

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



Annual Performance Report

FY 2007

WV Birth to Three

Annual Performance Report (APR) for FFY 2007

Under Part C of the Individuals with Disabilities Education Act

Overview of the Annual Performance Report Development:

The West Virginia Department of Health and Human Resources, as the lead agency for Part C of IDEA, continues to value stakeholder input in the development and implementation of the WV Birth to Three Early Intervention System. Development of the FY 2007 Annual Performance Report (APR) 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 the State Performance Plan and Annual Performance Report. The WVEIICC is established under WV Code Chapter 16-5K. The Council meets every other month, with membership that meets IDEA requirements, including parents, service providers, and representatives of various state agencies; as well as other key stakeholders identified by the Council. These additional members include representatives of various advocacy and community groups, including West Virginia Advocates, and West Virginia Parent Training and Information.

The lead agency provides updates to the WVEIICC at each meeting. These updates include data reports that reflect regional and state level performance on APR indicators. The Council contributed input directly regarding establishment of improvement activities and rigorous targets for the State Performance Plan and the FY 2007 APR.

In addition to the WVEIICC, coordination with other interagency partners on an ongoing basis was crucial to evaluating the effectiveness of current strategies and identifying future improvement strategies. Ongoing collaboration occurred with the West Virginia Department of Education, the statewide Transition Steering Committee, universal screening programs within the Office of Maternal, Child, and Family Health (OMCFH), Child Protective Services, and the monitoring and research arms of OMCFH.

The lead agency provided information to, and obtained feedback from, the eight Regional Administrative Units (RAUs) throughout the year. The RAUs provide system point of entry and local collaboration functions for the WV Birth to Three system. State staff utilized a variety of strategies to obtain data needed for evaluation of performance, and identification of improvement strategies across the outcome indicators. The data sources included: information from the WV Birth to Three statewide integrated data system; service coordinator and practitioner feedback, onsite monitoring reviews conducted by the Office of Maternal, Child and Family Health (OMCFH) Monitoring Unit; parent telephone surveys; family outcome surveys, specific data surveys of Regional Administrative Units; complaint logs; and claims payment data. In addition, the State utilized technical assistance from MSRRC, NECTAC, NECTC in evaluating performance and identification of improvement strategies across APR indicators.

Information from these data sources and stakeholder groups has been used to develop West Virginia's FFY 2007 Annual Performance Report as submitted to the U.S. Department of Education, Office of Special Education Programs (OSEP), on February 2, 2009.

The State Performance Plan, Annual Performance Report, and local performance on APR Indicators, are posted on the WV Birth to Three website. WV Birth to Three used the Local Reporting Task Group to review proposed designs for informing the public of the performance of each region related to the state targets in the State Performance Plan, and 618 data. The Task Group used the technical assistance document entitled “Annual Public Reporting of Local Education Agency/Early Intervention Services Program Data on the State Performance Plan Indicators and Targets”. The FY 2006 Annual Performance Report and local performance data was posted shortly after submission in February, 2008. In addition to the website posting, members of the ICC (including advocacy groups and other interagency partners), and RAU representatives assist the lead agency with distribution of information through appropriate printed media such as listservs, organizational newsletters, Parent Newsletters of the Regional Administrative Units (RAUs), and the interagency-published Early Childhood Provider Quarterly magazine.

WV Birth to Three (BTT) will continue to report to the public regarding: a) the State’s progress and/or slippage in meeting the measurable and rigorous targets of the State Performance Plan, and b) the performance of each region related to the outcome indicators and targets by posting the FY 2007 APR shortly after submission to OSEP.

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

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

Measurement:

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

Account for untimely receipt of services.

FFY	Measurable and Rigorous Target
FY 2007 (2007/2008)	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner

Actual Target Data for 2007-2008:

For FY 2007, 97% of infants and toddlers with IFSPs through WV Birth to Three, received each early intervention service on their IFSP, including those on new IFSPs, in a timely manner. Timely delivery is defined as within 30 days of the date of parental consent/start date. For APR reporting, data was gathered from a review of new IFSPs and services across all eight regions of the state during the month of April, 2008. The number of children totaled 208. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation.

The state office matched the date of parental consent for service against billing records to determine if the service was delivered timely. Confirmation also included review of child records to confirm the reason for any late service delivery. Significant additional analysis and follow up data gathering were necessary in order to determine the circumstances associated with each of these measurements. In instances where the service was delivered later than 30 days after the consent date, but was delivered within the timelines as identified on the IFSP, this service was considered to be within compliance. In these cases, the frequency of the service did not call for delivery within 30 days.

Forty nine children had at least one service that was late. Of those, forty two children had a late service due to exceptional family circumstances, including parents canceling or not being home for scheduled visits, or not responding to numerous attempts to schedule the visit. Seven children were identified as having not received all services in a timely manner with reasons other than exceptional family circumstances, involving a total of five service providers. The reasons for not receiving these services timely were due to provider illness, provider cancellation, or not scheduling within timelines. One delay was due to a practitioner being notified late by the RAU interim service coordinator that she had been selected to provide the IFSP service. Despite the late notification, the service was provided at 31 days after consent. Another of the late services was provided at 33 days after consent due to scheduling problems. Another service was late because the practitioner had to reschedule due to her child being sick. One service coordinator was responsible for late services for two of the seven children.

WV Birth to Three is addressing non-compliance with the RAU to assure that all practitioners are notified in a timely fashion when selected for service delivery. Corrective actions are being taken to assure timely correction. The WV Birth to Three CQI Coordinator has requested additional focused monitoring for individuals identified in the data review in order to identify any other non-compliance under this indicator, and to develop appropriate corrective actions based on findings.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007:

Several strategies were used during the period to assure that services would be provided timely. These strategies are discussed in more detail below. While the strategies are resulting in practitioners having better understanding of the timely service requirement, there were still these seven children who did not receive all services timely. In some cases, the late services could have been prevented, and in those situations, corrective actions are being taken to assure that the practitioner or service coordinator understands the requirement and is providing services in a timely manner. Other of the late services, due to illness or other

emergencies probably were not preventable, however, corrective actions will occur for all findings of non-compliance.

