

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



Annual Performance Report

FFY 2010

Part C State Annual Performance Report (APR) for FFY 2010**Overview of the Annual Performance Report Development:**

The West Virginia Department of Health and Human Resources, as the lead agency for Part C of IDEA, continues to value stakeholder input in the development and implementation of the WV Birth to Three (WVBTT) System. Development of the FFY 2010 Annual Performance Report (APR), submitted February 1, 2012, 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 (SPP) and Annual Performance Reports. The WVEIICC is established under WV Code Chapter 16-5K. The Council meets every other month, with membership that meets IDEA requirements, including parents, service providers, and representatives of various state agencies; as well as other key stakeholders identified by the Council. These additional members include representatives of various advocacy and community groups, including West Virginia Advocates, and West Virginia Parent Training and Information.

The lead agency provides updates to the WVEIICC at each meeting and seeks ongoing input throughout implementation of improvement strategies. The Council contributed input specific to improvement activities and rigorous targets for the State Performance Plan updates and the FFY 2010 APR. Improvement activities are coordinated throughout the year with other interagency and intra-agency partners including the Newborn Hearing Advisory Council, the Early Childhood Advisory Council, the Special Education Advisory Council, WV Birth Score Program, Child Protective Services, and monitoring and research sections of the Office of Maternal, Child and Family Health (OMCFH).

The lead agency provided information to the eight Regional Administrative Units (RAUs) and obtained feedback throughout the year. State office staff conducted conference calls with RAU Coordinators to review and discuss the purpose and performance under each of the APR Indicators. The RAUs provide system point of entry and local collaboration functions for the WV Birth to Three System. State staff utilizes a variety of strategies to obtain data needed for evaluation of performance and identification of improvement strategies across the outcome indicators. The data sources include: information from the WV Birth to Three statewide integrated data system; service coordinator and practitioner feedback; onsite monitoring reviews conducted by the Office of Maternal, Child and Family Health (OMCFH) Monitoring Unit; parent telephone surveys; family outcome surveys; specific data surveys of Regional Administrative Units; complaint logs; and claims payment data. In addition, the State utilized technical assistance from MSRRRC, NECTAC, ECO and OSEP through direct state contact and national conferences.

The revised State Performance Plan, Annual Performance Report, and local performance data for APR Indicators, are posted on the WV Birth to Three website. When originally designing the format for presenting the data, WV Birth to Three used the Local Reporting Task Group to provide feedback on proposed designs. 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”. 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. The revised SPP, FFY 2010 APR, and local data are posted on the WV Birth to Three website at www.wvdhhr.org/birth23 Laws and Regulations tab.

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, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2010	100 percent of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

Actual Target Data for FFY 2010:

For FFY 2010, 98.47% of infants and toddlers with IFSPs 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. Due to the intensity of analysis required, WV Birth to Three chose to analyze data for all children with new IFSPs and services across all eight regions of the state, during a representative time period. A time period was selected near the end of the reporting period to allow for easier access to onsite records for verification. The period was also determined to be representative of the number of new IFSPs for any similar period during the year. Children selected during this period were representative of children across the annual period. The number of children totaled 261. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation.

Because this data is not available through the statewide data system, a monitoring methodology was used. First, those children who had new IFSP services during the period were identified.

The State Office then gathered additional documentation in order to match the date of parental consent/authorization for service against documentation of the first date of the service provision. Analysis also included confirmation from child records of the reason for any late service delivery. Significant additional analysis and follow up data gathering was 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.

Seventy four (74) of the two hundred sixty one (261) children had at least one service that was late. Seventy (70) of the 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. Four (4) children were identified as having not received all services in a timely manner with reasons other than exceptional family circumstances, involving a total of four (4) service providers.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The State did not meet the target of 100%. However, the FFY 2010 performance of 98.47% was an improvement from the FFY 2009 performance of 98%. 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 resulted in progress toward the target of 100%, there were four (4) children during the reviewed period who did not receive all IFSP services timely, each with one service that was late due to practitioner reasons which included illness and other practitioner reasons for not making the visit in a timely fashion. One of these late instances was by a service coordinator who has since left the system and is not eligible to re-enroll in WV Birth to Three. WV Birth to Three assures correction of all findings of noncompliance.

During 2010-2011, WV Birth to Three initiated a self-assessment process for local service coordinators and practitioners regarding their timely delivery of services. The CQI Coordinator randomly selects practitioners, along with children from their respective caseloads and newly authorized services. Each practitioner responds with documentation to support whether or not the newly authorized services were implemented in a timely fashion. In instances where services were not provided timely, findings are issued and further documentation is gathered to assure correction.

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

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

WV Birth to Three continued to conduct intensive recruitment activities targeted specifically to increasing the availability of specialty practitioners based on identified areas of need. State staff and RAU staff work together to increase availability. 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 even though finding appropriately qualified individuals continues to be a challenge in the most rural parts of the state.

