants, and community partners with expertise in provision of services to infants and toddlers	FFY 2005-2012

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Provide technical assistance to enrolled practitioners and service coordinators through conference calls, and face to face meetings.	Part C state staff in coordination with Part B, consultants, and community partners with expertise in provision of services to infants and toddlers	FFY 2005-2012
Keep WV Birth to Three website updated with linkages to evidence based practice materials and strategies	Part C and Office of Maternal, Child and Family Health personnel with input from ICC and field	FFY 2005-2012
Continue recruitment strategies based on identified needs.	WV Birth to Three state staff, RAUs	FFY 2005-2012
Revisit the system redesign recommendations regarding development of an E/A credential process to promote increased knowledge and practice related to quality evaluation and assessment as a means to promote effective early intervention service delivery.	Stakeholder group to investigate the feasibility of development of the Evaluation/Assessment (E/A) credential.	On hold due to finance limitations
Maintain monitoring procedures that identify and assure compliance with requirements that services are provided in natural environment to the maximum extent appropriate.	Office of Maternal, Child and Family Health Monitoring Unit, in coordination with State Part C staff	FFY 2005-2012
Continue orientation, Intro to SC, and Principles of Practice training to assure that newly enrolled service coordinators and practitioners understand Part C requirements.	WV Birth to Three staff, trainers	FFY 2005-2012
Investigate options for moving Transition training module to web-based format.	WV Birth to Three staff DHHR WebCT and WV Birth to Three webmaster	FFY 2005-2012

Part C State Performance Plan (SPP) for FFY 2005-2012**Overview of the State Performance Plan Development:**

See Indicator # 1. In addition to stakeholder input described in Indicator #1, WV Birth to Three, in partnership with the West Virginia Department of Education, Office of Special Education has established the Making a Difference Initiative, West Virginia's collaborative initiative to design and implement a comprehensive early childhood outcome measurement system that will positively influence the lives of young children and their families by assuring quality ongoing assessment that guides daily interactions and describes meaningful progress over time for a core set of child outcomes. Staff with the National Early Childhood Technical Assistance Center assisted the initiative's management team to establish a strategic plan with identified system outcomes and activities. Activities of the initiative are described below in the Overview of Issue/Description of System section of Indicator #3.

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 USC 1416(a) (3) (A) and 1442)

Measurement: Progress data for A, B, and C

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

a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

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

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

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

Summary Statements for Each of the Three Outcomes:

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

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.

See FFY 2009 APR for most current Progress and Summary Statement data.

Overview of Issue/Description of System or Process:

WV Birth to Three has in place policies and procedures that assure that referred children receive evaluation and assessment across all domains on at least an annual basis. Enrolled practitioners receive training regarding the purpose and requirements of evaluation and assessment. The WV Birth to Three statewide IFSP document incorporates a rating process to evaluate the achievement of each child/family's outcomes. IFSP outcomes are revisited at 6 month and annual reviews. The IFSP team, including the family, considers during each IFSP review, whether the strategies in place have resulted in an improvement in the child's ability to participate in typical routines and activities and whether the family better understands their child's development. This information is used to inform the team regarding the need for possible revision of outcomes, strategies and/ or services. The team statements are reviewed as part of the onsite monitoring process.

In addition to these strategies for individual team evaluation of child and family progress, West Virginia recognizes the need to establish a child outcomes evaluation system that allows consistent and systematic comparison of an individual child's progress over time, as well as comparison of children's progress across regions of the state and the nation.

WV Birth to Three and the West Virginia Department of Education submitted a General Supervision Enhancement Grant application in hopes of accessing funding needed to support the development and implementation of the comprehensive outcomes measurement system. Unfortunately, even though the grant received a favorable rating, it was not selected for funding within the funds available. Therefore, the WV Department of Health and Human Resources/WV Birth to Three has proceeded to implement a child outcomes measurement system without any additional funding.

In the 2005-2006 year, WV Birth to Three, in collaboration with the West Virginia Department of Education, Office of Special Education, and "Making a Difference Initiative" stakeholder groups:

- Agreed on early childhood outcomes to be measured;
- Selected methods and tools for ongoing assessment;
- Designed a process for local early intervention programs and districts to administer assessments and collect and report progress data for individual children;
- Designed a process for the state agencies to collect, analyze and report progress data on a regional, local and state level;
- Provided training in reporting procedures, utilizing the ECO Child Summary Form; and
- Implemented initial assessment and data collection in four regions of the state, assuring appropriate representation

West Virginia's "Making a Difference Initiative is committed to promoting quality, ongoing assessment that informs day-to-day instruction and interaction with infants, toddlers and preschoolers. The Making a Difference Management team utilized consultants Mary McLean and Larry Edelman to assist in gathering stakeholder input important to the design of the child outcomes measurement process.

A statewide stakeholder meeting was held for the purposes of disseminating information regarding the national forces behind establishment of early childhood outcome measurement systems, and for gathering information from the stakeholders to guide next steps.

Stakeholders also provided input regarding potential assessment tools for the birth to three and three to five age groups that would: a) promote the understanding of typical early childhood

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development; b) assist child and family teams to provide data that is needed to inform the state regarding progress toward identified child outcomes; and, c) provide information for program planning and informing of caregivers regarding day-to-day interactions with infants and toddlers.

The instruments considered as options for the infant/toddler population included: "Creative Curriculum for Infants, Toddlers and Twos; "Ounce; "AEP"; "Hawaii Early Learning Profile (HELP); and, the "Carolina Curriculum". Based on final recommendations from the stakeholder groups in January, 2006, the Hawaii Early Learning Profile (HELP) appears to be the assessment instrument most commonly being used by early intervention professionals. WV Birth to Three will be coordinating additional training on use of the HELP as a core assessment tool to be utilized for evaluation and ongoing assessment to assist teams to gather information necessary to plan intervention and supports for eligible children, and to prepare the team to complete the Child Outcomes Summary Form designed by the Early Childhood Outcomes Center. The HELP training is being offered to developmental specialists.

The ECO Child Outcomes Summary Tool will be used for processing and summarizing of team and family member observations and assessments for all children.

WV Birth to Three is committed to implementing a child outcomes measurement process that promotes quality practice resulting in positive outcomes for children. In order to identify critical components of the process, and to identify resources and supports that are needed to assure the success of the process, WV Birth to Three decided to start the measurement process in four of the State's eight regions during the first fiscal reporting year. The lead agency began the first phase of the measurement process in Regions 3, 4, 6, and 7 during FY 2005-2006, moving to full implementation in the regions during FY 2006-2007. The demographics of these four regions were compared to those of the entire state, and found to be comparable on numbers of children, race, town size, and general population density. Statewide implementation across all regions began on January 1, 2008 with data gathered and reported for all children.

WV Birth to Three uses the ECO Child Outcomes Analytical Database for entry and analysis of child outcomes data. The COSF data is gathered and analyzed in a manner that allows child outcomes data to be aggregated at the Regional Administrative Unit and state level.

Entry Data for FFY 2005 (2005-2006) and Progress Data for FY 2007:

WV Birth to Three reports the following entry data for each of the three Child Outcome Indicators for FY 2005-2006.

Outcome	Percent of infants and toddlers functioning at level comparable to same age peers	Percent of infants and toddlers functioning at level below same age peers
Outcome 1: Infants and toddlers have positive social-emotional skills	45% (94)	55% (113)
Outcome 2: Infants and toddlers acquire and use knowledge and	32% (67)	68% (140)
Outcome 3: Infants and toddlers use appropriate behaviors to meet their needs	30% (62)	70% (145)

Although this is not baseline data, and targets are not due until February, 2010, WV Birth to Three reports the following progress data for FY 2007-2008:

FY 2007 PROGRESS DATA

A. Positive social-emotional skills(including social relationships):	All Children		Excluding „At-Risk“		„At-Risk“ Only At Exit	
	#	%	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	44	13	44	13	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	21	6	21	6	0	0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	114	34	110	33	4	67*
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	156	47	154	47	2	33*
Total	N= 335	100	N=329	100	N=6	100

* The number of children exiting under At-Risk only is too small to report valid %

B. Acquisition and use of knowledge and skills (including early language/communication)	All Children		Excluding „At-Risk“		„At-Risk“ Only At Exit	
	#	%	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	49	15	49	15	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	48	14	46	14	2	33*

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d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	133	40	131	40	2	33*
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	105	31	103	31	2	33*
Total	N= 335	100	N=329	100	N=6	100

* The number of children exiting under At-Risk only is too small to report valid %

C. Use of appropriate behaviors to meet their needs:	All Children		Excluding „At-Risk“		„At-Risk“ Only	
	#	%	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	0	0	0	0	0	0
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	37	11	37	11	0	0
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	31	9	30	9	1	17*
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	125	37	122	37	3	50*
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	142	43	140	43	2	33*
Total	N= 335	100	N=329	100	N=6	100

* The number of children exiting under At-Risk only is too small to report valid %

Discussion of Baseline Data:

Progress data reported in 2010 will be considered baseline data.

WV Birth to Three is utilizing the ECO Child Outcomes Summary Form, known as the Child Outcomes Summary Tool (COST) in West Virginia, for gathering and reporting child outcome data. In accordance with the instructions and guidance provided by ECO functioning comparable to same age peers, was defined as a child whose functional behavior was rated as a 6 or 7 on the COST. The reported percentages are based on data gathered and reported for 207 children entering the system during the period.

