

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

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**Annual Performance Report**

**FFY 2008**

## Part C State Annual Performance Report (APR) for FFY 2008

### 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 System. Development of the FFY 2008 Annual Performance Report (APR) continued to build on previous stakeholder efforts to improve results for infants, toddlers and families in West Virginia.

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

The lead agency provides updates to the WVEIICC at each meeting. These updates include data reports that reflect regional and state level performance on APR indicators. The Council contributed input regarding establishment of improvement activities and rigorous targets for the State Performance Plan and the FFY 2008 APR.

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

The lead agency provided information to the eight Regional Administrative Units (RAUs) and obtained feedback throughout the year. 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 MSRRC, NECTAC, NECTC, ECO and OSEP through direct state contact and national conferences.

Information from the data sources and stakeholder groups has been used to develop West Virginia's FFY 2008 Annual Performance Report as submitted to the U.S. Department of Education, Office of Special Education Programs (OSEP), on February 1, 2010.

The revised State Performance Plan, Annual Performance Report, and local performance data for APR Indicators, are posted on the WV Birth to Three website. WV Birth to Three used the Local Reporting Task Group to provide feedback 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 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 2008 APR, and local data are posted on the WV Birth to Three website at [www.wvdhhr.org/birth23](http://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 2008	100 percent of infants and toddlers with IFSPs receive the early intervention services on their IFSPs in a timely manner.

**Actual Target Data for 2008-2009:**

For FFY 2008, 95.09% of infants and toddlers with IFSPs through WV Birth to Three, received each early intervention service on their IFSP, including those on new IFSPs, in a timely manner. Timely delivery is defined as within 30 days of the date of parental consent/start date. Due to the intensity of analysis required, WV chose to gather data from the statewide database for all children with new IFSPs and services across all eight regions of the state during the month of June, 2009. Children selected during this period were representative of children across the

annual period. The number of children totaled 224. WV Birth to Three included exceptional family circumstances in both the numerator and denominator for the calculation.

The state office matched the date of parental consent/authorization for service against billing records to determine if the first date of the service was delivered timely. Confirmation also included review of child records to confirm the reason for any late service delivery. Significant additional analysis and follow up data gathering 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.

Fifty-nine (59) children had at least one service that was late. Forty-eight (48) 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. Eleven (11) children were identified as having not received all services in a timely manner with reasons other than exceptional family circumstances, involving a total of five service providers.

### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

The State did not meet the target of 100%. Performance under this Indicator for FFY 2007 was 97%. One service coordinator was responsible for late services for five of the 11 children. Problems with this service coordinator had been identified during the year and corrective action did not result in sufficient improvement so this person was disenrolled from the WV Birth to Three System. Families selected a new service coordinator and received services. Two other service coordinators who have been disenrolled were responsible for late service to three of the remaining children. Late service for two children was due to provider illness and in one instance because an authorization was issued for the wrong service provider. All of the children have subsequently received the identified services.

Several strategies were used during the period to assure that services would be provided timely. These strategies are discussed in more detail below. While the strategies are resulting in practitioners having better understanding of the timely service requirement, there were 11 children during the reviewed period who did not receive all IFSP services timely. In some cases, the late services could have been prevented, and in those situations, corrective actions are being taken to assure that the practitioner or service coordinator understands the requirement and is providing services in a timely manner for current and future children. Notification and correction will occur for all findings of noncompliance.

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

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. Regional State TA Specialists review service directories and gather information from RAUs in order to identify the areas of greatest need. These recruitment activities have resulted in improved coverage, however challenges remain. It continues to be difficult to find qualified individuals to provide services in the most rural parts of the state. During FFY 2008, WV Birth to Three experienced significant financial strains due to service needs and static funding. The financial difficulties resulted in an increased turn-around time for reimbursement to enrolled service providers. The slower turn-around in payment may have contributed to the difficulty in recruiting and retaining qualified providers.

Due to recruitment by regional technical assistance staff, WV Birth to Three is beginning to see increasing numbers of retiring county school personnel, including related personnel, 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, will help to address potential personnel shortages.

Many of the family circumstances that resulted in delayed services were due to issues such as child or family member illness, vacations, or other family choices. Many families in West Virginia are also facing multiple challenges that impact their availability for services. According to the most recent Kids Count data, over 25% of infants and toddlers in West Virginia are living in poverty, with 52.7% of children statewide qualifying for free or reduced-price meals. In a rural southern county, 83.8% of children qualify for free or reduced-price meals. There have always been some families in mostly rural areas that do not have home phones. More families are now using pay as-you-go phone options and these numbers can change frequently, adding to the difficulty of contacting families for scheduling. West Virginia also has a high number of infants and toddlers with substantiated abuse and neglect and families dealing with domestic violence or substance abuse.

