

**WV Birth to Three**

**Annual Performance Report (APR) for FFY 2005**

**Under Part C of the Individuals with Disabilities Education Act**

**Overview of the Annual Performance Report Development:**

The West Virginia Department of Health and Human Resources, as the lead agency for Part C of IDEA, continues to value stakeholder input in the development and implementation of the WV Birth to Three early intervention system. This commitment has been demonstrated through previous redesign of the WV Birth to Three System, and the development of the State Performance Plan. Development of this Annual Performance Report continued to build on previous stakeholder efforts to improve results for infants, toddlers and families in West Virginia.

The West Virginia Early Interagency Coordinating Council (WVEIICC) has been the primary stakeholder group for development of the State Performance Plan and Annual Performance Report. The WVEIICC is established under WV Code Chapter 16, Volume 5A, and meets every other month. The Council includes all members required by Federal regulations including parents, service providers, and representatives of various state agencies, as well as other key stakeholders identified by the Council. These additional members include representatives of various advocacy and community groups, including West Virginia Advocates, and West Virginia Parent Training and Information.

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

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

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

Information from these data sources and stakeholder groups has been used to develop West Virginia's FFY 2005 Annual Performance Report to be submitted to the U.S. Department of Education, Office of Special Education Programs (OSEP), by February 1, 2007.

WV Birth to Three 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 of the State Performance Plan and the Annual Performance Report. The State Performance Plan is posted on the WV Birth to Three website, and the Annual Performance Report will be posted shortly after submission in February, 2007. Any limitations of the data will be clearly explained with each report. In addition to the website posting, members of the ICC (including advocacy groups and other interagency partners), and RAU representatives, will assist the lead agency with distribution of information through appropriate printed media such as listservs, organization newsletters, Parent Newsletters of the Regional Administrative Units (RAUs), and the interagency-published Early Childhood Provider Quarterly magazine.

WV Birth to Three will seek input from the Local Reporting Task Group on proposed designs for informing the public of the performance of each region related to the state targets in the State Performance Plan, and 618 data. The Task Group will use 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”. WV Birth to Three will compare regional performance on the SPP Indicators to the State targets and to overall State performance. Based on feedback from the Task Group, it is anticipated that report content and designs will be finalized and posted to the WV Birth to Three website by March 30, 2007.

WV Birth to Three will also provide each RAU with a ‘Determination Rating’ in accordance with the criteria and guidelines provided by OSEP.

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

FFY	Measurable and Rigorous Target
<b>2005 (2005-2007)</b>	100% of infants and toddlers with IFSPs receive their early intervention services on their IFSPs in a timely manner

**Actual Target Data for 2005-2006:**

Ninety six percent (96.3 %) of infants and toddlers with IFSPs through WV Birth to Three, received each early intervention service on their IFSP in a timely manner. Timely delivery is defined as within 30 days of the date of parental consent/start date. Initial information for the indicator was gathered from the integrated data system, allowing for the matching of parental consent/start date against the first delivery date of the service. A desk review of the data was conducted to identify and correct any potential irregularities of the data, and to identify those children for whom services were not delivered in a timely fashion. The State Office then gathered additional information from the child's record, as to the documented reason that the service was not delivered timely. Data was gathered for a snapshot in time, for all children, across all RAUs. Of the total 1,338 IFSPs with new services during the time period, 52 children (3.7%) had at least one service that was not delivered within the 30 day period. If a child had three services in a timely fashion, but the fourth service was not timely, that child is included in the not-timely category. The State was able to document that 2 of the delays were due to family circumstances.

Instances of non-compliance are addressed to assure corrective action.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005:**

In order to provide data for the FFY 2004-2005 year, the lead agency did a data comparison of each child/family's IFSP services to the claim data for service payments in order to identify whether or not the IFSP service was received not more than 30 days from consent date of the service.

The State's integrated data system was important in being able to initially identify delivery of service that was not within 30 days of consent date. However, significant additional analysis and follow up data gathering were necessary in order to determine the circumstances associated with each of these measurements. In instances where the service was delivered later than 30 days after the consent date, but was delivered within the timelines as identified on the IFSP, this service was considered to be within compliance. In these cases, the frequency of the service did not call for delivery within 30 days.

In addition to using the integrated data system for analysis of data for this indicator, the State will also begin to use onsite record review for data verification. Timely delivery of service will be added to the onsite monitoring process.

Some of the challenges that the State faces in assuring that families are able to access each service in a timely fashion, include the continuing increase in the number of children being served as well as the State's commitment to delivery of services in natural environments. In several rural areas of the state, families face multiple challenges that compete for their attention, and more frequently result in cancellations or families not being at home for scheduled visits.