The outcome measurement system gathers entry data for all children shortly after entry into the WV Birth to Three System. Exit data is gathered for all children who have an initial measurement, and receive services a minimum of six months. In addition to these measurement points required by OSEP, WV Birth to Three requests that IFSP teams complete the Child Outcomes Summary Tool on an annual basis during the child's participation in WV Birth to Three, in order to inform the family and other team members and to assist in designing

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appropriate supports and services. The COST is completed at the initial, annual and exit IFSP meetings, with participation of all team members including the parents. Initial feedback from IFSP teams indicates that involving parents in completion of the Child Outcomes Summary Tool has resulted in parents showing increased desire to understand their children’s behaviors, and to know how to make a difference in their child’s development.

Following completion of the COST, the Interim or Ongoing Service Coordinator returns the completed form to the Regional Administrative Unit, where the original is placed in the child’s educational record and a copy is forwarded to the State office for entry in the child outcomes measurement database. At the State office, the forms are stamped at entry and forwarded to another Division within the Office of Maternal, Child and Family Health for data entry. Data from the forms is entered into the analytic database designed by ECO. Periodic random reviews are conducted to identify and correct any potential data entry errors. 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 WV Birth to Three Data Analyst completed analysis of aggregate data in order to provide progress data for the a., b., c., d., and e. measurements for each of the three outcome indicators for the FY 2007 APR. State and regional entry level data was reported to the public shortly after submission of the revised State Performance Plan on February 1, 2007. WV Birth to Three will use the regional and state level data to assist with identifying future training and technical assistance needs.

FFY	Measurable and Rigorous Targets for Indicators 3a, 3b, 3c, 3d, and 3e		
2005 (2005-2006)	First baseline and target data will be provided in February, 2010.		
2006 (2006-2007)	First baseline and target data will be provided in February, 2010		
2007 (2007-2008)	First baseline and target data will be provided in February, 2010		
2008 (2008-2009)	First baseline and target data will be provided in February, 2010		
2009 (2009-2010)	A.1 - 71% A.2 - 77.5%	B.1 - 78.7% B.2 - 70.0%	C.1 - 82.3% C.2 - 80.2%
2010 (2010/2011)	A.1 - 66.2% A.2 - 75.8%	B.1 - 75.9% B.2 - 65.6%	C.1 - 80.3% C.2 - 76.4%
2011 (2011/2012)	A.1 - 66.2% A.2 - 75.8%	B.1 - 75.9% B.2 - 65.6%	C.1 - 80.3% C.2 - 76.4%
2012 (2012/2013)	A.1 - 66.25% A.2 - 75.85%	B.1 - 75.95% B.2 - 65.65%	C.1 - 80.35% C.2 - 76.45%

SPP Template – Part C (3)

Improvement Activities/Timelines/Resources – FFY 2006/2007 - 2012:

Improvement Strategies	Resources	Timelines
Provide training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COSF.	Regional trainers National resources	FFY 2007-2012
Post COST forms and training materials on the WV Birth to Three website, with links to technical assistance documents on the ECO website.	Web master – national resources	FFY 2007-2012
Schedule half day COST trainings routinely in each region of the state.	Regional trainers	FFY 2007-2012
Participate in a national consortium for the purpose of continuing to develop training and technical assistance materials	National consortium and state CSPD Coord	FFY 2007-2012
Complete audits of completed COST measurements in order to identify any potential training and technical assistance needs	State staff and technical assistance staff	FFY 2007-2012
Provide Q and A document on BTT website	State staff	FFY 2008-2012
Provide technical assistance through conference calls and one on one sessions	State staff	FFY 2008-2012
Collaborate with state child care office to include BTT practitioners in Infant Toddler training being provided through Child Care R&Rs	State staff from Early Care and Education and BTT	FFY 2008-2009
Collaborate with early childhood partners on the TACSEI and CELL initiatives to increase skills of professionals and families to promote positive social emotional development and early literacy opportunities for infants and toddlers	WV Birth to Three Child Care WV Dept of Ed Head Start In-Home Education	FFY 2010-2012

WV Birth to Three provides training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COST. COST materials are posted on the WV Birth to Three website, with links to technical assistance documents on the ECO website. WV Birth to Three schedules one half day COST trainings routinely in each region of

the state. The training provides information on the importance of: understanding functional behaviors of infants and toddlers; accurately recording the performance of children using the Child Outcomes Summary Tool; and the important role that parents and family members play in assisting with the measurement process. West Virginia has accepted an invitation to participate in a national consortium for the purpose of continuing to develop training and technical assistance materials that will help families and service providers to understand the intent and process of child outcomes measurement and in particular the use of the Child Outcomes Summary Tool. WV Birth to Three is committed to assuring a child outcome measurement process that supports and promotes the active participation of families. During the 2007-2008 period, State staff completed audits of completed COST measurements in order to identify any potential training and technical assistance needs such as consistency, knowledge of functional behavior, and completion of form content. This information was used to design and/or revise training and technical assistance strategies. In addition to regional COST trainings, other quality assurance activities currently in place include a Question and Answer document that has been developed and posted on the BTT website, scheduled conference calls for local providers to discuss identified quality issues and questions from the field, and one-on-one technical assistance.

WV Birth to Three will continue to use the ECO Child Outcomes Analytical Database for entry and analysis of child outcomes data. The COST data will be gathered and analyzed in a manner that allows child outcomes data to be aggregated at the Regional Administrative Unit and state level.

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan 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 USC 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.

Overview of Issue/Description of System or Process:

The following provides a summary of respondent responses related to this outcome:

- I feel as a parent, I had enough information and support to prepare for this transition – **90% responded Yes**
- I feel that all options for my child's next programs or services were explained to me – **88% responded Yes**
- I was able to get the services and resources I needed for my child when he/she left WV Birth to Three – **85% responded Yes**
- Did the services provided by WV Birth to Three help your family meet the unique developmental needs of your child? – **93% responded Yes**
- Did the services your child received from WV Birth to Three help him/her to do better in their typical daily routines/activities? – **93% responded Yes**
-

New Revisions as of February, 2007.

WV Birth to Three recognized that this single response rate to single survey items did not provide a rigorous method of measurement for evaluating the impact of early intervention services for families. During FY 2005-2006, WV Birth to Three implemented a comprehensive family outcome evaluation system capable of reporting data for Outcome Indicator #4 measurements, utilizing the NCSEAM family surveys.

WV Birth to Three, with input and assistance from the West Virginia Early Intervention Interagency Coordinating Council and the Family Outcomes Task Group, chose to utilize the NCSEAM family surveys, with their high standards in order to make a statement about the quality of services that are desired for eligible children and families, and to identify how continued improvement can occur.

The Family Outcomes Task Group provided input to determine that the WV Birth to Three family outcomes measurement process would incorporate both scales of the NCSEAM Family Survey – Early Intervention: the Impact on Family scale and Family-Centered Services scale. The Impact on Family scale is an outcome measure. It measures the extent to which families perceive that they have achieved positive outcomes as a result of their participation in early intervention. The Family-Centered Services scale is a process measure. It measures the extent to which programs reach out to families and provide high-quality services to children and families, from the family's perspective. All required measurements of SPP Indicator #4 can be answered by families' responses on the Impact on Family scale. However, WV Birth to Three, in conjunction with the ICC and the Task Group, decided that the Family-Centered Services scale would also provide an important opportunity to begin to examine the association between family-relevant aspects of service delivery and family outcomes.

The Task Group had an opportunity to review the individual items of the NCSEAM survey tools to determine whether to use the pre-selected items, or to select other appropriate survey items from the NCSEAM item bank. The item bank was developed in order to allow some individualization of the survey items without losing the reliability and validity of the tool. The group decided to replace two items with other equally weighted items from the NCSEAM item bank. This decision was based on the language of the items being more closely descriptive of West Virginia culture and service structure.

For all children who have received services for six months or longer, the printed survey tool is mailed from the State office to each family, near or soon after each child's exit from the WV

Birth to Three System. Surveys are mailed with stamped return envelopes.

Inside the survey envelope, families are provided with information about how to contact the West Virginia Parent Training and Information Center (WVPTI) for help in completing the survey. Providing this information also helps to assure that the families are linked to WVPTI for any other assistance they may need. Returned forms are date stamped and forwarded to another division of the Office of Maternal, Child and Family Health for data entry.

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 person’s position on the ruler is the person’s measure.

Avatar International, Inc. is providing Rasch measurement analysis of the WV Birth to Three family survey results, in accordance with NCSEAM recommended standards and rigorous criteria. WV Birth to Three will use the NCSEAM analysis results and interpretations to assist in establishing future improvement activities.

Baseline Data for FFY 2004 (2004-2005):

Indicator #4 was a new indicator in FFY 2004-2005, so no baseline data is due.

Baseline Data for FFY 2005 (2005-2006):

West Virginia’s baseline data is reported using the Rasch analysis methodology and the standards recommended from the nationally representative stakeholder group convened by NCSEAM. This group identified items that most closely represent the content of each of the indicators and recommended the level of agreement that should be required on these items.

Analysis of 2005-2006 data reported by families that exited the WV Birth to Three System indicated the following percentages of families who were in agreement with the measurement at a level equal to or above the national standard established by NCSEAM.