**Correction of FFY 2007 Findings of Noncompliance:**

There were 25 findings of noncompliance under this Indicator during FFY 2007, including findings based on analysis of the FFY 2006 APR data submission which were identified during FFY 2007. 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 subsequent children. 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 this with claims information.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

Revision of targets is not applicable for this compliance indicator.

WV Birth to Three had planned to expand the Timely Services Pilot into a statewide process to be used by all service coordinators by April, 2009. However, there have been delays due to issues of gathering and analyzing this additional data. While the state office continues to evaluate, all other strategies to assure timely service are continuing.

During meetings and conference calls, WV Birth to Three state staff will continue to problem solve with Regional Administrative Units on actions they can take during initial eligibility/IFSP meetings to remind team members and families of the importance of providing services in a timely fashion. RAUs will be asked to identify new strategies for implementation in February, 2010.

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; informing currently enrolled practitioners and payee agencies of where we have major shortages. During FFY 2009, WV Birth to Three is working in conjunction with representatives of the ICC to identify strategies to build closer working relationships with higher education pre-service programs. These strategies will include identifying practicum requirements in the various programs and recruiting local early intervention providers that are willing to provide the required supervision and exposure that would allow students to gain experience in the early intervention setting. As these recruitment strategies are taking place, state BTT staff will continue to work along with service coordinators and RAUs to help identify areas of need and work with currently enrolled service providers for coverage on an interim basis.

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

As noted under Indicator 4, WV Birth to Three will be working on strategies this next year to help service coordinators and other team members be more knowledgeable of community resources, in order to be able to link families to resources 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. BTT 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 BTT website. BTT will continue these activities and work with the RAUs to host lunch and learn sessions regionally where service coordinators, families and others will be invited to attend and learn about resources.

See the revised State Performance Plan dated February, 2010 for full listing of improvement strategies designed to ensure that all IFSP services are provided in a timely fashion and to ensure timely correction of noncompliance.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	99.412 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 2008:** Two thousand six hundred and eighty two (2,682) children were receiving IFSP services through WV Birth to Three on December 1, 2008. 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 2008:**

WV Birth to Three met the target for FFY 2008. All improvement activities as identified in the State Performance Plan are ongoing. WV Birth to Three has policies and procedures in place to assure that eligible children and families receive early intervention services in natural environments in accordance with the requirements of 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.

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 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 2007 Findings of Noncompliance:**

There were no findings of noncompliance identified for this Indicator in FFY 2007.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

Revisions have been made to the timeline for convening a workgroup to evaluate the possibility of establishing an evaluation/assessment (E/A) credential for enrolled direct service providers, and for future implementation of the credential process. The E/A credential continues to be a priority; however, fiscal issues have delayed initiation. Due to increased data reporting requirements, and anticipated policy changes around family cost participation in the next year, the state does not have the people or fiscal resources to dedicate to the creation and implementation of the E/A credential. However, WV Birth to Three state staff are collaborating with the state Child Care office to identify how early intervention service providers can participate in certain modules of the infant toddler training for child care providers. Based on a pilot of the process in FFY 2008, this opportunity will be expanded in FFY 2009.

See the revised State Performance Plan dated February, 2010 for additional maintenance and improvement strategies.



**Part C State Annual Performance Report (APR) for FFY 2008**

**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.

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

**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.

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

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

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

**FFY 2008 BASELINE DATA**

<b>A. Positive social-emotional skills(including social relationships):</b>	<b>All Children</b>		<b>Excluding "At-Risk"</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
a. Percent of infants and toddlers who did not improve functioning	4	0.5	4	0.5
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	115	14.2	111	14.4
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	61	7.5	59	7.6
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	235	29.1	223	28.8
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	393	48.6	376	48.6
<b>Total</b>	<b>N= 808</b>	<b>100</b>	<b>N= 773</b>	<b>100</b>

**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: **71.0%**

2. The percent of children who were functioning within age expectations in this outcome area by the time they exited: **77.5%**

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

<b>B. Acquisition and use of knowledge and skills (including early language/communication)</b>	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	3	0.4	3	0.4
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	123	15.2	121	15.7
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	113	14.0	108	14.0
d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers	360	44.6	351	45.4
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	209	25.9	190	24.6
Total	N= 808	100	N= 773	100
<b>Baseline Data For Summary Statements Targets – Excluding Children “At-Risk”</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: <b>78.7%</b>				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: <b>70.0%</b>				

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

<b>C. Use of appropriate behaviors to meet their needs:</b>	All Children		Excluding “At-Risk”	
	#	%	#	%
a. Percent of infants and toddlers who did not improve functioning	1	0.1	1	0.1
b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	93	11.5	90	11.6
c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	64	7.9	62	8.0
d. Percent of infants and toddlers who improved functioning	375	46.4	360	46.6

to reach a level comparable to same-aged peers				
e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers	275	34.0	260	33.6
Total	N= 808	100	N= 773	100
<b>Baseline Data For Summary Statements Targets – Excluding Children “At-Risk”</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: <b>82.3%</b>				
2. Percent of children who were functioning within age expectations in this outcome area by the time they exited: <b>80.2%</b>				

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

This progress data reported in 2010 will serve as baseline data.