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

Many of the exceptional family circumstances under this indicator were due to multiple challenges that many families experience, which in turn impact their availability for services. According to the most recent Kids Count data, 23.9% of children in West Virginia between the ages of birth to five are living in poverty, with the percentage for some southern counties being as high as 46%. 55.6% of children statewide qualify for free or reduced-price meals. In a rural southern county, 83.4% of children qualify for free or reduced-price meals. There continue to be a substantial number of families who do not have land line phones and use pay as-you-go cell phones, with numbers changing frequently. This adds to the difficulty of contacting families for scheduling. Improvement strategies include consulting with the child's primary care provider, or other agency with which the family has given consent for communication, in order to confirm possible changed numbers or addresses. West Virginia also has a high number of infants and toddlers with substantiated abuse and neglect and families dealing with domestic violence or substance abuse. These family challenges sometimes contribute to increased incidences of not being present for scheduled home visits.

Correction of FFY 2009 Findings of Noncompliance:

There were sixteen findings of noncompliance under this Indicator during FFY 2009, including findings based on analysis of the FFY 2008 APR data submission which were identified during FFY 2009. All sixteen findings were corrected as soon as possible and in no case longer than one year from identification. The CQI Coordinator reviewed documentation to assure that correction occurred for identified children and that services were provided in accordance with requirements for all children in a subsequent period of time. Required documentation/action varied depending on the severity of the noncompliance, and included requirements such as submission of detailed charts to document initial dates of service for all new services by the service provider over a designated period of time. The CQI Coordinator was able to cross reference submitted documentation with claims information and record review to verify correction prior to closing findings.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011

Revision of targets is not applicable for this compliance indicator.

Training will continue to emphasize the importance of having Interim Service Coordinators (ISCs) and Ongoing Service Coordinators (OSCs) facilitate a conversation during each IFSP meeting/review about the requirement to provide timely services. The ISC or OSC will document the conversation on the Teaming Activity note. This conversation and documentation will help assure that service providers and families are aware and understand the importance of the requirement to provide timely service.

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

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

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

WV Birth to Three uses the website to provide links to a variety of services and resources that service coordinators can use to help families. WVBTT also targets funding to each RAU to employ one FTE Parent Partner 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 WVBTT website. WVBTT 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.

See the revised State Performance Plan dated February, 2012 for a full listing of improvement strategies designed to ensure that all IFSP services are provided in a timely fashion and to ensure timely correction of noncompliance.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

FFY	Measurable and Rigorous Target
FFY 2010	99.5 percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings

Actual Target Data for FFY 2010: Two thousand four hundred and forty-nine (2,449) children were receiving IFSP services through WV Birth to Three on December 1, 2010. One hundred percent (100%) of children were receiving their IFSP services primarily in their home or other community-based setting.

Data for this indicator was gathered from the WV Birth to Three integrated data system as reported in the 618 data. See Indicator 14 and the SPP for reference to the validity and reliability of the WV Birth to Three data system. WV Birth to Three provides training and reviews to assure that teams understand the process for determining whether there is justification to provide services in settings other than the natural environment.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

WV Birth to Three met the target for FFY 2010. All improvement activities as identified in the State Performance Plan are ongoing. WV Birth to Three has policies and procedures in place to assure that eligible children and families receive early intervention services in natural environments in accordance with the requirements of IDEA/Part C. The IFSP team, with the family as an integral member, is responsible for utilizing assessment and other relevant information to identify outcomes, strategies and services; including frequency, intensity and location. WV Birth to Three policies and procedures require early intervention services to be delivered in the child/family’s natural environment unless there is an appropriate justification that early intervention cannot be achieved in that setting. The standard, statewide IFSP form includes a separate page for documenting any service that is not provided in the natural environment, along with the appropriate justification and a plan for moving the service back into the daily routine if applicable.

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 positions are dedicated to providing 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 service rates consider 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. As new service providers are recruited to meet needs, there will continue to be a 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. WV Birth to Three participates in the Natural Environments community of practice in order to problem solve with other states and identify effective strategies for meeting these training needs.

Correction of FFY 2009 Findings of Noncompliance:

There were no findings of noncompliance identified for this Indicator in FFY 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

The Evaluation/Assessment credential continues to be a priority; however, fiscal issues have delayed initiation. During 2010-2011, WV Birth to Three is conducting communities of practice to promote the use of evidence based practices that support the provision of services in natural environments. Related topics include ‘Routines Based Interview’, ‘Authentic Assessment’, and ‘Participation Based IFSP Development’. The communities of practice are targeted to interim service coordinators, ongoing service coordinators, and direct service practitioners and are facilitated through GoToTraining webinars. WV Birth to Three state staff will also be participating as members of the Early Childhood Advisory Council and Professional Development committee, to address pre-service and in-service needs across early childhood programs.

See the revised State Performance Plan dated February, 2012 for additional maintenance and improvement strategies.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Early Intervention Services In Natural Environments

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

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

Measurement:

Outcomes:

- 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.

Progress categories for A, B and C:

- 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.