WV Birth to Three, in collaboration with the ICC, expanded the Timely Service Pilot during the period. The pilot includes a form for service coordinators to use to gather information from families regarding whether their services were provided in a timely fashion. This process supports the service coordinators' responsibilities for assuring timely service delivery, and provides opportunity for them to help families address any concern about service provision. Service coordinators also measure their own timely service delivery. The lead agency worked along with the ICC and SCs involved in the pilot to decide if this process/documentation process should be implemented statewide. The SCs involved in the pilot reported that they found the form to be very useful for them to track timely service provision and served as a reminder to practitioners of the importance and requirement of providing service timely. The SCs involved in the pilot and the ICC recommended requiring that all service coordinators use the form.

WV Birth to Three included talking points and reminders in all core training modules to emphasize the importance of timely delivery of service. WV Birth to Three reimburses for services on a fee-for-service, face-to-face service delivery time, which should also reinforce the timely delivery of service.

Some of the challenges that the State faces in assuring that families are able to access each service in a timely fashion, include the continuing increase in the number of children being served as well as personnel shortages. When sufficient numbers of personnel are not available in the rural areas, practitioners are driving longer distances and attempting to work families into already busy schedules. Shortage of these specialty disciplines is a statewide issue, felt also by other early childhood, health, and disability groups.

WV Birth to Three continued to conduct intensive recruitment activities targeted specifically to increasing the availability of specialty practitioners based on identified areas of need. Regional State TA Specialists review service directories and gather information from RAUs in order to identify the areas of greatest need. These recruitment activities have resulted in improved coverage, however challenges still remain. As the number of children referred increases, it becomes increasingly difficult to find qualified individuals to provide services in the most rural parts of the state. In addition; during this past year, due to increased numbers of children being served, and limited financial resources (including static Part C funding), WV Birth to Three experienced significant financial strains, resulting in increased turn-around time for reimbursement to enrolled service providers. The slower turn-around in payment may eventually make it more difficult to retain sufficient numbers of professionals.

Many of the family circumstances that resulted in delayed services were due to issues such as child or family member illness, vacations, or other family choices. However, many families in West Virginia are also facing multiple challenges that impact their availability for services. According to the most recent Kids Count data, over 25% of infants and toddlers in West Virginia are living in poverty. In a rural southern county, 83.8% of children qualify for free or reduced-price meals. There have always been some families in mostly rural areas who do not have home phones. However, now more families are using pay as-you-go phone options and these numbers can change frequently, adding to the difficulty of contacting families for scheduling. West Virginia also has a high number of infants and toddlers with substantiated abuse and neglect. WV Birth to Three continues to receive increased numbers of referrals under CAPTA and these families face even greater challenges that impact their availability.

Analysis of FY 2005 performance data occurred during the FY 2006 year. Therefore, findings from this data were issued during FY 2006. There were a total of 95 findings issued during FY 2006. All findings were corrected within one year as monitored and assured by the WV Birth to Three CQI Coordinator. Sanctions included disenrollment of six service providers during the period.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008.

Revision of targets is not applicable for this compliance indicator.

With ICC recommendation, WV Birth to Three will expand the Timely Services Pilot into a statewide process to be used by all service coordinators by April, 2009. Implementing this new process will include TA Bulletins for notification of new requirements and explanation of purpose. The TA Bulletin will direct service coordinators to BTT Regional Technical Assistance Specialists for questions and technical assistance. The documentation form will be posted in the Standard Forms section of the BTT website.

WV Birth to Three will work with Regional Administrative Units to assure that the importance of timely service provision is reviewed during IFSP meetings, so both professionals and families will understand. This will be discussed during February, 2009 RAU meeting in order to identify any technical assistance or support that RAUs may need from the state office. The timeline for RAUs to incorporate this strategy will be February, 2009.

WV Birth to Three will continue recruitment strategies, in particular for specialty disciplines. Recruiting strategies include: exhibiting and recruiting at job fairs of several universities across the state; purchasing of ads in professional organization newsletters; contacting hospitals, home health agencies, and private therapy clinics; attending conferences and other venues; informing currently enrolled practitioners and payee agencies of where we have major shortages. As these recruitment strategies are taking place, state BTT staff also work along with service coordinators and RAUs to help identify areas of need and work with currently enrolled service providers for coverage on an interim basis.

To remind enrolled practitioners of the importance of providing services timely, BTT will send reminders at least quarterly through statewide email notifications, Tips of the Week on the website, and during face to face technical assistance meetings,

As noted under Indicator 4, WV Birth to Three will be working on strategies this next year to help service coordinators and other team members be more knowledgeable of community resources, in order to be able to link families to resources beyond those directly involved in developmental services for them and their child. As research indicates, linking families to other needed resources may help them meet immediate needs, help to establish positive working relationships, and help families be in a better position to promote their childrens' development.

WV Birth to Three uses it's website to provide links to a variety of services and resources that service coordinators can use to help families. BTT also targets funding to each RAU to employ 1 FTE Parent Partner in each region and to conduct other family to family activities such as publishing Parent Newsletters, and gathering resources to add to the Central Directory. Each RAU's Parent Newsletter is also linked to the BTT website. BTT will continue these activities and work with the RAUs to host lunch and learn sessions regionally where service coordinators, families and others will be invited to attend and learn about resources.

In addition, the state office has solicited assistance from family members and other agency members of the ICC, including the Bureau for Children and Families, to form a Task Group to develop specific strategies for another visual that can help families know where to find information and linkages to a variety of resources. At least a portion of this strategy is envisioned to be a one page resource that will provide families with quick reference to contact information. This resource will provide easy access to who to call when various questions or situations arise. The timeline for completion of this resource is June, 2009.

See the revised State Performance Plan dated February, 2009 for full listing of improvement strategies designed to ensure that all IFSP services are provided in a timely fashion, and to ensure timely correction of non-compliance.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
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

Actual Target Data for FY 2007: On December 1, 2007, two thousand nine hundred and fifty one (2,951) children were receiving IFSP services through WV Birth to Three. Of those children, two thousand nine hundred and fifty (2,950), or 99.99% of children were receiving their IFSP services primarily in their home or other community setting for typically developing children.

Data for this indicator was gathered from the WV Birth to Three integrated data system. See Indicator #14 and the SPP for reference to the validity and reliability of the WV Birth to Three data system. WV Birth to Three does provide training and reviews to assure that teams

¹ At the time of the release of this package, revised forms for collection of 618 State reported data had not yet been approved. Indicators will be revised as needed to align with language in the 2005-2006 State reported data collections.

understand the process for determining whether there is justification to provide services in settings other than the natural environment.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007-2008:

All improvement activities as identified in the State Performance Plan are ongoing. WV Birth to Three has policies and procedures in place to assure that eligible children and families receive early intervention services in natural environments in accordance with the requirements of 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. Four regional Technical Assistance Specialists are available to provide direct technical assistance to enrolled service practitioners and service coordinators.