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

The 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 COST on an annual basis during the child’s participation in WV Birth to Three, in order to inform the family and other team members and to assist in designing appropriate supports and services. The COST is completed at the initial, annual and exit IFSP meetings, with participation of all team members including the parents. Initial feedback from IFSP teams indicates that involving parents in completion of the COST has resulted in parents showing increased desire to understand their children’s behaviors, and to know how to make a difference in their child’s development.

Following completion of the COST, the Interim or Ongoing Service Coordinator returns the completed form to the Regional Administrative Unit, where the original is placed in the child’s educational record and a copy is forwarded to the State office for entry in the child outcomes measurement database. At the State office, the forms are stamped at entry and forwarded to another Division within the Office of Maternal, Child and Family Health for data entry. Data from the forms is entered into the analytic database designed by ECO. Periodic random reviews are conducted to identify and correct any potential data entry errors. The ECO database provides an approved format and formulas for analysis of individual child progress, as well as analysis of data for all children in the aggregate, in accordance with the OSEP measurement requirements for the three child outcome indicators. State and regional entry level data is reported to the public. WV Birth to Three will use the regional and state level data to assist with identifying future training and technical assistance needs.

<b>Measurable and Rigorous Targets</b>		
<b>Summary Statements</b>	<b>Targets for FFY 2009 (% of Children)</b>	<b>Targets for FFY 2010 (% of Children)</b>
<b>Outcome A. Positive social-emotional skills(including social relationships)</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.	71.0%	71.05%
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	77.5%	77.55%
<b>Outcome B. Acquisition and use of knowledge and skills (including early language/communication)</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.	78.7%	78.75%
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	70.0%	70.05%
<b>Outcome C. Use of appropriate behaviors to meet their needs</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.	82.3%	82.35%
2. The percent of children who were functioning within age expectations in this outcome area by the time they exited the program.	80.2%	80.25%

With FFY 2008 data serving as the initial baseline measurement, targets have been established for FFY 2009 and FFY 2010 based on the requirement for targets to demonstrate an increase in percentage by the end of the State Plan period, FFY 2010. After review of this initial data and discussion with the State ICC, WV Birth to Three has decided to take a conservative approach to target setting. It is difficult to project targets with only the current year of baseline data for the summary statements. It is anticipated that future results will be impacted by many variables, not the least of which include the impact of ongoing training being provided to service providers to help them better understand how to measure functional behavior, and the State’s recent policy change that requires a more significant delay to meet eligibility requirements. This eligibility change will likely change the characteristics of children receiving services. Data gathered during FFY 2009 and FFY 2010 should put the state in a better position to establish rigorous targets.

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

WV Birth to Three provides training and technical assistance for all practitioners and service coordinators who may be participating in completion of the COST. COST materials are posted

on the WV Birth to Three website, with links to technical assistance documents on the ECO website. WV Birth to Three schedules one half day COST trainings routinely in various regions of the state. The training provides information on the importance of: understanding functional behaviors of infants and toddlers; accurately recording the performance of children using the COST; and the important role that parents and family members play in assisting with the measurement process.

West Virginia accepted an invitation to participate in a national consortium for the purpose of continuing to develop training and technical assistance materials that will help families and service providers to understand the intent and process of child outcomes measurement and in particular the use of the COST. WV Birth to Three is committed to assuring a child outcome measurement process that supports and promotes the active participation of families.

During the 2008-2009 period, State staff completed audits of completed COST measurements in order to identify any potential training and technical assistance needs such as consistency, knowledge of functional behavior, and accurate completion of form content. This information was used to design and/or revise training and technical assistance strategies which include face-to-face opportunities for practitioners and service coordinators to process information, complete samples, and ask questions. In addition to regional COST trainings, other quality assurance activities currently in place include a Question and Answer document that has been developed and posted on the BTT website. This Q and A highlights issues that have been identified through review of submitted documents, as well as most frequent questions from the field. The document is updated as needed.

When Regional TA Specialists review completed COST forms and identify local practitioners who need further technical assistance, they use the training materials and guidance to help the individuals walk through the process. WV Birth to Three has also provided conference calls for local providers to discuss identified quality issues and questions from the field. Research would indicate that it is important for people to have these opportunities to problem solve the information they receive in order to clarify their understanding.