WV Birth to Three conducted intensive recruitment activities targeted specifically to increasing the availability of specialty practitioners based on identified areas of need. Regional State TA Specialists review service directories and gather information from RAUs in order to identify the areas of greatest need. These recruitment activities have resulted in improved coverage for the rural areas of the State.

WV Birth to Three has added talking points and reminders into all core training modules to emphasize the importance of timely delivery of service. WV Birth to Three reimbursement structures are based on a fee-for-service, face-to-face service delivery time, which may also reinforce the timely delivery of service.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

Revision of targets is not applicable for this compliance indicator. WV Birth to Three will add a local monitoring component during the FY 2006 period to gather data on timely delivery of service. As indicated in the SPP, local monitoring has previously included review to determine if children and families receive all services as identified on their IFSPs. However, initial timeliness was not a separate monitored item. If data can be gathered for sufficient numbers of children through onsite monitoring and record review, WV Birth to Three may decide to use monitoring as the primary source of gathering data for this indicator in the future.

Additional efforts will be conducted during the FY 2006-2007 period to determine if useful queries can be developed to allow use of the integrated data system for early identification of potential timely service delivery problems. The delay in receipt of claims data that are matched against called-for services, makes it difficult to use the integrated data base for early identification and potential prevention of untimely service.

See the revised State Performance Plan dated February, 2007 for additional improvement strategies designed to ensure that all IFSP services are provided in a timely fashion, and to ensure timely correction of non-compliance.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

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

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	99.398% of infants and toddlers with IFSPs primarily receive early intervention services in their home, or programs for typically developing children

**Actual Target Data for FY 2005-2006:**

On December 1, 2005, two thousand six hundred and forty three (2,643) children were receiving IFSP services through WV Birth to Three. Of those children, two thousand six hundred and thirty two (2,632), or 99.58% of children were receiving their IFSP services primarily in their home or other community setting for typically developing children.

Data for this indicator was gathered from the WV Birth to Three integrated data system. See Indicator #14 for reference to the validity and reliability of the WV Birth to Three data system.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006:**

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

All direct service practitioners and service coordinators complete training prior to enrollment in the WV Birth to Three System, including policy and procedure around provision of services in natural environments. Training and technical assistance is provided for enrolled practitioners throughout the year. Four regional Technical Assistance Specialists are available to provide direct technical assistance to enrolled service practitioners and service coordinators.

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

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

Minor revisions have been made to the timeline for convening a workgroup to evaluate the possibility of establishing an evaluation/assessment (E/A) credential for enrolled direct service providers, and for future implementation of the credential process. The timelines for those activities were adjusted to begin in the FY 2007-2008 in order to allow for appropriate commitment of resources to other priority areas during the current fiscal year. See the revised State Performance Plan dated February, 2007 for additional maintenance / improvement strategies.

**Part C State Annual Performance Report (APR) for 2005-2006**

**Overview of the Annual Performance Report Development:**

Outcome Indicator #3 is a new indicator for the FY 2005-2006 period. No progress data is reported during this period. See the revised State Performance Plan dated February, 2007 for a description of the activities for this outcome, and the entry level data for the FY 2005-2006 reporting period.

See Indicator #1.

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**

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

functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

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

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

C. Use of appropriate behaviors to meet their needs:

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

functioning to a level nearer to same-aged peers but did not reach it) divided by the (# of infants and toddlers with IFSPs assessed)] times 100.

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

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

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

FFY	Measurable and Rigorous Target
<i>FFY 2005-2006</i>	<i>Not applicable for this reporting period.</i>

**Actual Target Data for FY 2005-2006:** Indicator #3 is a new indicator for FY 2005-2006. Target data is not to be reported until February, 2008. See Indicator #3 of the State Performance Plan revised February, 2007 for entry level data.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006:** West Virginia implemented a child outcomes measurement process that promotes understanding of child development, involvement of families, and measurement of meaningful child progress. Entry data is available to demonstrate the functional behaviors of infants and toddlers entering the WV Birth to Three System during the period. In addition to training on the Child Outcomes Summary Tool, West Virginia is providing training to improve skills and knowledge of developmental specialists related to typical early child development. See revised State Performance Plan dated February, 2007 for additional improvement strategies.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006.** Not applicable. See State Performance Plan, revised date February, 2007.

**Part C State Annual Performance Report (APR) for FY 2005**

**Overview of the Annual Performance Report Development:**

See Indicator #1 and #4 in the revised State Performance Plan dated February 1, 2007

**Monitoring Priority: Early Intervention Services In Natural Environments**

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

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
FY 2005-2006	Not applicable for this reporting period.

**Actual Target Data for FY 2005:**

See State Performance Plan revised February, 2007, Indicator #4.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006:**

See State Performance Plan, Indicator #4.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007:**

See State Performance Plan.