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. Services, including service coordination are reimbursed for time spent face-to-face with children and families.

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 continues to remain a need. This continuing increase in service providers 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.

There were no non-compliance issues identified for this Indicator.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008.

Revisions have been made to the timeline for convening a workgroup to evaluate the possibility of establishing an evaluation/assessment (E/A) credential for enrolled direct service providers, and for future implementation of the credential process. The E/A credential continues to be a priority; however, fiscal issues have delayed initiation. Due to increased data reporting requirements, and anticipated policy changes around eligibility and family cost participation in the next year, the state does not have the people or fiscal resources to dedicate to the creation and implementation of the E/A credential. However, WV Birth to Three state staff will be collaborating with the state Child Care office around infant toddler training for child care providers and enrolled Part C practitioners, beginning in April, 2009.

See the revised State Performance Plan dated February, 2009 for additional maintenance and improvement strategies.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Outcome Indicator #3 is a new indicator for the FY 2007-2008 period. No progress data is reported during this period. See the revised State Performance Plan dated February, 2009 for a description of the activities for this outcome, the entry level data for the FY 2005-2006 reporting period, and progress data for FY 2007-2008. A complete copy of the revised State Performance Plan (SPP) is posted on the WV Birth to Three website at www.wvdhhr.org/birth23.

See Indicator #1.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

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

FFY	Measurable and Rigorous Target
<i>FFY 2007-2008</i>	<i>Not applicable for this reporting period.</i>

Actual Target Data for FY 2007-2008: Target data is not due for this indicator until February, 2010. See Indicator #3 of the State Performance Plan revised February, 2009 for entry and progress data, available on the WV Birth to Three website at www.wvdhhr/birth23. Progress data for the indicator will be submitted with this APR.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007-2008: West Virginia implemented a child outcomes measurement process that promotes understanding of child development, involvement of families, and measurement of meaningful child progress. WV Birth to Three utilizes the ECO measurement tool and calculator for analyzing data. Progress data is available to demonstrate the improved functional behaviors of infants and toddlers exiting the WV Birth to Three system during the period. In addition to training on the Child Outcomes Summary Tool, West Virginia is providing training to improve skills and knowledge of developmental specialists related to typical early child development. See revised State Performance Plan dated February, 2009 for additional improvement strategies.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines Resources for FY 2007-2008. Not applicable. See State Performance Plan, revised date February, 2009.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report Development:

See Indicator #1 and #4 in the revised State Performance Plan dated February 2, 2009.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

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

FFY	Measurable and Rigorous Target
FY 2007-2008	4A -76%, 4B -73%, 4C - 86%

Actual Target Data for FY 2007:

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.

Unlike other survey instruments, the NCSEAM survey has undergone rigorous validity and reliability testing. The instrument is valid and highly reliable. It also provides comparability. West Virginia chose the NCSEAM Family Survey with standard analysis, because to our knowledge, it is the only family outcome survey that can assure all these features.

APR Template – Part C (4)

West Virginia
State

West Virginia received 510 valid survey returns for the 2007-2008 period, representing a 30% response rate. Analysis of these responses resulted in 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. Although the change may not be statistically significant, these numbers do represent a positive movement upward in the % of families that report agreement in the strongly to very strongly category.

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>82.2% strongly or very strongly agree (421)</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>79.7% strongly or very strongly agree (408)</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’: “Over the past year, Early Intervention services have helped me and/or my family to understand my child’s special needs.”</p>	<p>88.5% strongly or very strongly agree (453)</p>

The APR Indicator Analysis report for FY 2006, compared mean measurements reported by states. West Virginia is one of only 17 states that used the NCSEAM Family Survey with standard analysis (6 other states used the NCSEAM survey but modified the analysis in some manner). Mean measurements for the NCSEAM surveys were lower than for other surveys used across states. This is to be expected due to the rigorous ‘agreement’ standard established when using the standard NCSEAM analysis.

The instrument also does not consider a simple ‘agree’ as meeting the standard for measurement. A family must ‘strongly’ or ‘very strongly agree’ with an item in order to meet the standard to be counted as an agreement.

APR Template – Part C (4)

West Virginia
State

For example, if West Virginia chose to use a modified analysis and used any form of agreement as the cut off, reported scores for this period would range from 96-98% agreement. West Virginia chooses to continue to use the more rigorous analysis in order to better know how/where to make changes for improvement.

The Impact on Family Scale (IFS) also provides a mean measurement for comparison of overall impact on family outcomes.

Fiscal Year	FY 2005	FY 2006	FY 2007
Mean Measurement on Family Impact Scale	701.97	694.23	720.02

Each item on the Family Impact Scale is assigned a metric rating. The metric was set so that a measure of a particular item's value implies *near certainty of agreement* with all items located up to that value on the scale.

West Virginia's FY 2007 mean measure of 720 indicates that virtually all families are expressing some level of agreement (either simple agree, strongly agree, or very strongly agree) with all the items on the scale. In fact, the number of "disagree" responses is, overall, very small. While overall family responses continue to be very positive, WV Birth to Three will continue to do further analysis including reviewing those responses that were not as positive, in order to determine if there are any characteristics that are similar across those few respondents. Initial analysis by age, race, and geographic region, did not identify any shared characteristics among the few families that did not report as positive outcomes.

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.

WV Birth to Three used an external contractor to conduct the Rasch measurement analysis of the WV Birth to Three family survey results, in accordance with NCSEAM recommended standards and rigorous criteria.

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

The survey analysis also 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. The measurement's reliability was .95. Overall data consistency is acceptable, as indicated by several different model fit statistics. Analysis also confirmed that the response rate of 30% did not negatively impact the validity of the family survey data.

WV Birth to Three mails surveys to the families of all children who have received services for six months or longer, near or soon after each child's exit from the WV Birth to Three System at age three. Surveys are mailed with stamped return envelopes.