Summary Statements for Each of the Three Outcomes (use for FFY 2008-2009 reporting):

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

Measurement for Summary Statement 1:

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

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

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

FFY	Measurable and Rigorous Targets for Summary Statements		
FFY 2010	A.1. 66.2%	B.1. 75.9%	C.1. 80.3%
	A.2. 75.8%	B.2. 65.6%	C.2. 76.4%

Actual Target Data for FFY 2010:

A. Positive social-emotional skills (including social relationships):	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	3	.2	2	.2
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	272	22.3	268	22.9
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	108	8.9	108	9.2
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	295	24.2	284	24.3
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	541	44.4	508	43.4
Total	1219	100	1170	100
Baseline Data For Summary Statements Targets – Excluding Children ‘At-Risk’				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 59.2 %				
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: 67.7 %				

B. Acquisition and use of knowledge and skills (including early language/communication)	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	4	.3	3	.3
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	264	21.7	258	22.1
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	250	20.5	249	21.3
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	444	36.4	428	36.6
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	257	21.1	232	19.8
Total	1219	100	1170	100
Baseline Data For Summary Statements Targets – Excluding Children “At-Risk”				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 72.2%				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 56.4%				

C. Use of appropriate behaviors to meet their needs:	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	2	.2	2	.2
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	214	17.6	210	17.9
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	191	15.7	188	16.1
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	471	38.6	449	38.4
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	341	28.0	321	27.4
Total	1219	100 %	1170	100%
Baseline Data For Summary Statements Targets – Excluding Children “At-Risk”				
1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited: 75.0 %				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: 65.8 %				

Entry and exit data was available for 1219 children who exited during the period. Data was available for 1170 children excluding those who were eligible under ‘At-Risk’ only. FFY 2010 data did not reach the projected targets.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Measurements for summary statements were lower in 2010-2011 than in the previous year, and did not meet the established targets. Initial analysis of the results indicates that the lower measurements followed a consistent pattern across all three outcomes and six summary statements. Continued analysis will be needed, but currently it appears that revision of the Child Outcomes Summary Form and additional guidance may have resulted in teams making more specific decisions regarding child ratings. During 2010-2011, WV Birth to Three revised the Child Outcomes Summary Form (COSF), COSF training module, and parent brochure. The COSF training expanded from a half-day to full-day training. The revised training module includes more video examples and opportunities to practice ratings of children’s functional abilities across multiple settings.

The COSF was revised from four (4) pages to a two (2) page form that is integrated into the IFSP process in order to better inform IFSP outcomes. The streamlined form reduces duplication of entry and includes revised definitions/guidance for each measure on the scale as recommended by the national Early Childhood Outcomes Center (ECO). The original version of the COSF provided descriptive for 4 of the 7 rating categories, allowing teams to identify a child’s function as falling between the described ratings. The revised form provided more clear guidance for teams, with descriptive for each of the 7 categories. The revised form allows for

more specific rating of a child’s functional abilities. Parents of children with significant disabilities appreciated the revised language. Parent feedback on the form revisions has been very positive, with parents indicating that this language is encouraging, and reinforces that the child has ‘not yet’ demonstrated that level of skill, but does not say the child could not progress.

There is indication that teams tended to rate child function higher when using the original version of the COSF. Children who exited during this reporting period would have had their entry rating done with the original COSF form, and exit measurements done with the revised COSF – thus a change in the rating method may have been a major contributor to the lower outcome statement calculations. If this is true, the impact may continue to be seen in the next two years, until all children whose entry measurement on the original COSF have exited the WVBTT system. Since the COSF form and training were changed mid-way through FFY 2010, WVBTT separated the data for the first and second half of FFY 2010, and processed through the ECO calculator. This was done to determine if there would be any obvious difference between the two data sets. The results below seem to indicate that the additional training and form revisions may have resulted in different rating methodology between the entry and exit measurements.

Children who exited July 1, 2010 – December 31, 2010 (655 children)	Summary Statements		
		A1 – 64.8%	B1 – 73.3%
	A2 – 71.0%	B2 – 60.8%	C2 – 69.8%
Children who exited January 1, 2011 – June 30, 2011 (569 children)	A1 – 52.7%	B1 – 70.2%	C1 – 72.7%
	A2 – 65.2%	B2 – 53.3%	C2 – 62.4%

WV Birth to Three also revised eligibility criteria in May, 2009, which changes the characteristics of participating children, especially for children who receive services for at least six months. Some children with minor developmental concerns who would have been eligible under the previous criteria do not now meet the eligibility criteria. These are the same children who would have likely exited the program at age equivalent development. The combination of these variables will likely continue to have impact over the next few years on the child outcome measurements. WV Birth to Three is participating in the child outcomes community of practice and will be working with ECO and other states to continue to analyze the child outcomes data results and promote evidence-based practices.