Measurement	Standard	Percent Responding At or Above the Standard
<p>A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s “Impact on EI Services on Your Family Scale”: “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.”</p>	<p>77% (SE of the mean = 2%)</p>
<p>B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s “Impact on EI Services on Your Family Scale”: “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.”</p>	<p>73% (SE of the mean = 2.1%)</p>

<p>C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s “Impact on EI Services on Your Family Scale” :</p> <p>“Over the past year, Early Intervention services have helped me and/or my family to understand my child’s special needs.”</p>	<p>86% (SE of the mean 1.6%)</p>
<p>Number of Valid Responses: 460</p>		<p>Measurement Reliability: 0.90</p>
<p>WV Indicator Data for Each Measurement:</p>		
<p>Indicator:</p>	<p>A B C</p>	<p>SE of Mean Mean Measure SD</p>
<p>Value:</p>	<p>77% 73% 86%</p>	<p>1.6% -2.1% 702 195</p>
<p>For comparison, the following are the average responses of the 1,750 families from eight (8) states in the NCSEAM Pilot Study:</p>		
<p>Indicator:</p>	<p>A B C</p>	<p>SE of Mean Mean Measure SD</p>
<p>Value:</p>	<p>74% 70% 84%</p>	<p>0.9%-1.1% 644 158</p>

See Indicator #4 Tables for mean measurement summaries by: child’s age at survey completion; child’s age at referral to WV Birth to Three; by region; and by ethnic group.

The Indicator #4 Tables also include count distribution of the 460 respondents, by: child’s age at time of survey completion; child’s age when first referred; by region; and by ethnic group.

The distribution of survey respondents by region and ethnic group are representative of WV Birth to Three child count and ethnic distribution for children exiting during the period.

Avatar International, Inc. determined that the West Virginia data from the Impact of EI Services on Families scale meet or exceed the NCSEAM 2005 National Item Validation Study’s standards for internal consistency, completeness, and overall quality expected from the survey. WV Birth to Three families responded on average to about 19 of the 22 questions on this scale. Measurement reliability is about .90-.95, depending on how error is estimated, meaning that the measures fall in four to five statistically distinct ranges. Overall data consistency is acceptable, as indicated by several different model fit statistics.

Analysis conducted by Avatar International, Inc. confirmed that the response rate of the West Virginia survey did not negatively impact the validity of the family survey data.

Understanding the Structure and Analysis of the NCSEAM Part C Family Survey

The analysis process produces a calibration for each survey item, and one single overall measurement for each responding Part C family, for each of the NCSEAM Early Intervention scales. This is possible because the overall data volume is reduced using mathematical methods that summarize the parent ratings with no loss of information. The analysis also provides the cutoff standards provided by the NCSEAM stakeholder groups.

SPP Template – Part C (3)

WV Birth to Three
State

West Virginia is using the NCSEAM recommended standards as follows for the Indicator #4 measurements: 4a (539); 4b (556); and 4c (516). These standards are not about agreement with a single item. Given the consistent pattern in families' responses to the items, a high likelihood of agreement with the threshold item implies the same or greater likelihood of agreement with items located below this item on the scale.

The percentage figures produced by this analysis indicate the percentage of parents surveyed who indicate that the impact of the services they received through WV Birth to Three equals or exceeds the nationally established standards established by the NCSEAM stakeholder groups. These standards were explicitly intended to set high, but achievable, goals. Many additional parents who in fact have agreed with one or another of the three key survey items have not done so with a high enough probability of agreeing for their measure to rise above one or more of the standards. The .95 likelihood of agreement requires a near-certain probability that a family with a given measurement relative to a standard, will again agree with the survey item.

Managing the Measures for Improvement

The NCSEAM Family Survey is constructed such that the whole is more than the sum of the parts. In other words, something is measured by the item collection as a whole that cannot be measured by any one item. The order established by the items on the scale defines the developmental trajectory of the thing being measured. As the measure increases from the bottom of the scale to the top, they imply the progressive achievement of the tasks described by the items on the scale. Each item is calibrated in accordance with this progression. (See attachments for the Family Impact and Family-Centered Services scales item calibrations.)

FFY	Measurable and Rigorous Targets for Indicators 4a, 4b, and 4c
2005 (2005-2006)	No targets were set for the 2005-2006 year – baseline data was gathered during this year.
2006 (2006-2007)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 77%, 4b – 74%, 4c – 86%. Increase number of families responding to the survey.
2007 (2007-2008)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 76%, 4b – 73%, 4c – 86% Increase number of families responding to the survey.
2008 (2008-2009)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 76%, 4b – 74%, 4c – 86% Increase number of families responding to the survey.
2009 (2009-2010)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 77%, 4b – 74%, 4c – 87% Increase number of families responding to the survey.

2010 (2010-2011)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 77%, 4b – 75%, 4c – 87%
2011 (2011-2012)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 77%, 4b – 75%, 4c – 87%
2012 (2012-2013)	% of families who “Strongly” or “Very Strongly” agree - Indicator 4a – 77%, 4b – 75%, 4c – 87%

See FFY 2009 APR, February, 2011 for most current data on this indicator. Improvement Activities/Timelines/Resources for FY 2006-2007 through 2012:

The WV Birth to Three Family Impact survey average (mean) measurement result for FFY 2006 was 702. The items with calibration below 702 are those to celebrate, and are implied to be mostly achieved. Those items that calibrate just above the average/mean are of special interest for improvement strategies.

However, this presents a particular challenge based on the WV Birth to Three first year results, as the calibrations of all twenty four (24) items of the Family Impact scale at .95 likelihood of agreement standard, fall below the measurement of 702 (See Appendix #1 - Survey Item Calibrations). There are no survey items with calibrations above the West Virginia mean measurement. Therefore, assuming the .95 likelihood level of agreement, there are no targets for West Virginia on this scale. When a State’s average exceeds the items at the .95 agreement level, the option is to move toward an even higher level of agreement of .99 as outlined in Table 3b.

With just one year of baseline data, it is difficult to set a goal of approaching .99 likelihood of agreement. In order to continue to gather rich information for system evaluation, WV Birth to Three will implement the following maintenance/ improvement activities.

Improvement Strategies	Resources	Timelines
Continue to send surveys to all families near or immediately after exit from the early intervention system	BTT and OMCFH Division of Research and Evaluation	FFY 2006-2013
Investigate strategies to increase the return rate of mailed surveys	BTT, ICC, OMCFH Monitoring	FFY 2006-2010
If resources are available, consider adding a telephone option as follow up on mailed surveys that have not been returned.	BTT, ICC, OMCFH Monitoring	FFY 2006-2012
Use items of the “Impact of Early Intervention Services on Your Family Scale” as a self-assessment survey for service practitioners and service coordinators.	BTT staff	FFY 2006-2012

Post and publish the APR and the self-assessment checklists on the WV Birth to Three website, and publicize through regional newsletters.	BTT, OMCFH web master, RAU Parent Newsletters, statewide email broadcast system	FFY 2006-2012
Work with RAUs to increase return rate in regions with smaller populations	BTT, RAU staff and parent partners	FFY 2007-2012

In addition to maintaining performance on the Family Impact Scale, WV Birth to Three will also integrate strategies to promote improvement in families’ responses to the Family-Centered Services Scale. The West Virginia mean measure based on 2005-2006 data is 687. The two items that calibrate just above this measure are: “Someone from the Early Intervention Program helped me get services like child care, transportation, etc.” and “Someone from the Early Intervention Program helped me get in touch with other parents for help and support.” WV Birth to Three will use this information to enhance the content of ongoing practitioner/coordinator trainings and technical assistance, in order to encourage services and supports that will continue to improve outcomes for families.

Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator #1.

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 USC 1416(a) (3) (B) and 1442)

Measurement:

A. 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.

Overview of Issue/Description of System or Process:

In accordance with the requirements of the Individuals with Disabilities Education Act, WV Birth to Three has in place policies and procedures to ensure that eligible infants and toddlers under the age of three are identified, located, and evaluated.

WV Birth to Three has institutionalized a variety of strategies for the early identification of infants and toddlers with developmental delay or significant risk factors. WV Birth to Three’s interagency agreements 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, and Right From The Start programs to assure that infants failing the newborn hearing screen receive diagnostics, referral to Part C and Ski Hi when hearing loss is confirmed, and linkage to funding sources for hearing aids as prescribed.

The Birth Score universal newborn screening, conducted for all children born in West Virginia, identifies infants who are born with conditions that may make them at risk of developmental delay. Referrals are made directly to the appropriate Birth to Three RAU.

Public awareness and child find activities are conducted collaboratively with interagency partners, including Part B preschool, Child Care and Head Start. Examples of this collaboration include the publication and distribution of a quarterly magazine, annual calendars, and developmental wheels to county schools, physicians, Family Resource Networks, medical clinics, early childhood providers, and higher education faculty. The publications include information about how to make referral to Part C, Part B, Head Start and/or Child Care.

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 Public Information Coordinator. The plans assure that activities are designed to reach underrepresented 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. For example, one RAU sponsored a baby changing area at the local county fair, something that had not been available to parents previously. They had over 500 children and families pass through and receive information about WV Birth to Three.

The WV Birth to Three eligibility criteria include: children who are demonstrating a substantial delay in any one developmental area; or children who have an established condition likely to result in delay; or children who are experiencing multiple risk factors which in combination create a substantial risk for developmental delay.

Regardless of eligibility category, children are eligible for services as determined through their Individualized Family Service Plan (IFSP). West Virginia does not have an abbreviated service package for children under the at-risk category. In the Office of Special Education Program's national comparison of state eligibility definitions, West Virginia's eligibility definition has been categorized as broad. WV Birth to Three utilizes a statewide integrated data system to gather child count data. Data is entered at each of the eight RAUs, and transmitted electronically to the state office, where it is aggregated for analysis at the regional and state level.

Baseline Data for FFY 2004 (2004-2005):

The baseline data for this outcome indicator is taken from West Virginia’s 618 data reported for December 1, 2004 and other data as gathered from the WV Birth to Three integrated data system, and the www.IDEAdata.org website.

* See FFY 2009 APR, February, 2011 for most current data.