Inside the survey envelope, families 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.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007-2008:

WV Birth to Three, with input and assistance from the West Virginia Early Intervention Interagency Coordinating Council and the Family Outcomes Task Group, has chosen to continue 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, and Family-Centered Services scales. While the Impact on Family scale is an outcome measure; measuring 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/practitioners 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's scale. However, WV Birth to Three, in conjunction with the ICC, decided that the Family-Centered Services scale would also provide an important opportunity to begin to examine the association between family-centered aspects of service delivery and family outcomes.

As a strategy to continue to support all families, the state office worked along with the ICC to develop a visual resource that would help families understand how the Part C process works, from referral to transition at age three. This visual is a one page document, the WV Birth to Three Family Guide. The document can be used by referral sources and/or interim service coordinators on initial visits with families, to help the families understand the Part C process.

The ICC is involved with the lead agency in review of the analysis of both scales in order to identify potential training, policy and or practice changes. The ICC invited Dr. Batya Elbaum for an onsite visit in January, 2008, during which she assisted the ICC in better understanding the results of the analysis of both scales. Initial reviews indicate that while families agree for the most part with all items on both scales, those items that relate to helping the families know about other, non-Part C services in their community, seem to be the more difficult to achieve.

In order to try to increase response rate, the cover letter for the survey was revised during the period to emphasize how important it is to WV Birth to Three to hear from families. Parent Partners in the RAUs also included small articles in their regional newsletters to inform families about the importance of providing their feedback through the family surveys.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008:

See SPP for listing of Improvement Strategies

Developers of the NCSEAM Impact of Early Intervention Services scale suggest that states focus improvement strategies on the survey question that has an item calibration that is just above the state's mean survey score, since research indicates that improving a

measurement on these items will all increase the measurements of all survey items below this point on the scale. West Virginia's mean score of 720 is higher than the calibration of any item on the survey scale, however WV Birth to Three will follow survey recommendations and focus improvement activities toward those the top two or three items from the scale rating (these are items that virtually all families agreed with, but not as many families agreed at a strongly or very strongly level. The items that were most difficult to get higher levels of strong and very strong agreement, were: "Over the past year, WV Birth to Three services have helped me and/or my family to know about services in my community"; and, "Over the past year, WV Birth to Three services have helped me and/or my family participate in typical activities for children and families in my community".

In October, 2008, WV Birth to Three took advantage of a technical assistance opportunity provided through Mid South Regional Resource Center and NECTAC for states to evaluate their efforts related to identifying improvement strategies across all indicators of the APR. West Virginia chose to use this time to focus on Indicator 4. With the assistance of Mid South, NECTAC and Dr. Elbaum, the state office representatives worked on a tool to help West Virginia and other states evaluate their outcome information from family surveys and determine which improvement activities would be most likely to result in better outcomes for families. Using this process, West Virginia selected an improvement strategy aimed at helping families know more about community resources and who to contact when they have questions about their rights, community resources, etc. This resource will build on the Family Guide that was developed during the last period. A Task Group including state staff, ICC family and interagency members, and RAU Parent Partners will work on this resource, with a targeted completion date of June, 2009. The resource will be introduced to interim and ongoing service coordinators through conference calls and regional meetings. To evaluate the effectiveness of this strategy, BTT will follow future responses on related indicators of the Family Centered Services scale to see if family agreement rates continue to improve over time.

WV Birth to Three plans to convert the Family Centered Services scale into a self assessment that service practitioners could use to measure the degree to which they conduct such practices for the families they serve. That activity was originally scheduled to begin in 2007-2008, but was delayed until 2008-2009 due to a vacancy in a staff position, and workload issues around implementing the COST and other initiatives.

WV Birth to Three will work carefully with the ICC in toward these activities, since there will be many competing priorities over the next few months, including rolling out proposed changes in WV Birth to Three eligibility criteria, and implementing continuing improvement activities across other APR indicators.

While the survey response rate has improved, and continues to be sufficient for statewide analysis, WV Birth to Three will continue to work with Regional Administrative Units, Parent Partners, and Service Coordinators to use strategies that encourage families to complete and return surveys.

WV Birth to Three will also be posting the survey scales on the BTT website, along with reporting of performance on the state and regional level. News bulletins will be developed for Parent Partners to include in regional family newsletters, in order to continue to remind families of the importance of their feedback. Statewide email broadcasts will remind Service Coordinators that families are receiving the surveys, so they can encourage families to complete and return. Service Coordinators can also encourage families to contact WVPTI for assistance if needed to complete the survey.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report 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:

- A. Other States with similar eligibility definitions; and
- B. National data.

(20 U.S.C. 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 the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
FY 2007 2007-2008	West Virginia’s December 1, 2007 child count will reflect that 1.99% of the population under one has an IFSP.

Actual Target Data for FY 2007 (2007-2008):

The baseline data for this outcome indicator is taken from West Virginia’s 618 data reported for December 1, 2007 and other data as gathered from the WV Birth to Three integrated data system, and the www.IDEAdata.org website.

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.

On December 1, 2007, four hundred and ninety nine (499) infants birth to age 12 months had an active IFSP with WV Birth to Three services. This number reflected 2.44% of West Virginia’s population under age one.

When comparing West Virginia to other states and territories determined to have ‘Broad Eligibility Criteria’, only two other states served a higher percentage of children in this age group. West Virginia ranked third (3rd) out of the twenty five (25) states in the Broad

APR Template – Part C (4)

West Virginia
State

Eligibility Criteria category. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 12% of all states in the Broad Eligibility Category.

Number and % of Children with IFSP Birth to Age 12 Months	Ranking Compared to Other States with Broad Eligibility Category
499 – 2.44%	3rd of 25 states

The FY 2007 data is comparable to the FY 2006 data when West Virginia had 2.45% of children under age one year receiving early intervention services, ranking third (3rd) in comparison to twenty five (25) other states and territories identified as having a '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
1.05%	2.44%	3rd

The December 1, 2007 national baseline for percentage of population birth to age 1 with IFSPs, as calculated by OSEP, is 1.05%.

Only two other states served a higher percentage compared to the national baseline average than West Virginia's percentage of 2.44%. West Virginia ranked third (3rd) in comparison to all states and territories, and 1.39% above the national baseline. 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.

The FY 2007 data is comparable to the FY 2006 data when West Virginia had 2.45% of children under age one year receiving early intervention services, ranking third (3rd) in comparison to other states and territories.