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

Following is a descriptive of the process for gathering and reporting child outcome measurement data. The outcome measurement system gathers entry data for all children shortly after entry into the WV Birth to Three System. Exit data is gathered for all children who have an initial measurement, and receive services a minimum of six months. In addition to these measurement points required by OSEP, WV Birth to Three requests that IFSP teams complete the COSF during the annual IFSP meeting in order to inform the family and other team members and to assist in designing appropriate supports and services. The COSF is completed at the initial, annual and exit IFSP meetings, with participation of all team members including the parents. Feedback from IFSP teams indicates that involving parents in completion of the COSF

has resulted in parents showing increased desire to understand their children's behaviors, and to know how to make a difference in their children's development.

Copies of each child's COSF are sent to the State office, where the data is used for analyzing measurements for the APR. At the State office, the forms are received by WV Birth to Three, date stamped at entry and forwarded to another Division within the Office of Maternal, Child and Family Health for data entry. Data from the forms is entered into the analytic database designed by ECO. Periodic random reviews are conducted to identify and correct any potential data entry errors. The ECO database provides an approved format and formulas for analysis of individual child progress, as well as analysis of data for all children in the aggregate, in accordance with the OSEP measurement requirements for the three child outcome indicators. WV Birth to Three uses the regional and state level data to assist with identifying future training and technical assistance needs.

WV Birth to Three provides training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COSF. COSF materials are posted on the WV Birth to Three website, with links to technical assistance documents on the ECO website. During 2010-2012, WV Birth to Three revised the COSF training from a half-day to full-day training and Developmental Specialists, as facilitators of the COSF process, were required to attend the revised training. Over 100 Developmental Specialists and other enrolled service providers received this additional training during the period. The training provided information on the importance of: understanding functional behaviors of infants and toddlers; accurately recording the performance of children using the COSF; and the role that parents and family members play in assisting with the measurement process. WV Birth to Three is committed to assuring a child outcome measurement process that supports and promotes the active participation of families.

WV Birth to Three also implemented new initiatives with the Technical Assistance Center on Social Emotional Intervention (TACSEI) and the Center on Early Literacy and Learning (CELL) in 2010-2011. With significant technical assistance from these two national centers of expertise, West Virginia designed a professional development infrastructure capable of increasing the skills and knowledge of families and early childhood professionals about how to support positive social emotional growth and early literacy opportunities for all children, and in particular how to address the needs of children with challenging behaviors. The TACSEI and CELL initiatives are ongoing and are focused on both center and home-based professionals, with participation of Part C, Part B, PreK, HeadStart, In-Home Education, and Child Care.

Correction of FFY 2009 Findings of Noncompliance:

There were no findings of noncompliance identified for this Indicator in FFY 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

No revisions to targets are being made for the FFY 2011 year. It appears that the variables mentioned earlier under this Indicator may have an impact on the actual data results and therefore make it more difficult to use the data to project and evaluate targets. Additional emphasis will be put on analysis of the data, and utilizing resources from the Early Childhood Outcome (ECO) center, in order to understand the data implications that may follow improvement strategies such as form revisions, and training on functional outcomes. At least another year or two of data may be needed to more accurately predict future targets. West Virginia will continue the successful improvement strategies around professional development and auditing of completed COSFs.

Summary Statements	Targets FFY 2011	Targets FFY 2012
A.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	66.2%	66.25%
A.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	75.8%	75.85%
B.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	75.9%	75.95%
B.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	65.6%	65.65%
C.1. Of those children who entered the program below age expectations, the percent that substantially increased their rate of growth in this outcome area by the time they exited the program.	80.3%	80.35%
C.2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	76.4%	76.45%

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

Local Child Outcomes data will be shared with Regional Administrative Units and is posted on the WV Birth to Three website. Data is reported for each of the eight regions in comparison to state level performance and targets.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Early Intervention Services In Natural Environments

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

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

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

Measurement:

- A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

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

FFY	Measurable and Rigorous Target
FFY 2010	4A -77%, 4B -75%, 4C - 87%

Actual Target Data for FFY 2010:

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

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

The survey analysis also determined that the West Virginia data from the IFS meet or exceed the NCSEAM 2005 National Item Validation Study’s standards for internal consistency, completeness, and overall quality expected from the survey. The measurement’s reliability was 0.95. Overall data consistency is acceptable, as indicated by several different model fit statistics. Analysis also confirmed that the response rate of approximately 30% did not negatively impact the validity of the family survey data. WV Birth to Three received 377 valid survey returns for the FFY 2010 period.

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

Measurement	Standard	% Responding At or Above the Standard
A. Percent of families participating in Part C who report that early intervention services	.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	82.5 % strongly or very strongly agree (311 of 377)

APR Template – Part C (4)

West Virginia
State

have helped the family know their rights.	helped me and/or my family to know about my child's and family's rights concerning Early Intervention services."	
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs.	.95 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."	79.3% strongly or very strongly agree (299 of 377)
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn.	.95 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."	90.2% strongly or very strongly agree (340 of 377)

The FFY 2010 overall mean on the Impact on Family Scale (IFS), from which data is gathered for this Indicator was 739.42 with a standard deviation of 193.72.