Baseline Measurement for Outcome Indicator 5A:

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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

Number and % of Children with IFSP Birth to Age 12 Months	Ranking Compared to Other States with Broad Eligibility Category
395 – 1.91%	6 th of 28 states – top 21%

On December 1, 2004, three hundred ninety five (395) infants birth to age 12 months had an active IFSP with WV Birth to Three services. This number reflected 1.91% of West Virginia’s population in this age group.

When comparing West Virginia to other states and territories determined to have Broad Eligibility Criteria, only five other states served a higher percentage of children in this age group. West Virginia ranked sixth (6th) out of the twenty eight (28) states in the Broad Eligibility Criteria category. In regards to the % of population in this age group receiving services, West Virginia ranks in the top 21% of all states in the Broad Eligibility Category.

Baseline Measurement for Outcome Indicator 5B:

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.

National Baseline	% of Children Birth to Age 12 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
.98%	1.91%	6 th - top 10%

The December 1, 2004, national baseline for percentage of population birth to 1 with IFSPs, as calculated by OSEP, is ninety eight hundredths of one percent (.98%).

Only five other states and/or territories served a higher percentage compared to the national baseline average than West Virginia’s percentage of 1.91%. West Virginia ranked sixth (6th) in comparison to all states and territories. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 10% of all states and territories.

Discussion of Baseline Data:

The baseline data seems to reflect positive outcomes of the state’s child find activities.

In addition to the requested 2004 baseline data measurements for national comparisons, West Virginia has considered other trend data while planning future strategies in this outcome area.

The following chart of the state’s birth to 1 child count data for the period December 1, 2002 through June 1, 2005, reflects a continuing increase in the number of children served in this age group. The 2004 count indicates an increase of .93% from the previous year in children served in this age group.

National data was not available for the under age 1 group inclusive of the at-risk eligibility category, in order to compare West Virginia’s trend data to the national data.

Dec. 1, 2002	Dec. 1, 2003	Dec. 1, 2004
324	325	395

Analysis of the child count data indicated that the distribution of children served by race/ethnicity is reflective of the state’s overall census figures.

Due to the nature of the measurements for Indicator 5A and 5B, the targets below are established related to the percentage of children under age 1 that West Virginia anticipates will be reflected in the State’s child count data over the next six years.

FFY	Measurable and Rigorous Targets for Indicators 5A and 5B
2005 (2005-2006)	West Virginia’s December 1, 2005 child count will reflect that 1.95% of the population under one has an IFSP
2006 (2006-2007)	West Virginia’s December 1, 2006 child count will reflect that 1.96% of the population under one has an IFSP
2007 (2007-2008)	West Virginia’s December 1, 2007 child count will reflect that 1.99% of the population under one has an IFSP
2008 (2008-2009)	West Virginia’s December 1, 2008 child count will reflect that 2.00% of the population under one has an IFSP
2009 (2009-2010)	West Virginia’s December 1, 2009 child count will reflect that 2.01% of the population under one has an IFSP
2010 (2010-2011)	West Virginia’s December 1, 2010 child count will reflect that 2.01% of the population under one has an IFSP

SPP Template – Part C (3)

WV Birth to Three
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2011 (2011-2012)	West Virginia's December 1, 2010 child count will reflect that 2.01% of the population under one has an IFSP
2012 (2012-2013)	West Virginia's December 1, 2010 child count will reflect that 2.01% of the population under one has an IFSP

Improvement Activities/Timelines/Resources – FFY 2005-2012:

Improvement Strategies	Resources	Timelines
Implement interagency collaborative child find strategies at the state and regional level. RAUs as they evaluate available data and design targeted child find activities in each region.	Birth to Three Public Information Coordinator and regional TA staff	2005-2012
Collaborate with universal newborn screening efforts, including Birth Score and Newborn Hearing projects in order to assure that newborns that may be in need of early intervention services are identified as soon as possible.	OMCFH and Birth to Three	2005-2012
Enhance the WV Birth to Three website to provide parents and the public with information on typical development and potential risk factors.	Birth to Three staff and OMCFH webmaster	2005-2012
Increase linkages with the state’s CHIP program, in order to promote coordination with primary health care providers in getting developmental information disseminated to parents.	Public Information Coordinator and CHIP	2005-2012
Monitoring activities will continue to include review of the evaluation process to assure that the process is within policy, multidisciplinary, and addresses all five developmental domains.	OMCFH Monitoring Unit, CQI Coord.	2005-2012
Undertake an epidemiological analysis of available state data in order to revise estimates of potentially eligible newborns, and to identify any recommendations regarding changes to the universal screening identification strategies	OMCFH Division of Research and Evaluation and BTT staff	2006-2007
Revision added February 1, 2007: Convene a Task Group to review current eligibility criteria and make recommendations regarding possible revisions.	WV Birth to Three staff, ICC member oversight and Task Force members	2006-2007
Implement revised eligibility criteria.	WV Birth to Three, RAUs, E/A Teams	2009-2012

Part C State Performance Plan (SPP) for 2005-2010**Overview of the State Performance Plan Development:**

See Indicator #1.

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 USC 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.

Overview of Issue/Description of System or Process:

In addition to the system description included under Outcome Indicator 5, WV Birth to Three, in coordination with the Interagency Coordinating Council, implements ongoing strategies to promote the earlier identification of children whose delays and /or risk factors may not be present or known at birth. These efforts are critical in assuring that primary health care providers, families, and community partners are able to identify children who may be in need of early intervention services, and knowledgeable of how and where to make referrals.

Each RAU develops an annual child find plan based on analysis of data for the region, with strategies adjusted to target under-represented groups. These strategies have included coordination with the Right From The Start and Health Check Programs coordinated through the Office of Maternal, Child and Family Health. Local Right From The Start personnel work directly with high risk mothers and infants, and are able to identify those children who may be in need of early intervention services. Program Specialists within the Health Check Program, in their work with physicians, are able to provide information about the criteria and requirements, and importance of identifying children who may be in need of early intervention services.

WV Birth to Three state staff have 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. 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 WV Birth to Three Public Information Coordinator participates in faith based planning initiatives to provide information about WV Birth to Three as a resource for families.

Baseline Data for FFY 2004 (2004-2005):

Baseline Measurement for Outcome Indicator 6A:

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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.

Number and % of Children with IFSP Birth to Age 36 Months	Ranking Compared to Other States with Broad Eligibility Category
1,986 – 3.26%	6 th of 28 states – top 21%

On December 1, 2004 one thousand nine hundred and eighty five (1,985) infants birth through age 2 years had an active IFSP with WV Birth to Three services. This number reflected 3.26% of West Virginia’s population in this age group. When comparing West Virginia to other states and territories determined to have “Broad Eligibility Criteria”, only five other states served a higher percentage of children in this age group. West Virginia ranked sixth (6th) out of the twenty eight (28) states in the “Broad Eligibility Criteria” category. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 21% of states in the Broad Eligibility Category.

Baseline Measurement for Outcome Indicator 6B:

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.

National Baseline	% of Children Birth to Age 36 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
2.30%	3.26%	9 th - top 15%

The December 1, 2004 national baseline for percentage of population birth through age two (2) years with IFSPs, as calculated by OSEP, is 2.30%.

Only eight other states and/or territories served a higher percentage compared to the national baseline average than West Virginia’s 3.26%. West Virginia ranked ninth (9th) in comparison to all states and territories. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 15% of all states and territories.

*** See FFY 2009 Annual Performance Report, February, 2011 for most current data.**

Discussion of Baseline Data FY 2004-2005:

The baseline data seems to reflect a steady increase in the total number of infants and toddlers in West Virginia who have been determined eligible and in need of Part C service. In addition to the requested 2004 baseline data measurements for national comparisons, West Virginia has considered other trend data while planning future strategies in this outcome area.

SPP Template – Part C (3)

WV Birth to Three
State

The following chart of the state's birth through 2 child count data for the period December 1, 2002 through December 1, 2004, reflects a continuing increase in the number of children served in this age group. The 2004 count indicates an increase of .96% from the previous year. During this time period the Birth to Three System was undergoing major structural changes, with the last three regions moving into the new design in July, 2004. The chart also depicts the State's unofficial child count figure from July 1, 2005, representing a continuing increase in children identified and in need of services.

Dec. 1, 2002	Dec. 1, 2003	Dec. 1, 2004	June 1, 2005*
1,612	1,667	1,986	2,249

Analysis of the child count data indicated that the distribution of children served by race/ethnicity is reflective of the state's overall census figures.