An issue that is ongoing is the challenge of service practitioners being grounded in understanding functional behavior for infants and toddlers. WV Birth to Three uses a variety of material provided through ECO, TACSEI, and other national projects to support service providers. WV Birth to Three looks forward to working with our early childhood partners in the Bureau for Children and Families, Early Care and Education to include BTT practitioners in the Infant Toddler trainings designed for child care providers. BTT and ECE will work together to identify the Infant Toddler modules that would be most appropriate for BTT practitioners. A pilot of this process was conducted in 2009, with planned expansion during 2010. This will provide an avenue for BTT practitioners across a variety of disciplines to learn more about typical infant toddler development. Attending these sessions jointly with local child care providers will also provide an opportunity to facilitate closer working relationships with child care providers and the technical assistance support network connected to them.

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

### **Correction of FFY 2007 Findings of Noncompliance:**

There were no findings of noncompliance identified for this Indicator in FFY 2007.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	4A -76%, 4B -74%, 4C – 86%

**Actual Target Data for FFY 2008:**

West Virginia’s baseline data is reported using the Rasch analysis methodology and the standards recommended from the nationally representative stakeholder group convened by the National Center on Special Education Accountability and Monitoring (NCSEAM). The NCSEAM survey has undergone rigorous validity and reliability testing. It also provides comparability.

WV Birth to Three received 461 valid survey returns for the FFY 2008 period, representing a 30% response rate.

Analysis of survey responses related to the APR Indicator 4 measurements, resulted in the following percentages of families who were in agreement with the measurement at a level equal to or above the national standard established by NCSEAM.

Measurement	Standard	Percent Responding At or Above the Standard
<p><b>A.</b> Percent of families participating in Part C who report that early intervention services have helped the family know their rights.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s ‘Impact on EI Services on Your Family Scale’:  “Over the past year, Early Intervention services have helped me and/or my family to know about my child’s and family’s rights concerning Early Intervention services.”</p>	<p><b>82.4%</b> strongly or very strongly agree  (380)</p>
<p><b>B.</b> Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s ‘Impact on EI Services on Your Family Scale’:  “Over the past year, Early Intervention services have helped me and/or my family to communicate more effectively with the people who work with my child and family.”</p>	<p><b>79.6%</b> strongly or very strongly agree  (367)</p>
<p><b>C.</b> Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn.</p>	<p>.95 likelihood of a response of “agree”, “strongly agree” or “very strongly agree” with this item on the NCSEAM survey’s ‘Impact on EI Services on Your Family Scale’:  “Over the past year, Early Intervention services have helped me and/or my family to understand my child’s special needs.”</p>	<p><b>89.2%</b> strongly or very strongly agree  (411)</p>

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

Targets were met for Indicator 4A, 4B and 4C. Survey results indicate a positive movement upward in the percentage of families that report agreement in the ‘strongly’ to ‘very strongly’ categories, and in the mean measurement of the survey tool.

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

The NCSEAM survey has undergone rigorous validity and reliability testing. The instrument is valid and highly reliable. It also provides comparability.

*The APR Indicator Analysis report for FFY 2006*, compared mean measurements reported by states. West Virginia is one of only 17 states that used the NCSEAM Family Survey with standard analysis (6 other states used the NCSEAM survey but modified the analysis in some



manner). Mean measurements for the NCSEAM surveys were lower than for other surveys used across states. This is to be expected due to the rigorous ‘agreement’ standard established when using the standard NCSEAM analysis.

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

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

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

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

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.

West Virginia’s FFY 2008 mean measure of 727.09 indicates that virtually all families are expressing some level of agreement (either simple agree, strongly agree, or very strongly agree) with all the items on the scale. In fact, the number of “disagree” responses is, overall, very small. While overall family responses remain very positive, WV Birth to Three will continue to do further analysis including reviewing those responses that were not as positive, in order to determine if there are any characteristics that are similar across those few respondents. Analyses by age, race, and geographic region, did not identify any shared characteristics among the few families that did not report as positive outcomes.

NCSEAM recommends that the survey data be analyzed through the Rasch measurement framework. This analysis locates each survey item, and each responding family, on the same measurement ruler. An item’s location on the ruler is its calibration. A person’s position on the ruler is the person’s measure.

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

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

The survey analysis also determined that the West Virginia data from the 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 30% did not negatively impact the validity of the family survey data.

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

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

WV Birth to Three posted the survey scales on the BTT website, along with reporting of performance on the state and regional level. Parent Partners included articles in regional family newsletters to remind families of the importance of their feedback.

**Correction of FFY 2007 Findings of Noncompliance:**

There were no findings of noncompliance identified for this Indicator in FFY 2007.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

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.