The estimated resident population for children birth through age 2 decreased by 796 children from 2006 to 2007 according to Table C-2 on www.ideadata.org, representing a -1.27% change.

See West Virginia's Part C State Performance Plan for description of the methods of assuring the accuracy of WV Birth to Three integrated data system.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007 (2007-2008):

The FY 2007 data for the percentage of children served under age 1 is comparable to the FY 2006 data when West Virginia had 2.45% of children under age one year receiving early intervention services, ranking third (3rd) in comparison to other states and territories and remains above the previous target of 1.99%.

WV Birth to Three has continued interagency child find efforts on the state and regional level through a variety of strategies for the early identification of infants and toddlers with developmental delay or significant risk factors. WV Birth to Three's 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 Screening, and Right From the Start programs to assure that infants failing the newborn hearing screen receive diagnostics and referral to Part C and Ski Hi when hearing loss is confirmed. 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 developmental checklists and information about how to make a referral to Part C, Part B, Head Start and/or Child Care.

The WV Birth to Three continues to work with WV CHIP to develop parent educational and child find materials, to be distributed collaboratively through various venues, including early childhood publications that reach families and early childhood providers.

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

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007 (2007-2008)

WV Birth to Three will continue improvement strategies of the State Performance Plan. WV Birth to Three will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three and the West Virginia Department of Health and Human Resources, in collaboration with the State Interagency Coordinating Council, convened a stakeholder group to review and make recommendations regarding the State’s definition of developmental delay. After completing the public comment period, a proposed addendum to the State’s eligibility criteria has been submitted to OSEP for approval and planned implementation in the spring of 2009. Changes are being proposed for 2009-2010. These changes may have future effect on the state’s target for this indicator.

When reporting regional performance on this Indicator, WV Birth to Three will not report any data that would result in the disclosure of personally identifiable information, or where the availability of data is insufficient to yield statistically reliable information.

See the State Performance Plan for additional maintenance /improvement strategies.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report 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:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

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

FFY	Measurable and Rigorous Target
FY 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

Actual Target Data for FY 2007 (2007-2008):

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 IFSPs Birth to Age 36 Months	Ranking Compared to Other States with Broad Eligibility Category
2,951– 4.79%	3rd of 22 states and 3 territories with Broad eligibility definitions

On December 1, 2007 two thousand nine hundred and fifty one (2,951) infants birth through age 2 years had an active IFSP with WV Birth to Three services. This number reflected 4.79% of West Virginia’s population in this age group.

When comparing West Virginia to other states and territories that have been determined by OSEP to have ‘Broad’ eligibility criteria, only two other states served a higher percentage of children in this age group. West Virginia ranked third (3rd) out of the twenty five (25) states and territories in the ‘Broad’ eligibility criteria category, for the percentage of infants and toddlers receiving services.

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
2.53%	4.79%	3rd

Only two other states and/or territories served a higher percentage of infants and toddlers under age three, than West Virginia’s 4.79%. West Virginia ranks fourth (3rd) in comparison to all states and territories, and 2.26% above the national baseline.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007 (2007-2008):

In addition to the activities 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.

Child find strategies have included coordination with the Right From the Start and Health Check (EPSDT) Programs 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.

WV Birth to Three continued collaboration with WV WIC and WV CHIP to reciprocally provide information for families.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007 (2007-2008):

WV Birth to Three will continue Improvement Strategies of the State Performance Plan, revised date of February 2, 2009. WV Birth to Three will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three/DHHR, in collaboration with the State Interagency Coordinating Council, convened a stakeholder task group to review the State's Part C eligibility criteria. The task group made recommendations to revise the current eligibility criteria. This new policy is expected to become effective during the 2008-2009 year. The revised policy will focus on assuring that those children most in need of developmental services are able to continue to access timely evaluation/assessment and services.

When reporting regional performance on this Indicator, WV Birth to Three will not report any data that would result in the disclosure of personally identifiable information, or where the availability of data is insufficient to yield statistically reliable information.

See the State Performance Plan for additional maintenance/improvement strategies.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Measurement:

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

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
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.

Actual Target Data for FY 2007 (2007-2008):

For FY 2007-2008, 97% of children and families had an initial evaluation and assessment and initial IFSP meeting within 45 days of referral. WV Birth to Three has chosen to include exceptional family circumstances in the compliance calculation, assuring that the number was included in both the numerator and denominator. Two thousand eight hundred and eighty six (2,886) children had initial IFSPs during the period. Including exceptional family circumstances, two thousand eight hundred and six (2,806) children had their initial IFSP meeting within 45 days of referral. There were five hundred and ten (510) instances of late initial meetings due to exceptional family circumstances.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007 (2007-2008):

In FY 2006, there were six findings issued related to 45 day timeline and 100% were corrected within a one year period from the findings, through documentation monitored by the BTT CQI Coordinator. These findings were from FY 2005 performance data. The analysis occurred during 2006, therefore the findings were issued in 2006.

FY 2007 performance of 97% compares to 97% for FY 2006. WV Birth to Three did not meet the target of 100%. Based on our analysis, there were two primary contributing barriers to

achieving the target performance during the period. One of these barriers was staffing issues in two of the RAUs due to several staff pregnancies and unexpected early medical leaves. These staffing issues have been corrected, improving the RAUs performance during the current year. The second major issue was a shortage of specialty personnel in the most rural areas of the state. Many of the most rural counties have larger geographic area and smaller populations, making it even more difficult to recruit providers to the area. In these rural counties, depending on the individual concerns for referred children, it is sometimes necessary to bring therapists in from other regions. When these shortages exist, families are offered an opportunity to access their initial evaluations and assessments at other locations, but these same families typically do not have transportation in order to access evaluations outside the area.

As described under Indicator #1, WV Birth to Three conducted intensive recruitment strategies on the state and local level during the period to try to address personnel shortages. Unfortunately, shortages of specialty personnel such as speech therapists, physical therapists and occupational therapists exist across almost all ages and disabilities groups, leaving us all recruiting for the same resources. WV Birth to Three policies and reimbursement allow for the use of Physical Therapy and Occupational Therapy Assistants, which has helped somewhat to increase availability. BTT worked with enrolled physical and occupational therapists during the period to make adjustments in the enrollment and authorization process for assistants in order to streamline the process for payees. However, the use of assistants is limited by the availability of licensed therapists to provide evaluation/assessment and supervision as required under state licensing.