Due to the nature of the measurements for Indicator 6A and 6B, the targets below are established related to the percentage of children under age 3 that West Virginia anticipates will be reflected in the state's child count data over the next six years.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	West Virginia's December 1, 2005 child count will reflect that 3.3% of the population under three has an active IFSP
2006 (2006-2007)	West Virginia's December 1, 2006 child count will reflect that 3.32% of the population under three has an active IFSP
2007 (2007-2008)	West Virginia's December 1, 2007 child count will reflect that 3.4% of the population under three has an active IFSP
2008 (2008-2009)	West Virginia's December 1, 2008 child count will reflect that 3.45% of the population under three has an active IFSP
2009 (2009-2010)	West Virginia's December 1, 2009 child count will reflect that 3.51% of the population under three has an active IFSP
2010 (2010-2011)	West Virginia's December 1, 2010 child count will reflect that 3.6% of the population under three has an active IFSP
2011 (2011-2012)	West Virginia's December 1, 2010 child count will reflect that 3.6% of the population under three has an active IFSP
2012 (2012-2013)	West Virginia's December 1, 2010 child count will reflect that 3.6% of the population under three has an active IFSP

Improvement Activities/Resources/Timelines:

Improvement Strategies	Resources	Timelines
Implement interagency collaborative child find strategies at the state and regional level. RAUs as they evaluate available data and design targeted child find activities in each region.	Birth to Three Public Information Coord and regional TA staff	2005-2012
Collaborate with universal newborn screening efforts, including Birth Score and Newborn Hearing projects in order to assure that newborns that may be in need of early intervention services are identified as soon as possible.	OMCFH and Birth to Three	2005-2012
Enhance the WV Birth to Three website to provide parents and the public with information on typical development and potential risk factors.	Birth to Three staff and OMCFH webmaster	2005-2012
Increase linkages with the state's CHIP program, in order to promote coordination with primary health care providers in getting developmental information disseminated to parents.	Public Information Coordinator and CHIP	2005-2012
Continue to provide regional data profiles to RAUs and community partners on a quarterly basis. Child count data for each region will be posted on the WV Birth to Three website.	Birth to Three staff, OMCFH webmaster	2005-2012
Monitoring activities will continue to include review of the evaluation process to assure that the process is within policy, multidisciplinary, and addresses all five developmental domains.	OMCFH Monitoring Unit, CQI Coord.	2005-2012
Undertake an epidemiological analysis of available state data in order to revise estimates of potentially eligible newborns, and to identify any recommendations regarding changes to the universal screening identification strategies	OMCFH Division of Research and Evaluation and BTT staff	2006-2007
Continue outreach linkages with the faith-based community	Public Information Coordinator	2005-2012
Revision added February 1, 2007: Convene a Task Group to review current eligibility criteria and make recommendations regarding possible revisions of eligibility criteria.	WV Birth to Three staff, ICC, and Task Force members	2006-2007
Implement revised eligibility criteria	WVBTT, RAUs, E/A Teams	2009-2012

Part C State Performance Plan (SPP) for 2005-2010

Overview of the State Performance Plan Development:

See Indicator #1.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 USC 1416(a) (3) (B) and 1442)

Measurement:

Percent = # of eligible infants and toddlers for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline divided by the # of infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted times 100.

Overview of Issue/Description of System or Process:

WV Birth to Three policies and procedures assure that every child referred to Part C is provided the opportunity for a timely multidisciplinary evaluation that addresses the child's development across five developmental domains, with disciplines related to the child and family's area of concern. Policies and procedures require that the evaluation/assessment be completed and an initial Individualized Family Service Plan developed 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 provider.

After explaining 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 evaluation and assessment 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 of the family. The family then selects from enrolled individuals who are available to conduct the evaluation/assessment activities.

In accordance with WV Birth to Three policy, 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.

The Regional Administrative Unit (RAU) structure began in April, 2003, with the last three regions entering during the reporting period, in July, 2004.

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 IFSP team.

Each Regional Administrative Unit enters data into the WV Birth to Three integrated data system, documenting referrals and IFSP meeting dates in their region. This information is sent electronically to the State Birth to Three Office where the data is aggregated by region and statewide. Onsite monitoring, conducted by the Office of Maternal, Child and Family Health, includes a review of the hard copy documentation compared to the electronic data system to assure accuracy of data entry information.

Recruitment strategies from the state and regional level target those geographic areas and disciplines where shortages of qualified practitioners exist. Regional TA Specialists on the State staff routinely work with RAUs to identify areas where particular shortages may exist, and make appropriate outreach efforts to cover those areas. Shortages of practitioners have historically been present in the panhandle areas of the state, and the rural and border areas. The shortage issues are complicated by the continued increase of children identified in need of early intervention services. RAUs are provided with technical assistance regarding possible options for assuring that a child/family receives timely evaluation when shortages exist. Strategies include considering which disciplines and/or individuals may be qualified to provide evaluation and/or assessment in a given developmental area (i.e. it may be appropriate for communication delays to be addressed by a licensed speech pathologist and/or developmental specialist).

During the summer of 2005, training and technical assistance was provided to enrolled practitioners to remind them of their role in assuring that evaluation and assessment activities are conducted in a timely fashion, including the requirement for them to complete evaluation activities within 15 days of confirmation as the selected practitioner.

Quarterly RAU reporting was incorporated into the RAU grant requirements effective with the July, 2005 – June, 2006 fiscal year to assure that progress in this indicator is monitored closely.

Baseline Data for FFY 2004 (2004- 2005):

Baseline Measurement for Outcome Indicator 7:

*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 # of eligible infants and toddlers evaluated and assessed times 100.
Account for untimely evaluations.*

Baseline data is representative of all children in the eight regions of the state for the FFY 2004-2005 period. Data for the annual period shows an improvement trend, with the last quarter, April 1, 2005 – June 30, 2005 showing 54% of eligible children reaching their initial IFSP meeting within 45 days. This improvement continues with analysis of July and August, 2006 data showing a statewide average of 74% of children reaching their initial IFSP within 45 days. All RAUs have demonstrated significant improvement. IFSP timeline data is calculated well after

the period ends, assuring an opportunity for all IFSPs as a result of referrals in that time period. If data was generated at an earlier time period, numbers may appear to be higher.

The lead agency had not previously systematically collected data on the reasons for not meeting the 45 day timeline. In order to obtain data for this report, each RAU received a report of children that did not reach IFSP with 45 days, and provided information to account for the unseemliness. The lead agency provided the following categories for reporting: a) RAU scheduling difficulties, b) parent cancellation, c) inability to contact parent, d) shortage of providers, e) provider cancellations, and f) other. Analysis of the information received from the RAUs indicates that categories b) and c) accounted for nearly 72% of all unseemliness in achievement of evaluation/assessment and initial IFSP. The data indicated this to be similar across all RAUs. The breakdown across other categories was: 12% due to RAU scheduling difficulties, 6% shortage of providers, 8% provider cancellations, and 2% other. In many of these instances, (21%), there were multiple factors that together resulted in the delay.

*** See FFY 2009 Annual Performance Report, February, 2011 for most current data.**

Discussion of Baseline Data for FY 2004-2005:

With the emphasis being placed on providing families with an opportunity to reach initial IFSP within 45 days, there has been much progress made. All RAUs are currently working on strategies to continue that progress in order to achieve compliance.

In order to identify appropriate strategies to address the issues, it is important to understand why the delays are occurring. Of particular note is the increase in referrals from Child Protective Services (CPS). Data for the fiscal year July 1, 2004 through June 30, 2005 indicates that 395 referrals were received from CPS. This is an increase from 187 in the 2003-2004 year, and 86 in the 2002-2003 year.

	2002-2003	2003-2004	2004-2005
CPS Referrals	86	187	395

Due to the circumstances around the CPS referrals, RAUs have more difficulty contacting families, and getting the referral to eligibility. Only 25% of CPS referrals reached initial IFSP. And of those, only 32% were within 45 days, with reasons most frequently being parent cancellations or difficulty in contacting parents. Feedback from RAUs indicates that parents in these situations frequently provide initial consent for the evaluation/assessment process due to the conditions under which they were referred, but then may not be present for scheduled assessments, or do not respond to requests to schedule visits. With West Virginia’s high numbers of young children involved in substantiated cases of abuse and neglect, CPS referral numbers may be expected to continue to rise.

Beyond the issues around referrals from CPS, parent cancellations and difficulty with communication may otherwise be contributed in part to illness and hospitalizations of children or other family members. In addition, the difficulty may be reflective of the State’s unique demographics. According to the latest Kids Count data, twenty seven percent of West Virginia’s children under the age of five live in poverty, with West Virginia ranking 5th in this category in the nation. The number one county for children living in poverty in the United States is in West Virginia – McDowell County in RAU 7. In many instances, parents are working more than one job in order to provide for their children.

SPP Template – Part C (3)

WV Birth to Three
State

West Virginia is a very rural state, with large land mass, mountainous regions, and a sparse population. The State's total population is approximately 1.8 million.

Telephone communication itself poses a challenge at times. The lead agency has experienced increased difficulty contacting families for the Transition/Exit telephone survey. Experience from the survey indicates that more families are choosing cell phones as primary means of telephone communication, with numbers frequently changing based on monthly or pay-as-you-go plans.

It is also noted for this period, that the child count data indicates a substantial increase in the number of referrals across the Birth to Three System, and as noted in Indicators 5 and 6, West Virginia continues to experience an increase in the number of children identified and receiving IFSP services. This factor contributes to potential capacity issues and timely facilitation of the evaluation and assessment process.

This data in total provides the RAUs and the lead agency with important information to problem solve strategies that will effectively bring children and families into the WV Birth to Three system in a timely fashion. Each RAU will incorporate the information into their plans and strategies to correct non-compliance and assure that every family is offered the opportunity to have an evaluation and assessment and initial IFSP meeting within 45 days of referral.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2006 (2006-2007)	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2007 (2007-2008)	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2008 (2008-2009)	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2009 (2009-2010)	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.
2010	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.