Fiscal Year	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Mean Measurement Impact on Family Scale	701.97	694.23	720.02	727.09	755.75	739.42

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

Targets were met for Indicator 4A, 4B and 4C. The calculation of the percent on the sub-indicators is based on a survey response group, and when generalized to the population, sampling error has to be taken into account. The percent on indicator 4A last year, with a somewhat larger response size than this year, was 86.2; the 95% confidence interval for this value, with last year's response size, is 82.8% - 89.0%. This year, with 377 records, the value of 82.5% has a 95% confidence interval of 78.3%-86.0%. So from a statistical standpoint, the year-to-year changes over the last few years are probably due simply to random fluctuations, and not to any real change in performance. WVBT has maintained high performance on this indicator over the past few years, including this past year, with a mean score above the calibration of the most difficult item on the NCSEAM scale.

WV's results for 2010-11 compared to results in previous years were as follows:

FY	Indicator 4A	Indicator 4B	Indicator 4C
2005-06	76.5	72.8	86.3
2006-07	75.8	73.3	84.1
2007-08	82.2	79.7	88.5
2008-09	82.4	79.6	89.2
2009-10	86.2	83.9	93.5
2010-11	82.5	79.3	90.2

The APR Indicator Analysis report for FFY 2009 compared mean measurements reported by states. West Virginia is one of only a few states that use the NCSEAM Family Survey with

standard analysis. 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. West Virginia chooses to continue to use the more rigorous analysis in order to better target how/where to make changes for improvement.

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

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

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

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

Results of the Family Centered Services Scale (FCSS) helped to target improvement strategies around ways to link families to other community resources beyond those services they were receiving from WV Birth to Three. WV Birth to Three Regional TA staff partnered with RAUs to host local lunch and learn meetings for service coordinators with presentations by local resource programs. WV Birth to Three also hosts a full day session on resources for families during the annual Celebrating Connections Conference.

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

WV Birth to Three will continue improvement strategies related to the IFS and effective practices of the FCSS.

Correction of FFY 2009 Findings of Noncompliance:

There were no findings of noncompliance identified for this Indicator in FFY 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

WV Birth to Three, with input and assistance from the ICC 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. There are no revisions to proposed targets.

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

WV Birth to Three will continue to work along with the ICC, RAUs, and local service coordinators and service practitioners to further analyze the FFY 2010 results, implement current improvement activities and identify potential new activities.

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

Local Family Outcomes data is shared with Regional Administrative Units and posted on the WV Birth to Three website. Data is reported for each of the eight (8) RAU regions, compared to state level performance and targets. During 2011-2012, WV Birth to Three will add a Lunch and Learn webinar series dedicated to providing information and promoting sharing among enrolled service coordinators and direct service practitioners about resources of benefit to families.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

FFY	Measurable and Rigorous Target
FFY 2010	West Virginia’s December 1, 2010 child count will reflect that 2.01% of the population of infants and toddlers birth to age 1 will have an IFSP.

Actual Target Data for FFY 2010:

The data for this outcome indicator is taken from the SPP/APR website and the West Virginia 618 data as reported for December 1, 2010.

National Baseline	% of Children Birth to Age 12 Months Served in West Virginia	State's Ranking Against All Other States and Territories
1.03%	2.02%	5th

On December 1, 2010 WV Birth to Three was serving 2.02 % of infants and toddlers birth to one year of age. The FFY 2010 data indicates that West Virginia did meet the FFY 2010 target of 2.01%. The December 1, 2010 national baseline for percentage of population birth to age 1 with IFSPs, as calculated by OSEP, is 1.03 %.

Only four (4) other states and/or territories served a higher percentage compared to the national baseline average than West Virginia's 2.02 %. West Virginia ranked fifth (5th) in comparison to all other states and territories and .99% 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 regarding percentage of population served.

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 FFY 2010:

State and local child find strategies continued to target primary referral sources to assure they understand that WV Birth to Three continues to provide needed services for eligible children and families. 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 intra and 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, with referral to Part C and Ski Hi when hearing loss is confirmed. The Birth Score universal newborn screening, completed at birth for all children born in West Virginia, identifies infants who are born with conditions that may place them at-risk of developmental delay. Referrals are made directly to the appropriate WV Birth to Three RAU.

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

The WV Birth to Three continues to work with WV CHIP to develop parent educational and child find materials, which are 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. RAUs have demonstrated creative ideas for growing early intervention partners at the local level.

Correction of FFY 2009 Findings of Noncompliance:

There were no findings of noncompliance identified for this Indicator in FFY 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

WV Birth to Three will continue improvement strategies of the State Performance Plan, building on the successes of the universal newborn screening programs that are in place. WV Birth to Three will continue intra and interagency collaborative child find activities in order to identify potentially eligible children as early as possible.

During 2010-2011, a one-time only allocation of ARRA funds was made to each RAU for use in activities such as targeted child find efforts. 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.