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

Children suspected of being in need of early intervention services are referred to the Regional Administrative Unit (RAU) for the county of the child and family's residence. The Interim Service Coordinator of the RAU is responsible for making initial contact with the family to obtain the family's consent for evaluation and to begin the information gathering process and coordination of the multidisciplinary process. WV Birth to Three policies and procedures consider the referral to be in place when the initial call is received by the RAU.

The multidisciplinary process is conducted by qualified individuals enrolled in the WV Birth to Three System, and includes at least two disciplines, one of which is required to be a licensed health care provider.

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

APR Template – Part C (4)

West Virginia
State

have 15 days from confirmation to complete the activities and submit a report to the family, Interim Service Coordinator, and other team members.

Evaluation/assessment activities and initial IFSP meetings are conducted in the child and family's natural environment and individuals involved in assessment are members of the initial IFSP team.

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

Each Regional Administrative Unit (RAU) enters data on the referrals and IFSP meeting dates into the integrated Birth to Three data system. The data from each RAU is uploaded daily into the Super SPOE database and becomes available for the State Birth to Three office to download from the Central Finance Office. The State Birth to Three Data Analyst has access to individual child data as well as aggregated data on a regional and statewide basis. Onsite monitoring, conducted by the Office of Maternal, Child and Family Health, includes data validity reviews of the hard copy documentation in the child's record compared to the electronic data system to assure the accuracy and reliability of data entry information.

When an initial IFSP meeting is not conducted within 45 days of referral, the respective RAU is required to submit a 45 Day Delay form to the State office, with documentation as to the reason for the delay. Random review of the documented reasons was added to the data validity reviews in order to assure that documentation exists in the child's record to support the reported reason for delay. Regional Technical Assistance Specialists discuss the reasons for delay during onsite visits, and help the RAU staff problem solve solutions. As noted above, two RAUs had especially challenging times this year due to staff pregnancies and unexpected medical leaves. Those staffing issues have been corrected.

As identified under Indicators 5 and 6, West Virginia continues to experience an increase in the number of children identified and receiving IFSP services. This increase contributed to capacity issues and timely facilitation of the initial evaluation and assessment process.

	2002	2003	2004	2005	2006	2007
December 1 Child Count	1,612	1,657	1,986	2,643	2,786	2,951

As reported previously in the State Performance Plan, WV Birth to Three continues to experience increases in the number of referrals by Child Protective Services (CPS).

	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
CPS Primary Referral Source	86	187	395	582	620

Due to the circumstances around the CPS referrals, RAUs have more difficulty contacting families, and getting the referral to eligibility and/or IFSP. The RAU staff must spend much more time with every CPS referral, whether the referral does or does not proceed to eligibility and/or IFSP. Regions with the higher exceptional family circumstances also have higher CPS referral rates.

Collaborative trainings and meetings were conducted during the period to increase the coordination between CPS and WV Birth to Three RAUs and service coordinators. These trainings are typically held by county, and may be repeated from year to year due to fairly high turnover rates within CPS staff and to offer more support for BTT service coordinators. BTT Technical Assistance Specialists also work one-on-one with service coordinators to answer questions and address unique issues that come up with coordinating services for children and families.

Beyond the issues around referrals from CPS, parent cancellations and difficulty with communication were due in part to illness of children or other family members, family vacations, or other family priorities. In addition, the difficulty is 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 McDowell County, West Virginia. Many families are facing multiple challenges that may take priority over their response to contact attempts from WV Birth to Three practitioners and service coordinators.

Telephone communication is also a challenge. There are portions of the state where RAUs and practitioners have difficulty reaching families via phone. In recent years more families seem to be opting for pay-as-you go phone plans, with numbers that change frequently.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008:

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

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

APR Template – Part C (4)

West Virginia
State

Statewide emails and other direct technical assistance will be targeted to practitioners who complete evaluations/assessments in order to emphasize the importance of assuring that children and families have their initial IFSP meeting within 45 days of referral. Completion of evaluation/assessment activities is included in local monitoring reviews. Appropriate corrective actions are put in place for any identified non-compliance.

WV Birth to Three is committed to assuring, to the maximum extent possible, that expertise needed to address child/family concerns is included in the initial evaluation/assessment process, recognizing that this may affect timelines. The increasing numbers of referrals and rural distributions add to the State's challenge of fulfilling this commitment within the 45 day timeline. As noted under Indicator #1, WV Birth to Three will continue to conduct targeted recruiting efforts to assist RAUs to access needed specialists for evaluation / assessment. Other branches of state government are also working toward expanding access to high speed internet in rural areas of West Virginia, which should provide opportunities for technology to support video conferencing. This capacity is not likely to be available statewide until after 2010. The areas of the state that most need this option are the areas where the technology is lacking.

See the State Performance Plan for a full listing of improvement activities.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report Development:

See Indicator #1. In addition to the collaborative efforts described in Indicator #1, WV Birth to Three receives ongoing input around transition issues through the state interagency Transition Steering Committee. The Transition Steering Committee is comprised of State and local level representatives of Part C, Part B Preschool Special Education, Public Preschool, Child Care, and Head Start. The committee shares challenges and successes around early childhood transition. 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 U.S.C. 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 the (# 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.

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

Actual Target Data for FY 2007 (2007-2008):

- A. Based on the lead agency's analysis of the data for 1,250 records, across all eight regions, 1,240 children (99%) who exited during the time frame reviewed had transition steps and services documented.
- B. The State Birth to Three Office sent respective LEAs notification of 100% of the 670 potentially eligible infants and toddlers. Notification was sent to the LEA 6 months prior to the child's third birthday.
- C. Of the 670 children determined to be 'potentially eligible' for Part B, 663 had a face-to-face transition conference. Of the seven (7) children/families who did not have a transition meeting, four (4) were due to family refusal to have the meeting. Accounting for the family refusals, 99% of children had a face to face transition conference. The other three (3) instances of non-compliance were from caseloads of service coordinators who have now been disenrolled from the system.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007:

During FY 2006, there were thirty two findings of non-compliance issued under 8A, with 100% of findings corrected within one year from date of findings. Corrections included disenrollment of eight service coordinators, and another eighteen service coordinators with findings, exited the system during the one year period. In addition, there were thirteen (13) findings of non-compliance issued under 8C, with 100% findings corrected within one year, including twelve service coordinators who were either disenrolled, or otherwise withdrew from the system within the one year period. There were no findings of non-compliance under 8B. Findings issued in FY 2006 included those from analysis of FY 2005 data.