Part C State Annual Performance Report (APR) for FFY 2005

Overview of the Annual Performance Report Development:

See Indicator #1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 5:** Percent of infants and toddlers birth to 1 with IFSPs compared to:

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

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

**Measurement:**

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

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	West Virginia's December 1, 2005 child count will reflect that 1.95% of the population under one has an IFSP.

**Actual Target Data for FY 2005 (2005-2006):**

The baseline data for this outcome indicator is taken from West Virginia's 618 data reported for December 1, 2005 and other data as gathered from the WV Birth to Three integrated data system, and the [www.IDEAdata.org](http://www.IDEAdata.org) website.

**Baseline Measurement for Outcome Indicator 5A:**

*Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.*

On December 1, 2005, five hundred and nine (509) infants birth to age 12 months had an active IFSP with WV Birth to Three services. This number reflected 2.42% of West Virginia's population under age one.

When comparing West Virginia to other states and territories determined to have 'Broad Eligibility Criteria', only three other states served a higher percentage of children in this age group. West Virginia ranked fourth (4<sup>th</sup>) out of the twenty seven (27) states in the Broad Eligibility Criteria category. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 21% of all states in the Broad Eligibility Category.

<b>Number and % of Children with IFSP Birth to Age 12 Months</b>	<b>Ranking Compared to Other States with Broad Eligibility Category</b>
509 – 2.42%	4 <sup>th</sup> of 27 states

The FY 2005 data reflects a change from the FY 2004 data when West Virginia had 1.91% of children under age one year receiving early intervention services, ranking sixth (6<sup>th</sup>) in comparison to twenty eight (28) other states and territories identified as having a 'Broad' eligibility category.

**Baseline Measurement for Outcome Indicator 5B:**

*Percent = # of infants and toddlers birth to 1 with IFSPs divided by the population of infants and toddlers birth to 1 times 100 compared to National data.*

<b>National Baseline</b>	<b>% of Children Birth to Age 12 Months Served in West Virginia</b>	<b>State's Ranking Against All Other States and Territories</b>
1.01%	2.42%	4 <sup>th</sup>

The December 1, 2005 national baseline for percentage of population birth to age 1 with IFSPs, as calculated by OSEP, is 1.01%.

Only three other states and/or territories served a higher percentage compared to the national baseline average than West Virginia's percentage of 2.42%. West Virginia ranked fourth (4<sup>th</sup>) in comparison to all states and territories. In regards to the percentage of population in this age group receiving services, West Virginia ranks in the top 10% of all states and territories.

The FY 2005 data reflects a change from the FY 2004 data when West Virginia had 1.91% of children under age one year receiving early intervention services, ranking sixth (6<sup>th</sup>) in comparison to other states and territories.

See State Performance Plan revised February, 2007, for description of the methods of assuring the accuracy of WV Birth to Three integrated data system.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005 (2005-2006):**

The data of the measurement reflects a significant increase from the previous year in the number of infants and toddlers under age three who have been identified as eligible and in need of early intervention services.

The data of this measurement reflect a significant increase from the previous year in the number and percentage of infants and toddlers under age one year of age in West Virginia who have been identified as eligible for, and in receipt of early intervention services. This number is also significantly greater than the targeted increase.

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

WV Birth to Three continues coordination with Title V/CSHCN, Newborn Hearing, and Right From the Start programs to assure that infants failing the newborn hearing screen receive diagnostics, and referral to Part C and Ski Hi when hearing loss is confirmed.

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

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

The WV Birth to Three Public Information Specialist has worked closely with WV CHIP to develop parent educational and child find materials, to be distributed collaboratively.

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

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

#### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006 (2006-2007)**

WV Birth to Three will continue Improvement Strategies of the State Performance Plan. WV Birth to Three will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three, in collaboration with the State Interagency Coordinating Council, has identified the need to convene a stakeholder task group to review the State's Part C eligibility criteria. The task group will review the current eligibility criteria and consider whether or not recommendations will be made to narrow and/or revise the eligibility criteria. The initial meeting of the Task

# APR Template – Part C (4)

Group will be convened in the spring of 2007 in order to prepare recommendations prior to future updates of the WV Birth to Three policies and procedures.

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, revised date February, 2007 for additional maintenance /improvement strategies.**

## Part C State Annual Performance Report (APR) for FY 2005

### Overview of the Annual Performance Report Development:

See indicator # 1.