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

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

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

Developers of the NCSEAM IFS scale suggest that states focus improvement strategies on the survey question that has an item calibration that is just above the state's mean survey score, since research indicates that improving a measurement on these items will increase the

measurements of all survey items below this point on the scale. West Virginia's mean score of 727.09 is higher than the calibration of any item on the survey scale, however WV Birth to Three will follow survey recommendations and focus improvement activities toward those the top two or three items from the scale rating (these are items that virtually all families agreed with, but not as many families agreed at a strongly or very strongly level. The items that were most difficult to get higher levels of strong and very strong agreement were: "Over the past year, WV Birth to Three services have helped me and/or my family to know about services in my community;" and, "Over the past year, WV Birth to Three services have helped me and/or my family participate in typical activities for children and families in my community."

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

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

ICC members have suggested that including a cover letter written by a family may encourage more families to take time to respond to the survey. State staff will work with the ICC to implement this strategy during FFY 2009.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	West Virginia’s December 1, 2008 child count will reflect that 2.0% of the population of infants and toddlers birth to age 1 will have an IFSP.

**Actual Target Data for FFY 2008:**

The baseline data for this outcome indicator is taken from West Virginia’s 618 data reported for December 1, 2008 and other data as gathered from the WV Birth to Three integrated data system, and the [www.IDEAdata.org](http://www.IDEAdata.org) website.

National Baseline	% of Children Birth to Age 12 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
1.05%	2.01%	5th

The December 1, 2008 national baseline for percentage of population birth to age 1 with IFSPs, as calculated by OSEP, is 1.04%, a reduction from the previous year’s 1.05%.

On December 1, 2008 WV Birth to Three was serving 425 infants and toddlers birth to one year of age. Only four other states served a higher percentage compared to the national baseline average than West Virginia’s 2.01%. West Virginia ranked fifth (5<sup>th</sup>) in comparison to all states and territories, and .97% 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 2008:**

The FFY 2008 data indicates that West Virginia met the target of 2.0%. The data reflects a reduction in the number of infants and toddlers under age 1 from previous years' data. Financial concerns during the period, especially in the summer of 2008, may have contributed to a temporary decline in referrals and child identification due to concern about the program's continued operation. Along with questions about program sustainability, media coverage referred to the potential for parent fees. Even though there has not been a resolution of the ongoing funding stability for the program, State and local child find strategies are targeting 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 interagency agreements with Title V, CHIP, Bureau for Children and Families, Head Start, and Medicaid assist in the early identification and referral of potentially eligible children. West Virginia finds that coordination with primary health care providers and other community partners is important to assure that children potentially in need of early intervention services are identified as early as possible.

WV Birth to Three continues coordination with Title V/CSHCN, Newborn Hearing Screening, and Right From the Start programs to assure that infants failing the newborn hearing screen receive diagnostics and referral to Part C and Ski Hi when hearing loss is confirmed. The Birth Score universal newborn screening, conducted for all children born in West Virginia, identifies infants who are born with conditions that may make them at risk of developmental delay. Referrals are made directly to the appropriate Birth to Three RAU.

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

The WV Birth to Three continues to work with WV CHIP to develop parent educational and child find materials, 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.

**Correction of FFY 2007 Findings of Noncompliance:**

There were no findings of noncompliance identified for this Indicator in FFY 2007.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

There are no revisions to proposed targets. WV Birth to Three will continue improvement strategies of the State Performance Plan. WV Birth to Three will continue interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three and the West Virginia Department of Health and Human Resources, in collaboration with the State Interagency Coordinating Council, convened a stakeholder group to review and make recommendations regarding the State's definition of developmental delay. After completing the public comment period, a proposed addendum to the State's eligibility criteria was submitted to OSEP for approval and implemented in May, 2009. It is anticipated that these changes will impact the state's target for this indicator. Revisions have been made to reflect this change.

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

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

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	West Virginia’s December 1, 2008 child count will reflect that 3.45% of the population under three has an active IFSP

**Actual Target Data for FFY 2008:**

National Baseline	% of Children Birth to Age 36 Months Served in West Virginia	State’s Ranking Against All Other States and Territories
2.66%	4.24%	7th

Two thousand six hundred and eighty two (2,682) children had active IFSPs on December 1, 2008. Six other states and/or territories served a higher percentage of infants and toddlers under age three, than West Virginia’s 4.24%. West Virginia ranks seventh (7th) in comparison to all states and territories, and 1.58% above the national baseline.

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

The FFY 2008 data indicates that West Virginia met the target of 3.45%. The data reflects a reduction in the number of infants and toddlers under age three from the previous year’s data. 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 State office.

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

WV Birth to Three state staff have coordinated with the Bureau for Children and Families, Child Protective Services, in the development of procedures to assure the referral of children who have experienced substantiated abuse and/or neglect. 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. Revisions have been made to promote better understanding and coordination among the partnering agencies. The revised training module will be implemented during FFY 2009 and will also be offered to county CPS and foster care workers.