SPP Template – Part C (3)

WV Birth to Three
State

<p>2011 (2011-2012)</p>	<p>100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.</p>
<p>2012 (2012-2013)</p>	<p>100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C's 45-day timeline.</p>

Improvement Activities/Timelines/Resources – FFY 2005/2006 – 2012/2013:

Improvement Activities	Resources	Timelines
<p>Use information gathered through onsite monitoring and other sources to identify any system barriers, policy changes, or needed training related to the completion of activities within the first 45 days.</p>	<p>WV Birth to Three State staff, monitoring staff, RAU reporting</p>	<p>2005-2012</p>
<p>Provide training around quality ongoing assessment, evaluation and assessment timelines and IFSP development.</p>	<p>WV Birth to Three staff, consultants, other early childhood partners</p>	<p>2005-2012</p>
<p>Provide annual informing to the field regarding requirements to conduct evaluation and assessment activities in a timely manner.</p>	<p>WV Birth to Three State staff</p>	<p>2005-2012</p>
<p>Continue to include 45 day timeline requirement in onsite monitoring</p>	<p>WV Birth to Three State staff, monitoring</p>	<p>2005-2012</p>
<p>Assure that any non-compliance is identified and corrected in a timely fashion, and in no case within more than one year from identification</p>	<p>WV Birth to Three State staff</p>	<p>2005-2012</p>

Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator #1. In addition to the State Performance Plan development described in Indicator#1, WV Birth to Three receives ongoing input around transition issues through the interagency Transition Steering Committee. The Transition Steering Committee is comprised of State level representatives of Part C, Part B Preschool Special Education, Public Preschool, Child Care, and Head Start. Local representatives of these same groups are also on the Committee. Considerations for new strategies around transition are submitted to the Committee for input and feedback. The feedback is incorporated into lead agency strategies to promote effective transition for children and families.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

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

(20 USC 1416(a) (3) (B) and 1442)

Measurement:

- A. Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.
- B. Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.
- C. Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Overview of Issue/Description of System or Process:

WV Birth to Three has in place policies and procedures that are in compliance with all Federal regulations around transition, including the requirements for transition plans and services, including convening a face to face transition conference for every child, at least 90 days or up to 9 months prior to his/her third birthday. The state provides WV Birth to Three service coordinators and local early childhood transition teams with training and technical assistance related to the transition requirements. WV Birth to Three provides a ½ day Transition Training on at least a quarterly basis in each of the eight regions of the state. The training is open to service coordinators and other interested individuals. Collaborative efforts among Part C, Part B, Head Start, and Child Care support the provision of technical assistance to local community teams.

Prior to enrollment, all service coordinators must attend three days of training, including information about transition requirements. In March, 2005, additional transition items were added to the service coordinator competency test. Service coordinators must pass the competency test within one year of enrollment in order to remain enrolled in the Birth to Three System.

The Transition Steering Committee has developed an interagency agreement template for use by local communities. Specific procedures were developed by WV Birth to Three and the West Virginia Department of Education, with assistance from the Transition Steering Committee, to promote the effective transition of children from Part C to Part B and from Part C to Head Start. Each Regional Administrative Unit works closely with the county school systems in the region, and develops written procedures with each county to facilitate the smooth transition of children from Part C to Part B. The procedures include identification of contact people for the RAU and county school system, which have responsibility for identifying potential issues in the region and working together to resolve concerns. The completed written procedures for each county are

posted on the WV Birth to Three website in order to assure that service coordinators, families, and others have easy access. Each RAU also develops procedures with the Head Start grantees in the region.

The WV Birth to Three local monitoring includes a review of transition requirements for the records selected for review. A smaller percentage of the records selected for review are for children who have transitioned. The integrated data system contains a data element to capture the date of the 90 day face-to-face meeting. This data element is entered by the RAU based on documentation received from local service coordinators. The data system does not capture the reason why face-to-face meetings may not have occurred for the remaining percentage of children, nor if the child is potentially Part B eligible. WV Birth to Three has developed and implemented supplemental spreadsheets to track additional information that is needed to evaluate the effectiveness of achieving these transition targets for children and families. WV Birth to Three has also collaborated with the West Virginia Department of Education to implement a process for gathering accurate information regarding the outcomes of child transitions from Part C to Part B, in order to assure the identification of compliance and/or non-compliance, and to assure correction of identified non-compliance.

Baseline Data for FFY 2004 (2004-2005):

Baseline Measurement for Outcome Indicator 8A:

Percent = # of children exiting Part C who have an IFSP with transition steps and services divided by # of children exiting Part C times 100.

Based on the lead agency's analysis of available data, 74% of children who exited during the period had transition steps and services.

*** See FFY 2009 Annual Performance Report, February, 2011 for most current data.**

Discussion of Baseline Data for FY 2004-2005:

This is an indicator and measurement that the State considers necessary to gather information electronically across the population versus undertaking the time intensive effort to physically review a sufficient number of records to obtain statistically valid percentage figures. In addition to a smaller percentage of transition records reviewed during onsite record reviews, the lead agency has relied on the entry of data at the RAU level from service coordination teaming notes, to gather information for the indicator. Recognizing the need to gather data in a different fashion, the lead agency has implemented, effective September, 2005, a process that increases the amount of information that will be available to the lead agency for all exiting children. Service coordinators are now submitting documentation at child record closure that identifies data needed for this indicator. After RAU entry of the transition conference date in the local data base, the RAU forwards the information to the State office, providing the State with an ability to identify potential issues in a more timely fashion. The Data Analyst will do a quarterly review of data and identify potential non-compliance and notify the respective service coordinator of necessary actions.

Baseline Measurement for Outcome Indicator 8B:

Percent = # of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Based on the lead agency’s analysis of available data, LEAs were notified of 87% of the children potentially eligible for Part B. Effective September, 2005, in accordance with the new child notification process implemented by Part C and Part B lead agencies, respective LEAs have been notified of 100% of potentially eligible infants and toddlers.

Discussion of Baseline Data for FY 2004-2005:

This is another indicator where the State chose to move to an information gathering process that provides data electronically across all children, and increases the State’s ability to identify and correct non-compliance.

Baseline Measurement for Outcome Indicator 8C:

Percent = # of children exiting Part C and potentially eligible for Part B where the transition conference occurred divided by the # of children exiting Part C who were potentially eligible for Part B times 100.

Based on the State’s analysis of available electronic data representative of the population, 77% of children who were potentially eligible for Part B had an entry in the data system that indicated a transition conference had occurred.

Discussion of Baseline Data for FY 2004-2005:

Monitoring of this component is achieved through multiple strategies, including review of electronic data, telephone survey and onsite record review. As indicated above, in addition to the onsite reviews, the lead agency has implemented revised procedures to increase the availability of the data for more children.

See the FFY 2009 Annual Performance Report, dated February 1, 2011, for most current performance data on this indicator.

FFY	Measurable and Rigorous Target
<p>2005 (2005-2006)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2006 (2006-2007)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2007 (2007-2008)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p>

	<p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2008 (2008-2009)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2009 (2009-2010)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2010 (2010-2011)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2011 (2011-2012)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>
<p>2012 (2012-2013)</p>	<p>100% of children who exit Part C at age three have IFSPs with transition steps and services</p> <p>Part C notifies the LEA, of 100% of children potentially eligible for Part B: and</p> <p>100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>

Improvement Activities/Timelines/Resources FFY 2005 through 2012:

Plan for Correcting Non-Compliance Regarding Transition Plan and Timeline Requirements

1. Assure that all service coordinators are knowledgeable of and implement transition requirements, including timely development of transition plans, coordination of face to face

meetings, and linkage to needed resources.

- Provide one-on-one technical assistance to each service coordinator. The WV Birth to Three Director will send monthly email reminders to all enrolled service coordinators regarding the requirements around transition timelines and processes.
- Regional TA Specialists will contact service coordinators in their region to provide technical assistance regarding the transition requirements, and to identify any individuals who potentially were in need of additional training. Service coordinators who do not seem to be familiar with transition requirements, will be provided with information and referred to the next scheduled transition training.
- When concerns are identified through telephone contact with service coordinators, follow up calls will be made to determine if changes have been made. If the provided technical assistance does not result in compliance with timelines, a letter will be sent to the service coordinator to identify the steps and timelines that must be taken to correct the non-compliance. WV Birth to Three retains the right to implement sanctions, including possible disenrollment if non-compliance is not corrected within the specified timeline (at no time to exceed one year).
- Transition planning and timelines was incorporated as a topic for all regional service coordinator and service provider meetings, effective January, 2005.
- Onsite monitoring reviews will include at least ten percent (10%) of records for children who should be in transition status, assuring that any non-compliance identified is corrected as soon as possible, and within not more than one year.

2. Through collaboration with the West Virginia Department of Education, WV Birth to Three developed expanded data reporting requirements for all children exiting Part C at the age of three, in order to more accurately identify the status of their transition.

- WV Birth to Three modified the Transition/Transfer form (form used by Birth to Three service coordinators to officially close a child's record) to capture data for all children specific to the activities that support the transition of children and families, including gathering the following information: a) the date that letters of invitation were sent to individuals for the face to face transition conference; b) the names/agencies invited to the 90 day face to face meeting; c) the date of the transition conference; and d) the names/agencies who attended the face to face meeting.
- Effective September 1, 2005, the WV Birth to Three state office began sending notification to each county board of education, of all eligible children in WVBTT who reside in the respective county and will be reaching the age of potential eligibility six months from the month of notification.
- The Child Notification form is designed to provide a mechanism to assure that the county boards of education are knowledgeable of all children in Part C who are reaching the age of potential eligibility for Part B. The County boards of education are to complete the bottom portion of the form and return to the WV Department of Education, 619 Coordinator. The completed information will provide a status of the notification, including whether or not the family gave permission for evaluation to occur, and if eligible for Part B,

the date of the IEP and initiation of services.