**Monitoring Priority: Effective General Supervision Part C / Child Find**

**Indicator 6:** Percent of infants and toddlers birth to 3 with IFSPs compared to:

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

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

**Measurement:**

- A. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	West Virginia's December 1, 2005 child count will reflect that 3.3% of the population under three has an active IFSP

### Actual Target Data for FY 2005 (2005-2006):

#### Baseline Measurement for Outcome Indicator 6A:

*Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.*

<b>Number and % of Children with IFSP Birth to Age 36 Months</b>	<b>Ranking Compared to Other States with Broad Eligibility Category</b>
2,643 – 4.28%	4 <sup>th</sup> of 27 states

On December 1, 2005 two thousand six hundred and forty three (2,643) infants birth through age 2 years had an active IFSP with WV Birth to Three services. This number reflected 3.26% of West Virginia’s population in this age group.

When comparing West Virginia to other states and territories that have been determined by OSEP to have ‘Broad’ eligibility criteria, only three other states served a higher percentage of children in this age group. West Virginia ranked fourth (4<sup>th</sup>) out of the twenty seven (27) states in the ‘Broad’ eligibility criteria category.

The FY 2005 data reflects a change from the FY 2004 data when West Virginia had 3.26 % of children under age three receiving early intervention services, ranking sixth (6<sup>th</sup>) in comparison to twenty eight (28) other states and territories identified as having a ‘Broad’ eligibility category.

**Baseline Measurement for Outcome Indicator 6B:**

*Percent = # of infants and toddlers birth to 3 with IFSPs divided by the population of infants and toddlers birth to 3 times 100 compared to National data.*

National Baseline	% of Children Birth to Age 36 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
2.40%	4.28%	5 <sup>th</sup>

The December 1, 2005, national baseline for percentage of population birth through age two (2) years with IFSPs, as calculated by OSEP, is 2.40%.

Only four other states and/or territories served a higher percentage compared to the national baseline average than West Virginia’s 4.28%. West Virginia ranked fifth (5<sup>th</sup>) in comparison to all states and territories.

The FY 2005 data reflects a change from the FY 2004 data when West Virginia had 3.26% of children under age three receiving early intervention services, ranking 9<sup>th</sup> in comparison to other states and territories. The child count data demonstrates a continued trend and increase in total numbers of children being served.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005 (2005-2006):**

In addition to the activities included under Outcome Indicator #5, WV Birth to Three, in coordination with the Interagency Coordinating Council, implements ongoing strategies to promote the earlier identification of children whose delays and /or risk factors may not be present or known at birth. These efforts are critical in assuring that primary health care

providers, families, and community partners are able to identify children who may be in need of early intervention services, and knowledgeable of how and where to make referrals.

Each RAU develops an annual child find plan based on analysis of data for the region, with strategies adjusted to target under-represented groups.

Child find strategies have included coordination with the Right From the Start and Health Check Programs coordinated through the Office of Maternal, Child and Family Health. Local Right From the Start personnel who work directly with high risk mothers and infants, and are able to identify those children who may be in need of early intervention services. Program Specialists within the Health Check Program, in their work with physicians, are able to provide information about the criteria and requirements, and importance of identifying children who may be in need of early intervention services.

WV Birth to Three state staff have coordinated with the Bureau for Children and Families, Child Protective Services, in the development of procedures to assure the referral of children who have experienced substantiated abuse and/or neglect. Training is provided to WV Birth to Three service coordinators and practitioners related to the requirements and coordination with Child Protective Services and Foster Care.

The WV Birth to Three Public Information Coordinator has participated in faith based planning initiatives coordinated through WV CHIP to provide information about WV Birth to Three as a resource for families.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006 (2006-2007):**

WV Birth to Three will continue Improvement Strategies of the State Performance Plan, revised date of February 1, 2007. WV Birth to Three will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three, in collaboration with the State Interagency Coordinating Council, has identified the need to convene a stakeholder task group to review the State's Part C eligibility criteria. The task group will review the current eligibility criteria and consider whether or not recommendations will be made to narrow and/or revise the eligibility criteria. The initial meeting of the Task Group will be convened in the spring of 2007 in order to prepare recommendations prior to future updates of the WV Birth to Three policies and procedures.

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, revised date February, 2007 for additional maintenance/improvement strategies.**

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

**Monitoring Priority: Effective General Supervision Part C / Child Find**

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

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

**Measurement:**

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

Account for untimely evaluations.

FFY	Measurable and Rigorous Target
<b>2005 (2005-2006)</b>	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline.

**Actual Target Data for FY 2005 (2005-2006):**

Data for the period April 1, 2006 through June 30, 2006, for all children entering the system, identifies that 502, or eighty three percent (83%) of 605 children with IFSPs had initial IFSP meetings within 45 days of referral. These figures include 73 children for whom delay was due to exceptional family circumstances. Accounting for exceptional family circumstances, ninety five percent (95%) of children with IFSPs had initial IFSP meetings within 45 days of referral.

Accounting for exceptional family circumstances, the following data reflects the performance of the eight RAU regions for this period.