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

**Correction of FFFY 2007 Findings of Noncompliance:**

There were no findings of noncompliance identified for this Indicator in FFFY 2007.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

WV Birth to Three will continue Improvement Strategies of the State Performance Plan, revised date of February 1, 2010. WV Birth to Three continues interagency collaborative child find activities in order to identify potentially eligible children as early as possible. Based on limited resources and increased system costs (i.e. providing services for increasing numbers of eligible children and implementing multiple accountability and data gathering processes), WV Birth to Three/DHHR, in collaboration with the State Interagency Coordinating Council, convened a stakeholder task group to review the State's Part C eligibility criteria. The task group made recommendations to revise the eligibility criteria. This new policy became effective during the latter part of the 2008-2009 year. The revised policy will focus on assuring that those children most in need of developmental services are able to continue to access timely evaluation/assessment and services, but may result in fewer children receiving services. WV



## APR Template – Part C (4)

West Virginia  
State

Birth to Three will monitor the impact of the revised eligibility definition and provide data to the ICC on at least an annual basis.

During FFY 2009, WV Birth to Three will implement the new “Authorization to Obtain Medical/Release Educational Records” form that has been developed with input from the ICC and Regional Administrative Units. This form will also serve as a physician referral form. Implementation will be coordinated with the Health Check program within the Office of Maternal, Child and Family Health in order to promote communication with physicians. Health Check program specialists will be familiar with the form and able to reinforce with physicians, the importance of early identification of infants and toddlers potentially eligible for and in need of early intervention services.

When reporting regional performance on this Indicator, WV Birth to Three will not report any data that would result in the disclosure of personally identifiable information, or where the availability of data is insufficient to yield statistically reliable information. See the State Performance Plan for additional maintenance/improvement strategies.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	100 % of eligible infants and toddlers with IFSPs will have an evaluation and assessment and an initial IFSP meeting conducted within Part C’s 45-day timeline.

**Actual Target Data for FFY 2008:**

For FFY 2008-2009, 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 2,647 children with initial IFSPs during FFY 2008. Including exceptional family circumstances, 2,557 children had their initial IFSP meeting within 45 days of referral. There were 476 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 2008:**

FFY 2008 performance of 97% compares to 97% for FFY 2007. WV Birth to Three did not meet the target of 100%. Based on our analysis, only two of the eight regions had systemic problems with late IFSPs. All instances of individual child noncompliance were corrected and each child did receive an initial IFSP meeting. Analysis of the FFY 2008 data occurred during the FFY 2009 year and programs have been 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. Five of the eight regional programs achieved 99-100% of IFSPs within 45 days. Another regional program achieved 97%. Performance of the remaining two regional programs was below 95%. These two programs are on Corrective Action Plans, reporting performance and improvement activities monthly to the State office.

There is a shortage of specialty personnel in the most rural areas of the state. Many of the most rural counties have larger geographic area and smaller populations, making it even more difficult to recruit providers to the area. In these rural counties, depending on the individual concerns for referred children, it is sometimes necessary to bring therapists in from other regions. When these shortages exist, families are offered an opportunity to access their initial evaluations and assessments at other locations, but these same families 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 data validity reviews of the hard copy documentation in the child's record compared to the electronic data system to assure the accuracy and reliability of data entry information.

When an initial IFSP meeting is not conducted within 45 days of referral, the respective RAU is required to submit a 45 Day Delay form to the State office, with documentation as to the reason for the delay. Random review of the documented reasons was added to the data validity reviews in order to assure that documentation exists in the child's record to support the reported reason for delay. Regional Technical Assistance Specialists discuss the reasons for delay during onsite visits, and help the RAU staff problem solve solutions.

**Correction of FFY 2007 Findings of Noncompliance:**

In FFY 2007, there were three findings related to the 45 day timeline. Based upon review of performance data for the following first quarter of the next year, all three findings of noncompliance had been corrected. Data was gathered from the integrated database. Verification assured that all children involved in the noncompliance did receive an initial IFSP meeting.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

WV Birth to Three will continue to take corrective action with any RAU that is not in compliance with the 45 day timeline. In addition, WV Birth to Three identifies 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 provide technical assistance. In addition, intensive onsite technical assistance efforts are being conducted in order to assist the RAUs to identify the reasons for delays in getting initial IFSP meetings held within 45 days. All RAUs are required to submit quarterly reports that identify the strategies they are using to assure timelines, and strategies that are being added in order to assure that all children have initial IFSP meetings within 45 days.

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

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 also working toward expanding access to high speed internet in rural areas of West Virginia, which should provide opportunities for technology to support video conferencing. This capacity is not likely to be available statewide until after 2010. The areas of the state that most need this option are the areas where the technology is lacking.

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

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	A. 100% of children who exit Part C at age three have IFSPs with transition steps and services;  B. Part C notifies the LEA of 100% of children potentially eligible for Part B: and  C. 100% of children exiting at age three and potentially eligible for Part B have a transition face to face conference

**Actual Target Data for FFY 2008:**

- A. Based on the lead agency’s analysis of the data across all eight regions, 100% of children who exited during the time frame reviewed had transition steps and services

documented. Data was gathered from the statewide database for all children during the month of May, 2009. There were 70 children exiting at age three during the period.