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

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

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

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

FFY	Measurable and Rigorous Target
FFY 2010	West Virginia’s December 1, 2010 child count will reflect that 3.6% of the population under three has an active IFSP

Actual Target Data for FFY 2010:

National Baseline	% of Children Birth to Age 36 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
2.82%	3.95%	9th

Two thousand four hundred and forty-nine (2,449) children had active IFSPs on December 1, 2010. Eight other states and/or territories served a higher percentage of infants and toddlers under age three, than West Virginia’s 3.95%. West Virginia ranks ninth (9th) in comparison to all states and territories, and 1.13% above the national baseline.

While national data is not available for comparison, it is important to recognize that a total of four thousand nine hundred and sixty-two (4,962) children received IFSP services through WV Birth to Three during the twelve (12) month period. This is equivalent to approximately 8% of the population in this age group.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

It was expected that child count numbers would be lower for December, 2010 due to changes in the Part C eligibility definition that became effective in May, 2009. Eligibility revisions narrowed the eligibility criteria for services. Revisions in the eligibility definition were made based on concern for long term fiscal stability of the program.

The FFY 2010 data indicates that West Virginia met the target of 3.6% for this Indicator. Even though the overall numbers of children served in the point in time count was slightly lower than the previous year, the represented percentage was higher. In addition to the activities included under Outcome Indicator #5, WV Birth to Three, in coordination with the ICC and Regional Administrative Units (RAUs), 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.

Concerns being addressed include: assuring that physicians understand the importance of identifying children with potential developmental delays as early as possible; monitoring the impact of the recently revised eligibility criteria for WV Birth to Three; and working collaboratively with community partners to promote relationships and engagement with families upon referral to WV Birth to Three.

Each RAU develops an annual child find plan based on analysis of data for the region, with strategies adjusted to target under-represented groups. RAUs submit a quarterly child find report to the WVBTT State Office, outlining the activities they have done across all counties of their region.

State level child find strategies have included coordination with the Right From The Start and HealthCheck (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 in need of more intensive medical follow up, 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 eligibility criteria and requirements, and importance of identifying children who may be in need of early intervention services.

WV Birth to Three state staff coordinated with the Bureau for Children and Families, Child Protective Services, in the development of procedures to assure the referral of children who have experienced substantiated abuse and/or neglect. A CAPTA training is provided to WV Birth to Three service coordinators and practitioners related to the requirements and coordination with Child Protective Services and Foster Care. The training promotes better understanding and coordination among the partnering agencies. The revised training was provided during FFY 2010 throughout the year in various RAU regions.

WV Birth to Three also developed enhanced relationships with WV CHIP during the period, in order to reciprocally provide information for families.

Correction of FFY 2009 Findings of Noncompliance:

There were no findings of noncompliance identified for this Indicator in FFY 2009.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

WV Birth to Three has not made any revision to proposed targets and will continue improvement strategies of the State Performance Plan as revised February 1, 2012. WV Birth to Three continues interagency collaborative child find activities in order to identify potentially eligible children as early as possible.

During FFY 2010, the new “Authorization to Obtain Medical/ Release Educational Records” form was presented to the EPSDT/Health Check medical advisory committee, where physicians were very positive about the benefits of the form. The new form will be implemented during 2011-2012 in conjunction with other child find activities under the new Part C regulations.

Also during 2011-2012, WVBTT will work in conjunction with the ICC and the Office of Maternal, Child and Family Health programs to develop a strategic plan for expanding the use of Learn the Signs/Act Early materials by health care providers and early childhood partners.

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.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

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 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 infants and toddlers with IFSPs evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2010	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline.

Actual Target Data for FFY 2010:

For FFY 2010, 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. Data was gathered from the statewide integrated database for the 2,693 children with initial IFSPs during FFY 2010. Including exceptional family circumstances, 2,615 children had their initial IFSP meeting within 45 days of referral. There were 543 instances of late initial meetings due to exceptional family circumstances.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

FFY 2010 performance of 97% represents a small decrease from the 98% for FFY 2009. WV Birth to Three did not meet the target of 100%. Analysis of the FFY 2010 data occurred during the FFY 2011 year and programs are being notified of identified noncompliance. WV Birth to Three will monitor correction of noncompliance, assuring correction as soon as possible and no later than one year from identification. Data under this Indicator was impacted by significant problems within one of the WVBTT RAUs during the latter portion of FFY 2010. The State office identified and notified the RAU of significant noncompliance with 45 day timelines. Multiple technical assistance strategies were provided. The problems were further complicated by turnover of many of the RAU staff. The RAU is under corrective action to come into full compliance, utilizing their financial resources to assure that timelines and procedural safeguards

protections are met. Fortunately, the RAU is showing much progress. In the FFY 2011 year, additional administrative staff and Interim Service Coordinators have been hired. Additional review and documentation will occur to assure that compliance has been achieved.