RAU Region	% of Initial IFSP Meetings Within 45 Days
RAU 1	92 %
RAU 2	98 %
RAU 3	99 %
RAU 4	96 %
RAU 5	100 %
RAU 6	100 %
RAU 7	83 %
RAU 8	95 %
Statewide	95 %

Data for this quarter reflects continued improvement efforts and progress in assuring that all children have an opportunity to have an initial IFSP meeting within 45 days of referral.

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

When an initial IFSP meeting is not conducted within 45 days of referral, the respective RAU is required to submit a 45 Day Delay form to the State office, with documentation as to the reason for the delay. Random review of the documented reasons was added to the data validity reviews in order to assure that documentation exists in the child’s record to support the reported reason for delay.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005 (2005-2006):**

Data for FY 2005 reflects a significant improvement in assuring that eligible infants and toddlers have access to evaluations and initial IFSP meetings within 45 days of referral. The data also continues to reflect some of the challenges of providing family centered early intervention services in a rural state where families face many of their own day-to-day challenges.

In analyzing the data, the lead agency also presented the ICC with data for the full twelve months of the FY 2005 period. Data for the 12 month period indicated that seventy-six (76) percent of the 2,562 eligible infants and toddlers with IFSPs had an evaluation, assessment and an initial IFSP meeting conducted within 45 days of referral. This data included delays due to exceptional family circumstances. Accounting for delays due to exceptional family circumstances, for the 12 month period, ninety-three (93) percent of eligible infants and toddlers with IFSPs had an evaluation, assessment, and an initial IFSP meeting conducted within 45 days of referral. Progress is often more difficult to see when combined over the 12 month period, which is why it was important to view the data for the most recent portion of that period.

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

	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>December 1 Child Count</b>	1,612	1,657	1,986	2,643

WV Birth to Three has policies and procedures that assure that every child referred to Part C is provided the opportunity for a timely multidisciplinary evaluation that addresses the child’s

## APR Template – Part C (4)

West Virginia  
State

development across five developmental domains, with disciplines related to the child and family's area of concern. Policies and procedures require that the evaluation/assessment be completed and an initial Individualized Family Service Plan developed within 45 days of the child and family's referral to Part C.

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

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

After explaining 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 evaluation and assessment team members. The Interim Service Coordinator, based on information provided through the referral and the information gathering process with the family, identifies the expertise needed to conduct evaluation activities and gather information to address the concerns of the family. The family then selects from enrolled individuals who are available to conduct the evaluation/assessment activities. In accordance with WV Birth to Three policy 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 10-45 people per square mile. Another 17 counties have 46-93 people per square mile. A few small census tracts reflect more dense population, typically in locations of the State's major universities. With this sparse population distribution, children may often be identified in regions 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.

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

	<b>2002-2003</b>	<b>2003-2004</b>	<b>2004-2005</b>	<b>2005-2006</b>
<b>CPS as Primary Referral Source</b>	86	187	395	582

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

For the FY 2005 period, only 25% of referrals from CPS reached initial IFSP, compared with 63% of other referrals. Even though the RAUs are dealing with increased numbers of referrals through CPS, their improvement efforts have resulted in improved timelines for facilitating these referrals to IFSP. FY 2004 data indicated that nearly the same percent of CPS referrals proceeded to IFSP – 25%. However, only 32% of the CPS referrals that made it to initial IFSP meeting were within timelines. In FY 2005, 60% of the referrals from CPS that proceeded to IFSP were within timelines.

The most frequent reasons for difficulty in getting referrals from CPS to initial IFSP are reported as parent cancellations or difficulty in contacting parents. Feedback from RAUs indicates that parents in these situations may provide initial consent for the evaluation and assessment process, due to the conditions under which they were referred, but then may not be present for scheduled assessments, or do not respond to requests to schedule visits. With West Virginia's high numbers of young children involved in substantiated cases of abuse and neglect, CPS referral numbers may be expected to continue to rise as they have over the past four years. Activities at the state and regional level are promoting improved communication with CPS workers in order to increase the respective RAUs' abilities to make successful contacts with families and coordinate these referrals.

As example, for the FY 2005-2006 period, the two RAU regions with the lowest percentage of children reaching IFSP within 45 days, also had substantially higher numbers of CPS referrals. Region II, the region with the highest level of CPS referrals, has been able to make significant progress in meeting initial IFSP meeting timelines. This region's annual data for the period reflects 65% of initial IFSP meetings being held within 45 days. The region experienced significant increases in the number of CPS referrals during the period. Collaborative efforts with the local Department of Human Services offices resulted in closer communication and improved results for children and families. The same region's data for the last quarter of the period reflects 90% of children having initial IFSP meetings within 45 days. Accounting for exceptional family circumstances, the region's rate of compliance on this indicator increases to 98% for the last quarter.