- B. The State Birth to Three Office sent respective LEAs notification of 100% of the 774 potentially eligible infants and toddlers. Notification was sent to the LEA 6 months prior to the child's third birthday.
- C. Of the 774 children determined to be 'potentially eligible' for Part B, 770 had a face-to-face transition conference. Of the four (4) children/families who did not have a transition meeting, three were due to family refusal to have the meeting. One other missed meeting was due to noncompliance of a service coordinator who was disenrolled from the Birth to Three System. Accounting for the family refusals, 99.9% of children had a face-to-face transition conference. Considering exceptional family circumstances, 95.07% of the meetings were held at least 90 days prior to the child's third birthday. There were 37 children who had face-to-face meetings later than 90 days before their third birthday.

#### **Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:**

The State met the target of 100% for Indicators 8A and 8B. The State did not meet the target of 100% for Indicator 8C. Performance in FFY 2007 was 99%. 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 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 FFY 2008 period, the aggregate information from the Transfer/Transition forms was used by Part C and Part B to identify training and technical assistance needs. 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. The transition plan of the IFSP was revised to serve as a timeline and activity guide to assist service coordinators to facilitate a smooth transition for children and families.

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 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 recently 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. Transition items were added to the service coordinator competency test. In addition, service coordinators must pass the competency test prior to enrollment (versus previous requirement to complete within one year).

WV Birth to Three continues collaboration with other early childhood partners through the state level Transition Steering Committee. During FFY 2008, the Steering Committee updated Q and A on child notification and transition requirements. The Committee also updated a side-by-side technical assistance document that provides comparison of program components and requirements for early childhood programs including Part C, Preschool Special Education, Head Start, PreK and Child Care.

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

The current improvement strategies 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 in meeting transition requirements, the TA Specialist will identify the issue to the CQI Coordinator who may request a focused monitoring visit. Any noncompliance identified as a result of the focused monitoring must be corrected within the timelines of the corrective action plan, and in no case will be longer than one year. If service coordinators are not able to assure that noncompliance has been corrected, WV Birth to Three has the option of corrective actions including possible disenrollment from the system. When necessary during the period, WV Birth to Three did proceed with disenrollment procedures.

Trainings were held in the fall of 2008 for county collaborative teams. These trainings were designed during 2007-2008 by the Transition Steering Committee, and brought together teams that included local Part C, Part B, Head Start and Child Care representatives, to address transition issues in their counties. The trainings included regulatory requirements, but focused primarily on research based practices that promote quality transition outcomes for children and families. The Transition Steering Committee used the "Transition Practices and Child and Family Outcomes" document developed by the National Early Childhood Transition Center (NECTC) to guide development of these team trainings that will be provided at least annually. The recommended transition practices from the NECTC document were used as a self assessment tool for county teams as they considered possible revisions to their local interagency agreements and practices. Teams developed action plans for implementing their prioritized research based practices. Response of the county teams to this new training has been very positive. The Transition Steering Committee will follow up with county teams to determine the impact of their changes. The Transition Steering Committee also compiled a chart of technical assistance resources for use by local county teams. Members of the group also revised the template for Transition Procedures from Part C to Head Start, and RAUs proceeded to complete the procedures with local Head Start grantees. These procedures are posted on the BTT website. With the implementation of PreK for 4 year olds in West Virginia, counties frequently use universal applications for PreK and Head Start. The revised Part C to Head Start procedures help service coordinators understand when and how three year olds may qualify for



Head Start services, in order to promote more effective transitions for families who choose Head Start as an option for their child at age three.

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

### **Correction of FFY 2007 Findings of Noncompliance:**

During FFY 2007, there were no findings of noncompliance issued under 8A. There were no findings of noncompliance under 8B. There were three (3) findings of noncompliance issued under 8C, with 100% of findings corrected within one year of identification. 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 subsequent children. Required documentation/action varied depending on the severity of the noncompliance, and included requirements such as submission of teaming notes and/or detailed charts to demonstrate that all children approaching the age of three were receiving appropriate transition planning.

### **Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

Revision of proposed targets is not applicable for this compliance indicator.

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

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

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

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

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

WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2010.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	100 percent of noncompliance is corrected within one year of identification.

**Actual Target Data for FFY 2008:**

Ninety-nine percent (99%), or 96 of the 97 findings of noncompliance identified during FFY 2007 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 subsequent children.