- WV Birth to Three and the West Virginia Department of Education will coordinate analysis of the data obtained from Transition/Transfer forms and Child Notification forms in order to identify potential non-compliance and possible priority target areas for addressing compliance and/or practice issues.
 - Resources will be targeted to providing technical assistance, training, or other necessary actions including sanctions if necessary, in order to correct any identified non-compliance in a timely fashion, and never in more than one year from identification of the non-compliance.
 - When analysis of the returned Transition/Transfer indicates that the service coordinator did not meet a timeline or procedural requirement for transition, he/she will receive a letter from the CQI Coordinator, informing him/her that non-compliance is identified.
 - In the case of identified non-compliance, the service coordinator will be responsible for assuring that noncompliance was corrected for all identified children and assure that all timelines are being met for all children on the service coordinator's caseload for an identified future period of time.
 - The CQI Coordinator will also inform the respective state staff regional TA specialist if a service coordinator in their area is required to develop a corrective plan.
 - If the service coordinator continues to demonstrate non-compliance with the timelines or any other component of the process, the lead agency may implement sanctions including the following:
 - Require a written plan of correction for not more than 30 days, detailing the steps that the service coordinator must complete.
 - If the service coordinator fails to make the identified corrections, the lead agency may implement disenrollment procedures, in accordance with the Service Coordinator enrollment agreement.
3. Implement strategies to increase the number of IFSP team members who participate in face-to-face planning meetings.
- A. Provide direct technical assistance to enrolled service providers to explain the importance of developing strategies to support the transition of children and families from the Part C system.
 - B. As identified through analysis of the Transition/Transfer form, provide follow up correspondence for team members who routinely do not attend face-to-face meetings.

The lead agency will continue to use the state level Transition Steering Committee and ICC as advisory groups for oversight in implementation of activities to assure correction of non-compliance.

Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator 1.

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:

A. Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:

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

Percent = b divided by a times 100.

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

B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

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

Percent = b divided by a times 100.

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

C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.
- b. # of findings of noncompliance made.
- c. # of corrections completed as soon as possible but in no case later than one year from identification.

Percent = c divided by b times 100.

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

Overview of Issue/Description of System or Process:

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

WV Birth to Three implemented an integrated data system in conjunction with the phasing in of the Regional Administrative Units/enrolled service provider structure, with four regions entering during the FFY 2004-2005 period, and the last three of the regions entering the new structure in June, 2004. Data conversion activities were completed as each region moved from the previous “closed” structure to the new RAU structure. As new RAUs were transitioned into the system throughout the 15 month period, they each began to use the new data system. Staff in the new RAUs had the challenge of learning the data system, in conjunction with developing relationships with community partners and working with newly enrolled service providers to coordinate the initial entry of children and families into the system. It was anticipated that it would take some time for the RAUs to be able to effectively implement the new responsibilities. While these infrastructure changes required a considerable dedication of time and resources, the resulting structure provides an enhanced capacity to gather and monitor service delivery and other components of the WV Birth to Three System.

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 disenroll any individual who does not provide services within required policies and procedures.

The new integrated data system is a component of the Central Finance Office (CFO). The CFO coordinates the enrollment of qualified service coordinators and direct service providers. 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 which reflect the specific IFSP service commitments. Enrolled service practitioners, after providing the service as called for, submit billing claims directly to the CFO.

The CFO processes claims, and sends a file to the lead agency for processing of payment to WV Birth to Three’s 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. It is a new experience for families, and from all reports, is one that most families find very valuable. Families report maintaining copies of their service activity notes for later comparison with EOBs. It is hoped that EOBs will provide additional information for families to judge whether services are meeting their needs.

West Virginia Birth to Three has proceeded with implementation of the onsite monitoring process designed to assure identification and correction of non-compliance. The Division of Monitoring and Quality Assurance worked in conjunction with WV Birth to Three State staff to adjust monitoring tools and process to reflect the new enrolled service provider structure, and are currently working with the lead agency to make adjustments based on new measurement

requirements of the State Performance Plan. The Monitoring Unit initiated revised monitoring on a regional basis in accordance with the order of start up for the regions. Monitoring occurred first in Regions III and IV, where the new structure began in April, 2003. In the September 2004 Progress Report, West Virginia provided an example of the State's monitoring findings, corrective actions, and closure letter. Corrective actions were identified in accordance with the findings for each payee report. For example, when documentation issues were identified as a concern, payee agencies were required to provide documentation assuring that all employees were trained in accurate completion of visit activity notes, including parent signature. In addition, the State office gathered samples of future activity notes from the educational record, to assure that documentation was completed in accordance with requirements. Corrective action and resolution of findings was confirmed for all non-compliance identified in Region III and IV payee agency monitoring reviews in 2004. Closure letters were issued to the payee agencies during the 2003-2004 monitoring period to confirm that corrections were completed.

As a result of these reviews, and other information gathered through data system review and regional training events, documentation was identified as a systemic issue. Technical Assistance bulletins were released, emphasizing the importance of documentation reflecting the activities, learning strategies, etc that were addressed during the visit. This topic was also added to the agenda of quarterly service provider meetings in order to provide direct training and technical assistance. A one-half day documentation training module is provided for all enrolled practitioners on a scheduled basis across the eight regions of the state.

The service activity note serves a role in quality assurance and monitoring. WV Birth to Three has incorporated the activity note, signed by the parent, as a tool to help the family and team to document the child/family's ongoing progress, providing a history of strategies and child change over time, and as a commitment of partnership with families. The activity notes are in triplicate and signed by the family so the family maintains a copy for their records. The EOB statement sent to each family on a monthly basis, shows the services by date, and by provider, that were paid for on their behalf. Both families and monitors are able to match the activity notes to billed services to assure that the child/family did receive the needed service.

Baseline Data for FFY 2004 (2004-2005):

As indicated in the OSEP guidance for reporting on this outcome, West Virginia used compliance data from the FY 2003-2004 period as baseline.

- A. *Percent of noncompliance related to monitoring priority areas and indicators corrected within one year of identification:*
- a. *# of findings of noncompliance made related to priority areas.*
 - b. *# of corrections completed as soon as possible but in no case later than one year from identification.*
- Percent = b divided by a times 100.*

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

Monitoring Priority Areas				
Indicator	# Entities Reviewed	# Findings	# Corrected within 1 Year	% Corrected within 1 year
1	9	0	NA	NA
2	9	0	NA	NA
3	New Indicator			
4	New Indicator			
Monitoring Priority Areas				
5	9	0	NA	NA
6	9	0	NA	NA
7	9	2	Improvement from 67% to 88% and Improvement from 56% to 81%	0% - Significant improvement of 45 day timeline – continuing compliance activities as identified in Indicator 7.
8	9	0	NA	NA

Discussion of Baseline Data for FY 2004-2005:

The WV Birth to Three system was transitioning into the new design structure, changing provider agencies, and implementing the RAU structure locally. The two RAUs monitored during the period demonstrated non-compliance in assuring that children and families reach their initial IFSP meeting within 45 days of the referral. As discussed in Indicator 7, the State and RAUs have invested significant effort in improving performance in this area. The two RAUs have improved performance. Improvement in one region moved from 67% to 88% and in the second region, from 56% to 81%. Both RAUs continue to analyze data and implement strategies to improve their performance.

9B. Percent of noncompliance related to areas not included in the above monitoring priority areas and indicators corrected within one year of identification:

- a. # of findings of noncompliance made related to such areas.*
 - b. # of corrections completed as soon as possible but in no case later than one year from identification.*
- Percent = b divided by a times 100.*

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

Issue	# Findings	# Corrections within 1 Year
Documentation	7	7
Confidentiality	3	3
Parent Signature on Documentation Notes	4	4

Discussion of Baseline Data:

All non-monitoring priority areas identified during the period were corrected within the period. Providers were notified of non-compliance, corrective plans and documentation of changes were submitted to the WV Birth to Three State office. After review to assure correction, closure letters were sent to the respective agencies.

9C. Percent of noncompliance identified through other mechanisms (complaints, due process hearings, mediations, etc.) corrected within one year of identification:

- a. # of EIS programs in which noncompliance was identified through other mechanisms.*
 - b. # of findings of noncompliance made.*
 - c. # of corrections completed as soon as possible but in no case later than one year from identification.*
- Percent = c divided by b times 100.*

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

Baseline Data for Indicator:

Only one complaint was received during the period, and the noncompliance finding in that complaint was related to confidentiality.
No noncompliance was identified through hearings or mediation.

Discussion of Baseline Data:

A letter of findings was issued and closure documented for this issue.

*** See FFY 2009 Annual Performance Report dated February, 2011, for most current data.**

SPP Template – Part C (3)

WV Birth to Three
State

FFY	Measurable and Rigorous Target
2005	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2006	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2007	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2008	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2009	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2010	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2011	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.
2012	100% Compliance: The WV Birth to Three general supervision system (including monitoring, complaints, hearings, etc.) will identify non-compliance and assure correction as soon as possible, and in no case longer than one year from identification.

Improvement Activities/Timelines/Resources:

The following improvement plans address measurements for indicators 9A, 9B, and 9C.

Improvement Activities	Resources	Timelines
WV Birth to Three CQI Coordinator will maintain an electronic tracking process, for the purpose of tracking all identified non-compliance.	Part C staff, and OMCFH Research	2005-2012
Determinations of findings of non-compliance will be followed by issuance of corrective action requirements to involved service provider or RAU.	CQI Coordinator	2005-2012
Regional Birth to Three staff will provide technical assistance for enrolled providers and RAUs as appropriate in accordance with their respective plans of correction.	Part C regional staff, CQI Coordinator	2005-2012
CQI Coordinator will monitor the status of corrective plans to assure that documentation of correction is received.	CQI Coordinator, State staff	2005-2012
Should corrective actions not be completed as required, CQI Coordinator will initiate next steps, implementing sanctions as appropriate. Sanctions may include disenrollment if the involved provider / RAU is not able to show appropriate progress toward meeting compliance.	CQI Coordinator, Part C Coordinator	2005-2012
CQI Coordinator and other State staff will work in conjunction with the OMCFH Monitoring Unit to revise procedures to assure most effective way of gathering information for Monitoring Priorities.	State Part C staff, OMCFH Monitoring Unit	2005-2012
Maintain state level database (revising as necessary) in order to gather data electronically for all children across Monitoring Priority areas to the degree possible.	Part C staff, OMCFH Research WV DOE	2005-2012
In addition to the routine distribution to families, WV Birth to Three will continue to post the Procedural Safeguards brochure on the BTT website. The brochure is posted in English and Spanish, and made available in other formats.	Part C staff, webmaster	2005-2012

Continue identification of appropriate monitoring strategies, including self-assessment activities.	Part C, Monitoring	2006-2012
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Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement:

Percent = (1.1(b) + 1.1(c)) divided by (1.1) times 100.