Region VII is the other RAU region with substantially higher CPS referrals. Region VII did show substantial progress from the previous year, although the data continues to demonstrate more significant concerns in regards to meeting the timelines for initial IFSP meetings. This region is in the southern part of the state, where many families face multiple challenges. The RAU continues to report higher levels of difficulty in contacting families, and has a significantly lower percentage of referrals that progress to IFSP. Families in a particular county of the region are reportedly reluctant to receive phone calls and/or home visits from individuals from outside their counties. Suggestions have been made to attempt to contact families from a phone within the region, and to work closely with other community partners. This RAU is working with the State office during the FY 2006-2007 period to identify and implement improvement strategies that will result in compliance with timelines. Improvement strategies will include assessing RAU activities from receipt of referral through facilitation of the IFSP process. Recommended improvement strategies also include working with community partners and referral sources to promote collaborative support for referred families.

Beyond the issues around referrals from CPS, parent cancellations and difficulty with communication may in part be due to illness and hospitalizations of children or other family members. In addition, the difficulty may be reflective of the State's unique demographics. According to the latest Kids Count data, twenty-seven percent of West Virginia's children under the age of five live in poverty, with West Virginia ranking 5<sup>th</sup> in this category in the nation. The number one county for children living in poverty in the United States is in West Virginia – McDowell County in RAU VII.

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007:**

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 visit, to review current status of activities and provide technical assistance. In addition, intensive onsite technical assistance efforts are being focused for those regions that are below the statewide average, in order to assist the RAUs to identify the possible reasons for delays in getting initial IFSP meetings held within 45 days. All RAUs are implementing corrective actions to assure that all children have initial IFSP meetings within 45 days. Each RAU submits a quarterly report of activities and strategies to assure that timelines are being met.

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. The increasing numbers of referrals and rural distributions add to the State's challenge of fulfilling this commitment within the 45 day timeline. As noted under Indicator #1, WV Birth to Three will continue to conduct targeted recruiting efforts to assist RAUs to have access to needed specialists for evaluation / assessment.

All improvement activities are designed to ensure that that all children and families have access to an initial IFSP meeting within 45 days of referral.

**\* See the State Performance Plan, revised February, 2007, for a full listing of improvement activities.**

**Part C State Annual Performance Report (APR) for FY 2005**

**Overview of the Annual Performance Report Development:**

See Indicator #1. In addition to the collaborative efforts described in Indicator #1, WV Birth to Three receives ongoing input around transition issues through the state interagency Transition Steering Committee. The Transition Steering Committee is comprised of State and local level representatives of Part C, Part B Preschool Special Education, Public Preschool, Child Care, and Head Start. The committee shares challenges and successes around early childhood transition. Considerations for new strategies around transition are submitted to the Committee for input and feedback. The feedback is incorporated into lead agency strategies to promote effective transition for children and families.

**Monitoring Priority: Effective General Supervision Part C / Effective Transition**

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

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

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

**Measurement:**

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

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

**Actual Target Data for FY 2005 (2005-2006):**

- A. Based on the lead agency's analysis of the data for 355 records, across all eight regions, 336 of the 355 children (95%) who exited during the time frame reviewed, had transition steps and services documented. This performance reflects a significant improvement from the FY 2004 period when only 74% of children had transition steps and services documented.
- B. Effective September, 2005, in accordance with the new child notification process implemented by Part C and Part B lead agencies, the State Birth to Three Office has sent respective LEAs notification of 100% of potentially eligible infants and toddlers. Notification is sent to the LEA 6 months prior to the child's third birthday.
- C. Of the 467 children determined to be 'potentially eligible' for Part B, 447 (96%) had a face-to-face transition conference. Accounting for another four families where meetings didn't occur due to family reasons, 97% of potentially eligible children had a transition conference.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005:**

The lead agency implemented revised data reporting processes in order to support the child and family transition process, and to assure access to accurate data necessary to evaluate performance on the measurements of this Indicator. Service coordinators are now completing and submitting 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 90 day face-to-face meeting, the parties invited to the meeting, and those who attended. After entering relevant data in the WV Birth to Three integrated database, the RAU forwards the form to the State office, where the forms are available for review in order to identify potential systemic issues. In the FY 2005 period, the aggregate information from the Transfer/Transition forms was used by Part C and Part B to identify training and technical assistance needs.

Analysis of the data for Indicator 8c indicates that the majority of non-compliance not related to exceptional circumstances was due to turn over of service coordinators. During the 2004-2005 period, WV Birth to Three experienced a spike in enrollment of service coordinators. In a few instances, service coordinators later voluntarily left the WV Birth to Three System. If significant non-compliance was identified, and sufficient corrective action was not taken, these service coordinators are not allowed to re-enroll. In other cases, as a result of non-compliance under this indicator and others, WV Birth to Three took action to dis-enroll respective service coordinators.