The lead agency continued the revised data reporting processes that were initiated in FY 2005. This reporting process supports the child and family transition process, and assures access to accurate data necessary to evaluate performance on the measurements of this Indicator. Service coordinators complete and submit the revised Transfer/Transition form to the RAU when the child exits the Birth to Three System. The Transfer/Transition form includes information for the notification of the face-to-face transition planning meeting, the parties invited to the meeting, and those who attended. After entering relevant data in the WV Birth to Three integrated database, the RAU forwards the form to the State office, where the forms are available for review in order to identify potential systemic issues. In the FY 2007 period, the aggregate information from the Transfer/Transition forms was used by Part C and Part B to identify training and technical assistance needs.

WV Birth to Three has policies and procedures in place that are in compliance with all Federal regulations around transition. The lead agency continues to provide WV Birth to Three service coordinators and local early childhood transition teams with training and technical assistance related to the transition requirements. WV Birth to Three provides a one-half day face-to-face 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 and provides a chance to walk participants through resources and examples. It also gives participants a chance to ask questions and share their successful strategies and tools they have developed for time management/tracking, etc.

Enrollment requirements for service coordinators were revised during the period, to require more training prior to enrollment. Transition items were added to the service coordinator competency test. In addition, service coordinators must pass the competency test prior to enrollment (versus previous requirement to complete within one year).

WV Birth to Three also continues collaboration with other early childhood partners through the state level Transition Steering Committee. The Steering Committee issued Q and A on child notification and transition requirements. The Committee has provided regional training for county teams to develop local interagency agreements, utilizing the interagency agreement template developed by the committee. State level training for local collaborative county teams was offered two times during the period. Local collaborative teams that attended the training sessions were comprised minimally of Part C, Part B preschool, Head Start, and child care representatives.

Based on review of issues in the field and the need for clarifications, the committee completed revisions to the local Part C to Part B Transition Procedures template. The revised template further clarified the roles and responsibilities of Part C service coordinators, direct service practitioners, Part B preschool representatives, and Regional Administrative Units. Procedures have been revised for counties, and are posted on the WV Birth to Three website to assist Service Coordinators. Response from the field has indicated that the revised procedures have resulted in a better understanding of responsibilities locally.

The current improvement strategies of the SPP are making a difference, and will be continued, with additional emphasis on early identification of service coordinators and/or counties that are having difficulties around transition – followed with direct technical assistance to identify the cause of the difficulty and appropriate next steps.

WV Birth to Three Regional Technical Assistance (TA) Specialists will continue to conduct quarterly TA reviews to identify those service coordinators most in need of technical assistance so that TA can be provided before timelines are missed. If the TA Specialists identify service coordinators who continue to have difficulty in understanding and/or in meeting transition requirements, the TA Specialist will identify the issue to the CQI Coordinator who may request a focused monitoring visit. Any non-compliance identified as a result of the focused monitoring must be corrected within the timelines of the corrective action plan, and in no case will be longer than one year. If service coordinators are not able to assure that non-compliance has been corrected, WV Birth to Three has the option of corrective actions including possible disenrollment from the System. When necessary during the period, WV Birth to Three did proceed with disenrollment procedures.

Trainings were held in the fall of 2008 for county collaborative teams. These trainings were designed during 2007-2008 by the Transition Steering Committee, and brought together teams that included local Part C, Part B, Head Start and Child Care representatives, to address transition issues in their counties. The trainings included regulatory requirements, but focused primarily on research based practices that promote quality transition outcomes for children and families. The Transition Steering Committee used the 'Transition Practices and Child and Family Outcomes' document developed by the National Early Childhood Outcome Center (NECTC) to guide development of these team trainings. The trainings will continue in 2009, with opportunities for additional counties to participate. The recommended transition practices from the NECTC document were used as a self assessment tool for county teams as they considered possible revisions to their local interagency agreements and practices. Teams developed action plans for implementing their prioritized research based practices. Response of the county teams to this new training has been very positive. The Transition Steering Committee will follow up with county teams to determine the impact of their changes. The Transition Steering Committee also compiled a chart of Technical

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State

Assistance resources for use by local county teams. Members of the group also revised the template for Transition Procedures from Part C to Head Start, and RAUs proceeded to complete the procedures with local Head Start grantees. These procedures are posted on the BTT website. With the implementation of PreK for 4 year olds in West Virginia, counties frequently use universal applications for PreK and Head Start. The revised Part C to Head Start procedures will help service coordinators understand when and how three year olds may qualify for Head Start services, in order to promote more effective transitions for families who choose Head Start as an option for their child at age three.

WV Birth to Three also posted links on the BTT website to other resources of the NECTC.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008.

WV Birth to Three will continue to have service coordinators submit Transfer/Transition forms to the state office, including information on transition meeting dates. State staff will review service coordinator reporting forms to identify any irregularities that may indicate a need for technical assistance. This information will be shared with WV Birth to Three Regional TA Specialists who will use this information, along with other onsite record reviews to identify service coordinators who are in need of technical assistance support and provide that support one-on-one. Providing support one-on-one allows the TA Specialist to base the support on each service coordinator's level of need and learning style.

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

By June, 2009, WV Birth to Three training and technical assistance staff will revise the current Transition Training, with input from local service coordinators. The intent is to have less 'talking head' information and give participants an opportunity to practice how they can integrate regulatory requirements as they use research based practices to support effective transitions for families.

WV Birth to Three will continue to work collaboratively with early childhood partners, including the WV Department of Education, to identify any potential systemic issues around transition and to assure that supports and activities of the Part C system are promoting positive transition outcomes for children and families.

Two multi-county training sessions will be supported by the Transition Steering Committee; to promote the NECTC research based transition practices as identified above.

WV Birth to Three will continue to implement corrective actions when non-compliance is identified, in order to assure that correction occurs as soon as possible, and in no case later than one year from identification.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement:

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY	Measurable and Rigorous Target
FY 2007	100% of identified noncompliance issues will be corrected within one year of identification.