Overview of Issue/Description of System or Process:

The WV Birth to Three policies and procedures require that all written, signed complaints that allege noncompliance with IDEA, are reviewed to determine if the issue of the complaint violates a Part C requirement. If the issue does violate a Part C requirement, it is investigated and a letter of findings is to be issued within 60 days of receipt of the complaint. The newly hired CQI Coordinator has established an electronic tracking system to track timelines and maintain a record of the investigations, including letters of findings and completion of corrective activities. Data from the tracking system is used to identify any systemic issues identified through the complaints.

Baseline Data for FFY 2004 (2004-2005):

Complaints filed	6	
Complaints with reports issued	6	100%
(a) Reports with findings	6	100%
(b) Reports within timeline	4	66%
(c) Reports within extended timeline	0	

*** See FFY 2009 Annual Performance Report, February, 2011 for most current data.**

Discussion of Baseline Data:

Two written complaints were not addressed in a timely fashion during the period. The WV Birth to Three CQI Coordinator position was vacant from July, 2004 through July, 2005. Having this position filled will help to assure the timely investigation and finalization of all written complaints.

FFY	Measurable and Rigorous Target
2005	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2006	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2007	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2008	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2009	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2010	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2011	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.
2012	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.

Improvement Activities/Timelines/Resources:

<p>WV Birth to Three CQI Coordinator will maintain an electronic tracking process, for the purpose of tracking all received written complaints in order to assure that determinations of findings and written reports are completed within 60 days of receipt of complaint.</p>	<p>FFY 2005-2006 and ongoing through 2012</p>
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SPP Template – Part C (3)

WV Birth to Three
State

Determinations of findings of non-compliance will be completed and reports issued within 60 days of receipt of signed, written complaints.	FFY 2005-2006 and ongoing through 2012
CQI Coordinator will monitor the status of received complaints on a monthly basis to assure that timelines are met.	FFY 2005-2006 and ongoing through 2012
In addition to the routine distribution to families, WV Birth to Three will continue to post the Procedural Safeguards brochure on the BTT website. The brochure is posted in English and Spanish, and made available in other formats.	FFY 2005-2006 and ongoing through 2012

Part C State Performance Plan (SPP) for 2005-2013

Overview of the State Performance Plan Development:

See Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement:

Percent = (3.2(a) + 3.2(b)) divided by (3.2) times 100.

Overview of Issue/Description of System or Process:

West Virginia has adopted Part C due process procedures, and has in place policies and procedures that meet the requirements in 34 CFR Part 303.419 and 303.421-303.425, including providing parents or other parties a means of filing written complaints or requesting due process hearings. Policies also make mediation available to any party prior to filing a written complaint, or as a means of resolving the issues around the complaint. Costs are covered by the State. The State provides a list of available mediators upon request and the assigned mediator assures that meetings of the parties are at convenient times and locations, confidentiality of all proceedings during the mediation, and preparation of a mediation agreement, which is a legal and binding document.

Baseline Data for FFY 2004 (2004-2005):

The State did not have a request for due process during the reporting period.

***See FFY 2009 Annual Performance Report dated February, 2011 for most current data.**

Discussion of Baseline Data:

The State did not have a request for due process during the reporting period.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2006 (2006-2007)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2007 (2007-2008)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2008 (2008-2009)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2009 (2009-2010)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2010 (2010-2011)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2011 (2011-2012)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.
2012 (2012-2013)	100% of fully adjudicated due process hearing requests will be fully adjudicated within applicable timelines.

Improvement Activities/Timelines/Resources: FFY 2005-2006 through 2012

WV Birth to Three will continue to assure that families have received copies of their Procedural Safeguards and have been informed of procedures for making a written complaint, requesting a due process hearing, or requesting mediation to resolve any issue.

Procedural Safeguards materials will continue to be posted on the WV Birth to Three website in English and Spanish, and made available in alternative formats/languages.

Part C State Performance Plan (SPP) for FFY2005-2012

Overview of the State Performance Plan Development:

See Indicator #1.

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.

Overview of Issue/Description of System or Process:

WV Birth to Three has not adopted Part B due process procedures under 34 CFR Part 303.420, therefore resolutions sessions do not apply.

Baseline Data for FFY 2004 (2004-2005): Not applicable

Discussion of Baseline Data: Not applicable.

FFY	Measurable and Rigorous Target
2005	N/A
2006	N/A
2007	N/A
2008	N/A
2009	N/A
2010	N/A
2011	N/A
2012	N/A

Part C State Performance Plan (SPP) for 2005-2013

Overview of the State Performance Plan Development:

See Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

Percent = (2.1(a)(I) + 2.1(b)(i)) divided by (2.1) times 100.

Overview of Issue/Description of System or Process:

West Virginia has adopted Part C due process procedures, and has in place policies and procedures that meet the requirements in 34 CFR Part 303.419 and 303.421-303.425, including providing parents or other parties a means of filing written complaints or requesting due process hearings. Policies also make mediation available to any party prior to filing a written complaint, or as a means of resolving the issues around the complaint. Costs are covered by the State. The State provides a list of available mediators upon request and the assigned mediator assures that meetings of the parties are at convenient times and locations, confidentiality of all proceedings during the mediation, and preparation of a mediation agreement, which is a legal and binding document.

Baseline Data for FFY 2004 (2004-2005):

WV Birth to Three received no requests for mediation during the reporting period.

Discussion of Baseline Data:

WV Birth to Three received no requests for mediation during the reporting period

FFY	Measurable and Rigorous Target
2005	The State did not have a request for mediation during the reporting period, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2006	The State did not have a request for mediation during the reporting period, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2007	The State did not have a request for mediation during the reporting period, and therefore, in accordance with OSEP guidance, no targets are set for future periods.

2008	The State did not have a request for mediation during the reporting period, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2009	The State did not have a request for mediation during the reporting period, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2010	The State did not have a request for mediation during the previous reporting periods, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2011	The State did not have a request for mediation during the previous reporting periods, and therefore, in accordance with OSEP guidance, no targets are set for future periods.
2012	The State did not have a request for mediation during the previous reporting periods, and therefore, in accordance with OSEP guidance, no targets are set for future periods.

Improvement Activities/Timelines/Resources: FFY 2005-2006 through 2012

WV Birth to Three will continue to assure that families have received copies of their Procedural Safeguards and have been informed of procedures for making a written complaint, requesting a due process hearing, or requesting mediation to resolve any issue. Procedural Safeguards materials will continue to be posted on the WV Birth to Three website in English and Spanish, and made available in alternative formats/languages.

Part C State Performance Plan (SPP) for FFY 2005-2012

Overview of the State Performance Plan Development:

See Indicator #1.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:
 State reported data, including 618 data, State performance plan, and annual performance reports, are:
 a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
 b. Accurate (describe mechanisms for ensuring accuracy).

Overview of Issue/Description of System or Process:

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. Data is entered into the system by each of the eight Regional Administrative Units (RAUs).

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

The WV Birth to Three Data Analyst provides training and technical assistance for staff entering data at the regional level. The data system is designed with internal 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 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.

Baseline Data for FFY 2004 (2004-2005):

West Virginia submitted Part C Table 1 data for the December, 2004 child count prior to the due date. Tables 2, 3, 4, and 5 for the December, 2003 count were submitted prior to the due date. All 618 data was reported within timelines, with no corrections by WESTAT. West Virginia’s 2003-2004 Annual Performance Report was submitted within the timelines as approved by OSEP.

** See FFY 2009 Annual Performance Report, February, 2011 for most current data.*

Discussion of Baseline Data:

The State has an established and demonstrated process for assuring accuracy and validity of data reported under the 618 data reports.

Many of the measurements of the State Performance Plan require data to be gathered and compared in ways that the lead agency had not previously done. Since this was the first year for many of the measurements, the lead agency will continue to investigate and design methodologies to assure the ongoing validity of the data. The integrated data system provides the State with a more accurate means of gathering data, and therefore will be 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 will be more appropriately measured by collecting data at the state level for all children in the WV Birth to Three System.

FFY	Measurable and Rigorous Target
2005	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.

SPP Template – Part C (3)

WV Birth to Three
State

2006	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2007	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2008	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2009	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2010	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2011	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.
2012	100 % of 618 data Tables will be submitted timely and accurate, within timelines as required by Westat and OSEP.

Improvement Activities/Timelines/Resources:

Continue to provide technical assistance to RAUs regarding the accurate and timely entry of data.	Part C Data Analyst	2005-2012
Continue onsite data verification of accuracy of data entered at the RAU compared to source documents in child record, as component of RAU monitoring.	OMCFH Monitoring	2005-2012
Submit 618 Tables and APRs within timelines established by OSEP.	Part C Data Analyst	2005-2012
Collaborate with the WV Dept. of Education to analyze transition data gathered through revised Transition/Transfer forms and Child Notification forms in order to assure accuracy of data reported for outcome indicators of the SPP.	Part C/Part B state staff	2005-2012
Implement a reporting format to assure that the public is informed about the performance in each RAU region related to the outcome indicators of the State Performance Plan and Annual Performance Report.	Part C Data Analyst, Public Info. Specialist, OMCFH webmaster	2006- 2012