WV Birth to Three has policies and procedures in place that are in compliance with all Federal regulations around transition. The lead agency continues to provide WV Birth to Three service coordinators and local early childhood transition teams with training and technical assistance related to the transition requirements. WV Birth to Three provides a one-half day Transition Training on at least a quarterly basis in each of the eight regions of the state. The training is open to service coordinators and other interested individuals. Collaborative efforts among Part C, Part B, Head Start, and Child Care support the provision of technical assistance to local community teams.

Prior to enrollment, all service coordinators must attend three days of training that includes information about transition requirements. Additional transition items were added to the

service coordinator competency test. Service coordinators must pass the competency test within one year of enrollment in order to remain enrolled in the Birth to Three System.

The Transition Steering Committee has provided regional training for county teams to develop local interagency agreements, utilizing the interagency agreement template developed by the committee. State level training for local collaborative county teams was offered two times during the period. Local collaborative teams that attended the training sessions were comprised minimally of Part C, Part B preschool, Head Start, and child care representatives.

Based on review of issues in the field and the need for clarifications, the committee completed revisions to the local Part C to Part B Transition Procedures template. The revised template further clarified the roles and responsibilities of Part C service coordinators, direct service practitioners, Part B preschool representatives, and Regional Administrative Units.

Onsite monitoring conducted by the Office of Maternal, Child, and Family Health, Division of Monitoring and Quality Assurance, continues to include reviews of transition requirements. WV Birth to Three utilizes this monitoring review process as the primary method of identifying non-compliance related to transition requirements. When non-compliance is identified, service coordinators are provided an opportunity to document the correction of the non-compliance within required timeframes, not to exceed one year. One-on-one technical assistance is available to all service coordinators through the WV Birth to Three Regional Technical Assistance Specialists. If service coordinators are not able to assure that non-compliance has been corrected, WV Birth to Three has the options of corrective actions including possible disenrollment from the System. When necessary during the period, WV Birth to Three did proceed with disenrollment procedures.

The FY 2005 data for this Indicator represent a significant improvement from performance in the previous year:

- a) an increase from 74% to 97% of children's IFSPs having transition steps and activities documented;
- b) notifications to the LEAs increased from 87% to 100% of potentially eligible children; and
- c) an increase from 77% to 97 % of children who are potentially eligible for Part B having face-to-face transition planning meetings.

The lead agencies, RAUs, and other partners are pleased to see the improvement and realize that much work is necessary to assure that the targets are met for 100% of potentially eligible children. 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.

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

Improvement strategies of the State Performance Plan initially indicated that the CQI Coordinator would review Transfer/Transition forms on a quarterly basis in order to identify non-compliance. After evaluating this strategy, the lead agency revised strategies as described above, and will have the WV Birth to Three Regional TA Specialists review the forms on at least a quarterly basis. The TA Specialists will use this information, along with other onsite record reviews to identify service coordinators who are in need of technical assistance support, and if appropriate, refer for focused monitoring.

Regional TA Specialists now attend 'Orientation to WV BTT' sessions in order to meet potential service coordinators and direct service providers prior to enrollment. TA Specialists then follow up with newly enrolled service coordinators and providers to assure they know how to access technical assistance.

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

WV Birth to Three will continue to implement corrective actions when non-compliance is identified.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

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

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

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

FFY	Measurable and Rigorous Target
FY 2005-2006	100% of identified noncompliance issues will be corrected within one year of identification.

**Actual Target Data for FY 2005:**

The total number of findings of noncompliance were 118. Of those 118, 6 incidents are in progress and not over one year since identification.

104 of the remaining 112 findings (100%) were corrected within one year. \*The remaining eight issues involve the ongoing 45 day timeline issues for six of the RAUs. Significant progress has been achieved by all RAUs.

Following are the general topics, numbers of entities reviewed, number of findings, and number corrected within one year.

Topical Area	# Reviews /Issues	# Findings	# Corrected in One Year	% Corrected in One Year	# In progress < 1 yr.	% In Progress
IFSP Services	75	31	28	90%	3	10%
Transition	75	19	18	95%	1	5%
45 Day	*8	*8	*2	25%	*6	75%
Procedural	75	18	17	94%	1	6%

# APR Template – Part C (4)

West Virginia  
State

Safeguards						
Documentation	75	6	5	83%	1	17%
<b>Topical Area</b>	<b># Reviews/Issues</b>	<b># Findings</b>	<b># Corrected in One Year</b>	<b>% Corrected in One Year</b>	<b># In progress &lt; 1 yr.</b>	<b>% In Progress</b>
Confidentiality		1	1	100%	0	0%
Personnel/Billing	75	35	35	100%	9	0%

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006:**

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

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

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

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

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

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

## APR Template – Part C (4)

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State

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

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

During FY 2005 period, the CQI Coordinator and other Part C state staff met on a periodic basis with the OMCFH Monitoring Unit to revise procedures to assure the most effective way of gathering information related to the Monitoring Priorities of the SPP/APR.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007:**

There are no changes in proposed targets for this Indicator.