Actual Target Data for FY 2007:

100% of 145 non-compliance findings identified during FY 2006 were corrected within one year or less. See attached C9 worksheet for further details.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for the FY 2007 APR:

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

All RAUs sign a grant agreement with the lead agency, with assurances to abide by all policies and procedures. In addition, all Interim Service Coordinators employed through the RAUs, Ongoing Service Coordinators and Direct Service Practitioners must be enrolled and credentialed through the Central Finance Office process – assuring that they meet entry level

and ongoing training requirements. The enrollment agreements provide options to dis-enroll any individual who does not provide services within required policies and procedures.

The integrated data system is a component of the Central Finance Office (CFO). The CFO coordinates the enrollment of qualified service coordinators and direct service 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' that reflect the specific IFSP service commitments. Enrolled service providers, 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. 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 or not services are meeting their needs.

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

The overall components of the general supervision system provide multiple ways to identify potential non-compliance. When non-compliance is identified, the CQI Coordinator issues reports and corrective action requirements for the respective service coordinator, service provider, or RAU. Regional Birth to Three state staff are available to provide technical assistance as appropriate, in accordance with the plans of correction, for the involved individual/agency.

The CQI Coordinator monitors the status of corrective plans to assure that documentation of correction is received within the requested timeline. If documentation is not provided as requested, the involved party receives another notification from the CQI Coordinator.

If corrective actions are not completed as required, the CQI Coordinator initiates next steps, implementing sanctions as appropriate. Sanctions may include dis-enrollment from the Birth to Three System if the individual/agency is not able to show appropriate progress toward meeting compliance within the required timeline, which in all cases is no more than one year.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008:

There are no changes in proposed targets for this Indicator.

During the FY 2007-2008 period, Part C staff will work in conjunction with the OMCFH Monitoring Unit, to continue to prioritize monitoring activities that focus on identifying non-compliance related indicators of the APR, in addition to any systemic issue that may be identified. All improvement activities of the State Performance Plan will continue.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within a 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.

FFY	Measurable and Rigorous Target
FY 2007	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.

Actual Target Data for FFY 2007:

100% of written complaints received and determined to have findings of non-compliance had reports issued within 60 days. Six signed written complaints regarding IDEA regulations, or state policies related to these regulations, were received during the reporting period. One of the complaints was dismissed or withdrawn. Reports, with findings, were issued for the remaining five complaints, within required timelines. WV Birth to Three received no mediation, or hearing requests. See Attachment 1.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007-2007:

The WV Birth to Three policies and procedures require review of all written, signed complaints that allege noncompliance with IDEA, to determine if the issue of the complaint violates a Part C requirement. If the issue is related to a Part C requirement, it is investigated as a formal complaint under IDEA, and a letter of findings is to be issued within 60 days of receipt of the complaint. The 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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008. No revisions are made to the proposed targets. Include all improvement strategies of the State Performance Plan, revised February, 2009.

Part C State Annual Performance Report (APR) for FFY 2007

Overview of the Annual Performance Report 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.

FFY	Measurable and Rigorous Target
2007-2008	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Actual Target Data for FY 2007:

WV Birth to Three did not receive any requests for due process hearings during the period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007:

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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008.

No revisions are being made to the proposed targets. WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2009.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report Development:

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).(20 U.S.C. 1416(a)(3)(B) and 1442)

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

FFY	Measurable and Rigorous Target
FY 2007	Not applicable for WV Part C

Actual Target Data for FY 2007: Not applicable.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007-2008):

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008

Not applicable.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report 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.

FFY	Measurable and Rigorous Target
FY 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.

Actual Target Data for FFY 2007:

WV Birth to Three did not receive any requests for mediation during the reporting period.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2007:

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.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007:

Continue all activities as identified in the State Performance Plan, revised date of February, 2009.

Part C State Annual Performance Report (APR) for FY 2007

Overview of the Annual Performance Report 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 error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
FY 2007	100 % of State reported data, including 618 data Tables, will be submitted timely and accurate, within timelines as required by Westat and OSEP.

Actual Target Data for FY 2007:

- a. WV Birth to Three assures that 100% of required data tables were submitted on or before due dates. West Virginia submitted the December 1 Child Count Tables on or before February 1, and the Exit and Dispute Resolution tables before November 1. West Virginia’s 2006-2007 Annual Performance Report was submitted by February 1, 2008; AND,
- b. WV Birth to Three assures valid, reliable and accurate data. All 618 data was reported within timelines, with no corrections by WESTAT. Response notes were provided as requested.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2007:

In addition to meeting timelines and other requirements for data submission, WV Birth to Three also received a ‘Meets Requirements’ rating from OSEP in response to the State’s submission of the FY 2006 APR.

APR Template – Part C (4)

West Virginia
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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. Onsite monitoring from the OMCFH Monitoring Unit includes data verification, assuring that the electronic data matches the information available in the child's educational record.

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2007-2008

No changes are made to the proposed target. WV Birth to Three will continue all improvement activities as identified in the State Performance Plan, revised date of February, 2009.

INDICATOR C-9 WORKSHEET

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	95	95
	Dispute Resolution: Complaints, Hearings			
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

APR Template – Part C (4)

West Virginia
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
	Dispute Resolution: Complaints, Hearings			
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0		
6. Percent of infants and toddlers birth to 3 with IFSPs		0	0	0
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	6	6
	Dispute Resolution: Complaints, Hearings			
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: C. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	31	31
	Dispute Resolution: Complaints, Hearings	1	1	1
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0

APR Template – Part C (4)

West Virginia
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<p>appropriate community services by their third birthday including:</p> <p>D. Notification to LEA, if child potentially eligible for Part B</p>	<p>Dispute Resolution: Complaints, Hearings</p>			
<p>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:</p> <p>C. Transition conference, if child potentially eligible for Part B.</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>	6	13	13
<p>OTHER AREAS OF NONCOMPLIANCE:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>			
	<p>Dispute Resolution: Complaints, Hearings</p>			
<p>OTHER AREAS OF NONCOMPLIANCE:</p>	<p>Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other</p>			
	<p>Dispute Resolution: Complaints, Hearings</p>			

APR Template – Part C (4)

West Virginia
State

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2006 (7/1/06 to 6/30/07)	(a) # of Findings of noncompliance identified in FFY 2006 (7/1/06 to 6/30/07)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
OTHER AREAS OF NONCOMPLIANCE:	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other			
	Dispute Resolution: Complaints, Hearings			
Sum the numbers down Column a and Column b			145	145

Percent of noncompliance corrected within one year of identification = 100%
(column (b) sum divided by column (a) sum) times 100