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

As described under Indicator #1, WV Birth to Three conducts intensive recruitment strategies on the state and local level to address personnel shortages. Unfortunately, shortages of specialty personnel such as speech therapists, physical therapists and occupational therapists exist across almost all ages and disabilities groups. WV Birth to Three policies and reimbursement allow for the use of Physical Therapy Assistants and Occupational Therapy Assistants, which has helped somewhat to increase availability. However, the use of assistants is limited by the availability of licensed therapists to provide evaluation/assessment and supervision as required under state licensing.

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

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

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

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

Each Regional Administrative Unit (RAU) enters data on the referrals and IFSP meeting dates into the integrated Birth to Three data system. The State Birth to Three Data Analyst has access to individual child data as well as aggregated data on a regional and statewide basis. Onsite monitoring, conducted by the Office of Maternal, Child and Family Health, includes review of hard copy documentation in the child's record compared to the electronic data system to assure the accuracy and reliability of data entry information.

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

Correction of FFY 2009 Findings of Noncompliance:

In FFY 2009, one finding was issued related to the 45 day timeline and was corrected within at least one year of the finding. The timely correction and implementation of this compliance indicator was verified as required under OSEP memo 09-02. The WV Birth to Three CQI Coordinator obtained data from the integrated database to: 1) assure that all children who had not received a timely IFSP did subsequently receive an IFSP; and 2) verify that for a subsequent period, all children in these regions received their initial IFSP meeting within 45 days of referral.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

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

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

Statewide emails and other direct technical assistance will be continued, targeted to practitioners who complete evaluations/assessments in order to emphasize the importance of assuring that children and families have their initial IFSP meeting within 45 days of referral. WV Birth to Three is committed to assuring, to the maximum extent possible, that expertise needed to address child/family concerns is included in the initial evaluation/assessment process, recognizing that this may affect timelines. The number of referrals and rural distributions add to the state's challenge of fulfilling this commitment within the 45 day timeline. 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 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 2012. The areas of the state that most need this option are the areas where the technology is lacking.

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

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

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State's Annual Performance Report development activities.

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.

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
FFY 2010	<p>A. 100% of children who exit Part C at age three have IFSPs with transition steps and services;</p> <p>B. Part C notifies the LEA of 100% of children potentially eligible for Part B: and</p> <p>C. 100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference</p>

Actual Target Data for FFY 2010:

- A. Based on the lead agency’s analysis across all eight regions, 99% of children who exited during the representative time frame reviewed had transition steps and services documented. Data was gathered through record review for all children who exited at age three during the month of May, 2011. There were 123 children exiting at age three during the period. One child became eligible 100 days before the third birthday, but the WVBTT service coordinator and team members were not able to establish contact with the family after the initial meeting in order to develop the transition plan and transition steps.
- B. The State Birth to Three Office sent respective LEAs notification of 100% of the 676 potentially eligible infants and toddlers. Notification was sent to the LEA 6 months prior to the child’s third birthday.
- C. Of the 676 children determined to be potentially eligible for Part B, 674 had a face-to-face transition conference. Two children/families did not have a transition meeting due to the parents’ refusal to have the meeting. These two children were not included in either the numerator or denominator. Accounting for the family refusals, 99.7% of children had a face-to-face transition conference. Considering exceptional family circumstances, 98.37% of the meetings were held at least 90 days prior to the child’s third birthday. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation. There were 11 children who had face-to-face meetings later than 90 days before their third birthday due to reasons other than exceptional family circumstances.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The State did not meet the target of 100% for Indicator 8A. One child out of 123 children did not have transition steps. The State did meet the target of 100% for 8B. The State did not meet the target of 100% for Indicator 8C. FFY 2010 performance of 98.37% was an improvement over FFY 2009 performance of 96.08%. In order to capture data for this Indicator, the lead agency continued the revised data reporting processes that were initiated in FFY 2005. This reporting process supports the child and family transition process, and assures access to accurate data necessary to evaluate performance on the measurements of this Indicator. Service coordinators complete and submit the revised Transfer/Transition form to the RAU when the child exits the Birth to Three System. The Transfer/Transition form includes information for the notification of the face-to-face transition planning meeting, the parties invited to the meeting, and those who attended. After entering the transition conference date and exit reasons in the WV Birth to Three integrated database, the RAU forwards the form to the State office, where the forms are

available for monitoring review in order to identify potential systemic issues. In the FFY 2010 period, information from the Transfer/Transition forms was used by Part C and Part B to identify training and technical assistance needs. As in past years, data indicated the need to clarify more frequently for service coordinators that waiting for partners to be available for the face-to-face meeting did not justify having the meeting after 90 days.

WV Birth to Three has policies and procedures in place that are in compliance with 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 contact hours for a half-day face-to-face Transition Training on at least a quarterly basis in various regions of the state. The training is required for service coordinators and open to other interested individuals. The training was revised and includes examples to walk participants through resources and activities. Participants are encouraged to ask questions and share their successful strategies and tools for time management, tracking, etc.