During the FY 2006-2007 period, Part C staff will work in conjunction with the OMCFH Monitoring Unit, and the ICC, to investigate options for implementing additional focused monitoring activities in order to continue to evaluate the most effective strategies for early identification of potential non-compliance. These focused monitoring efforts will include consideration of self-assessment processes designed to assure that all service coordinators and direct service providers have multiple opportunities to be aware of and understand the intent and regulatory requirements of Part C, WV Birth to Three.

All improvement activities of the State Performance Plan, revised February, 2007, will continue.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

FFY	Measurable and Rigorous Target
FY 2005	100% of written complaints received and determined to have findings of non-compliance will have reports issued within 60 days.

**Actual Target Data for FFY 2005:**

Three signed written complaints regarding IDEA regulations, or state policies related to these regulations, were received during the reporting period. Reports, with findings, were issued for the three complaints, within required timelines. See Attachment 1.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006:**

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

No revisions are made to the proposed targets. Include all improvement strategies of the State Performance Plan, revised February, 2007.

**Part C State Annual Performance Report (APR) for FFY 2005**

**Overview of the Annual Performance Report Development:**

See Indicator #1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

**Measurement:** Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2005-2006	100% of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

**Actual Target Data for FY 2005:**

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

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005-2006):**

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

No revisions are being made to the proposed targets. WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2007.

**Part C State Annual Performance Report (APR) for FY 2005**

**Overview of the Annual Performance Report Development:**

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

FFY	Measurable and Rigorous Target
FY 2005	Not applicable for WV Part C

**Actual Target Data for FY 2005:** Not applicable.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005-2006):**

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007**

Not applicable.

**Part C State Annual Performance Report (APR) for FY 2005**

**Overview of the Annual Performance Report Development:**

See Indicator #1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

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

**Actual Target Data for FFY 2005):**

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

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2005-2006):**

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007.**

Continue all activities as identified in the State Performance Plan, revised date of February, 2007.

**Part C State Annual Performance Report (APR) for FY 2005**

**Overview of the Annual Performance Report Development:**

See Indicator #1.

**Monitoring Priority: Effective General Supervision Part C / General Supervision**

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

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

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

- a. Submitted on or before due dates (February 1 for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
<i>FY 2005</i>	100 % of State reported data, including 618 data Tables, will be submitted timely and accurate, within timelines as required by Westat and OSEP.

**Actual Target Data for FY 2005:**

- a. West Virginia submitted all Part C Data Tables for the December, 2005 child count prior to or on the respective due dates. West Virginia's 2004-2005 Annual Performance Report was submitted within the timelines as approved by OSEP.
- b. All 618 data was reported within timelines, with no corrections by WESTAT.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FY 2005:**

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

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

## APR Template – Part C (4)

West Virginia  
State

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

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

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FY 2006-2007**

No changes are made to the proposed target. WV Birth to Three will continue all improvement activities as identified in the State Performance Plan, revised date of February, 2007.

## Attachment 1

# APR Template – Part C (4)

West Virginia  
State

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U.S. DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION  
AND REHABILITATIVE SERVICES  
OFFICE OF SPECIAL EDUCATION  
PROGRAMS

TABLE 4

REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT  
2006-07

OMB NO.: 1820-0678

FORM EXPIRES: 11/30/2009

STATE: West Virginia

SECTION A: Written, signed complaints	
(1) Written, signed complaints total	3
(1.1) Complaints with reports issued	3
(a) Reports with findings	3
(b) Reports within timeline	3
(c) Reports within extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaints pending a due process hearing	

SECTION B: Mediation requests	
(2) Mediation requests total	0
(2.1) Mediations	
(a) Mediations related to due process	
(i) Mediation agreements	
(b) Mediations not related to due process	
(i) Mediation agreements	
(2.2) Mediations not held (including pending)	

SECTION C: Hearing requests	
(3) Hearing requests total	0
(3.1) Resolution meetings (For States adopted Part B Procedures)	
(a) Settlement agreements	
(3.2) Hearings (fully adjudicated) (For all states)	
(a) Decisions within timeline SELECT timeline used {30 day Part C, 30 day Part B, or 45 day Part B}	
(b) Decisions within extended timeline (only applicable if using Part B due process hearing procedures).	
(3.3) Resolved without a hearing	