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

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

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

Correction of FFY 2009 Findings of Noncompliance:

During FFY 2009, there were seven monitoring findings of noncompliance issued under 8A. All seven findings were corrected timely, with documentation to confirm that correction was made for a future period of time. There were no findings of noncompliance under 8B. There were thirteen findings of noncompliance issued under 8C, with 100% of findings corrected within one year of identification. Anything less than 100% was considered noncompliance. The CQI Coordinator issued findings to respective service coordinators. Regional TA Specialists offered technical assistance. Corrective action plans were developed in response to these findings. Service coordinators were required to submit documentation to the CQI Coordinator to assure that correction occurred for identified children. Prior to closing any finding, the CQI Coordinator also reviewed documentation for a future designated period of time, to assure that the face-to-face meetings were provided in accordance with requirements for all children on the service coordinator's caseload.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Changes to proposed targets for this indicator are not applicable.

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

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

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

With new regulations to be implemented during 2011-2012, training will be provided for RAUs, service coordinators, and other early childhood partners. Information will be provided through webinars, local meetings, and one-to-one technical assistance.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

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.

States are required to use the “Indicator 9 Worksheet” to report data for this indicator (see Attachment A).

FFY	Measurable and Rigorous Target
FFY 2010	100 percent of noncompliance is corrected within one year of identification.

Actual Target Data for FFY 2010:

One hundred percent (100%), of the **sixty six** findings of noncompliance identified during FFY 2009, were corrected no later than one year from identification. There was no uncorrected noncompliance from the previous year. See attached C9 worksheet for further details.

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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

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

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

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

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

The overall components of the general supervision system provide multiple ways to identify potential noncompliance. When noncompliance is identified, the CQI Coordinator issues findings and corrective action requirements for the respective service coordinator, service practitioner, or RAU. Regional Birth to Three state staff is available to provide technical assistance as appropriate, in accordance with the plans of correction, for the involved individual/agency. The CQI Coordinator monitors the status of corrective plans to assure that documentation of correction is received within the requested timeline, and to assure that noncompliance has been corrected. If documentation is not provided as requested, the involved party receives another notification from the CQI Coordinator.

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Changes to proposed targets for this indicator are not applicable. During the FFY 2011 period, Part C staff will work in conjunction with the OMCFH Monitoring Unit, to continue to prioritize monitoring activities that focus on identifying noncompliance related to indicators of the APR, in addition to any systemic issues that may be identified. All improvement activities of the State Performance Plan will continue.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

FFY	Measurable and Rigorous Target
FFY 2010	100 percent of signed written complaints with reports issued will be resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

Actual Target Data for FFY 2010:

WV Birth to Three received ten written complaints during FFY 2010 regarding implementation of the early intervention system. Four of the complaints were withdrawn or dismissed. Reports were issued for the remaining 6 complaints, with findings of noncompliance in three of the six reports. The six reports were issued within the required 60 day timeline, for a measurement of 100%.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

The FFY 2010 data met the target of 100%. 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 is issued within 60 days of receipt of the complaint, to indicate whether any finding of non-compliance was identified. 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 complaint tracking system is used to identify potential systemic issues.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011.

No revisions are made to the proposed targets. All improvement strategies of the State Performance Plan, revised February, 2012 are continued.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

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
FFY 2010	100% percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

Actual Target Data for FFY 2010:

There were no due process hearing requests during FFY 2010.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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 FFY 2011:

No revisions are applicable. WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2012.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
FFY 2010	Not applicable for WV Part C

Actual Target Data for FFY 2010:

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

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010: Not applicable.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: Not applicable.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

Monitoring Priority: Effective General Supervision Part C / General Supervision

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

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

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

FFY	Measurable and Rigorous Target
FFY 2010	Not applicable.

Actual Target Data for FFY 2010: There were no mediations held during FFY 2010.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

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. Mediation 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 FFY 2011: Not applicable.

Overview of the Annual Performance Report Development:

See Indicator 1 for overview of State’s Annual Performance Report development activities.

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 and settings and November 1 for exiting and dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator (see Attachment B).

FFY	Measurable and Rigorous Target
FFY 2010	100% of State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

Actual Target Data for FFY 2010:

100% of State reported data was submitted within required timelines, with information as required. See Attachment 2 – Indicator 14 Self-Calculating Rubric for details of the State’s timely submission.

- 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 2010-2011 Annual Performance Report was submitted by February 1, 2012; AND,
- b. WV Birth to Three assures valid, reliable and accurate data. All 618 data was reported within timelines, with no corrections by WESTAT. Response notes were provided as requested.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2010:

In addition to meeting timelines and other requirements for data submission, WV Birth to Three also received a ‘Meets Requirements’ rating from OSEP in response to the State’s submission of the FFY 2009 APR.

WV Birth to Three operates an integrated data system and procedures that provide an accurate and reliable method of gathering and reporting 618 data for all children participating in the WV Birth to Three System, as verified by OSEP during an onsite visit in October, 2003 and verification visit in 2010. Data is entered into the system by each of the eight Regional Administrative Units (RAUs).

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

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

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

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011:

Revisions to proposed targets are not applicable for this indicator.