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

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 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 reports and corrective action requirements for the respective service coordinator, service provider, or RAU. Regional Birth to Three state staff are available to provide technical assistance as appropriate, in accordance with the plans of correction, for the involved individual/agency. The CQI Coordinator monitors the status of corrective plans to assure that documentation of correction is received within the requested timeline, 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 show appropriate progress toward meeting compliance 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 2008:**

Changes to proposed targets for this indicator are not applicable. During the FFY 2009 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 indicators of the APR, in addition to any systemic issue that may be identified. All improvement activities of the State Performance Plan will continue.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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 2008	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 2008:**

WV Birth to Three received three formal complaints during FFY 2008 regarding implementation of the early intervention system. The complaints were resolved and reports 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 2008:**

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 FFY 2007-2008.** No revisions are made to the proposed targets. Include all improvement strategies of the State Performance Plan, revised February, 2010.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

No revisions are applicable. WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2010.

**Part C State Annual Performance Report (APR) for FFY 2008**

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

**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 2008	100% percent of fully adjudicated due process hearing requests will be fully adjudicated within the applicable timeline.

**Actual Target Data for FFY 2008:**

There were no due process hearing requests during FFY 2008.

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

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 2008:**

No revisions are applicable. WV Birth to Three will continue to implement the strategies as identified in the State Performance Plan, revised February, 2010.

**Part C State Annual Performance Report (APR) for FFY 2008**

**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
FFY 2008	Not applicable for WV Part C

**Actual Target Data for FFY 2008:**

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 2008:** Not applicable.

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:** Not applicable.

Part C State Annual Performance Report (APR) for FFY 2008

Overview of the Annual Performance Report Development:

**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 2008	Not applicable.

**Actual Target Data for FFY 2008:** There were no mediations held during FFY 2008.

**Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2008:** Not applicable.

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 2008:** Not applicable.

**Part C State Annual Performance Report (APR) for FFY 2008**

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

**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 2008	100% of State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

**Actual Target Data for FFY 2008:**

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 2007-2008 Annual Performance Report was submitted by February 2, 2009; 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 2008:**

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 2007 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. Data is entered into the system by each of the eight Regional Administrative Units (RAUs).

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

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

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

**Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2008:**

Revisions to proposed targets are not applicable for this indicator.

**ATTACHMENT 1- INDICATOR C-9 WORKSHEET – West Virginia Part C**

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	25	25
	Dispute Resolution: Complaints, Hearings			
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			
3. Percent of infants and toddlers with IFSPs who demonstrate improved outcomes	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			
4. Percent of families participating in Part C who report that early intervention services have helped the family	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of infants and toddlers birth to 1 with IFSPs	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
6. Percent of infants and toddlers birth to 3 with IFSPs		Dispute Resolution: Complaints, Hearings		
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings			
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: A. IFSPs with transition steps and services;	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	20	20
	Dispute Resolution: Complaints, Hearings			
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: B. Notification to LEA, if child potentially eligible for Part B; and	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	0
	Dispute Resolution: Complaints, Hearings			

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
8. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:  C. Transition conference, if child potentially eligible for Part B.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	3	3
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:  Procedural Safeguards – Notice of Meetings	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	16	16
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:  Procedural Safeguards - Confidentiality	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	3	4	4
	Dispute Resolution: Complaints, Hearings			
OTHER AREAS OF NONCOMPLIANCE:  Provision of IFSP Services	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	8	28	28
	Dispute Resolution: Complaints, Hearings			

Indicator/Indicator Clusters	General Supervision System Components	# of EIS Programs Issued Findings in FFY 2007 (7/1/07 through 6/30/08)	(a) # of Findings of noncompliance identified in FFY 2007 (7/1/07 through 6/30/08)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<b>Sum the numbers down Column a and Column b</b>			99	99

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

**Attachment 2: Part C Indicator 14 Data Rubric**

**Part C Indicator 14 Data Rubric**

<b>Indicator 14 - SPP/APR Data</b>			
<b>APR Indicator</b>	<b>Valid and reliable</b>	<b>Correct calculation</b>	<b>Total</b>
<b>1</b>	1	1	2
<b>2</b>	1	1	2
<b>3</b>	1	1	2
<b>4</b>	1	1	2
<b>5</b>	1	1	2
<b>6</b>	1	1	2
<b>7</b>	1	1	2
<b>8A</b>	1	1	2
<b>8B</b>	1	1	2
<b>8C</b>	1	1	2
<b>9</b>	1	1	2
<b>10</b>	1	1	2
<b>11</b>	1	1	2
<b>12</b>	1	1	2
<b>13</b>	1	1	2
		<b>Subtotal</b>	30
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> (5 pts for submission of APR/SPP by February 1, 2010)		5
	<b>Grand Total</b>		35

<b>Indicator 14 - 618 Data</b>					
<b>Table</b>	<b>Timely</b>	<b>Complete Data</b>	<b>Passed Edit Check</b>	<b>Responded to Date Note Requests</b>	<b>Total</b>
<b>Table 1 – Child Count Due Date: 2/1/___</b>	1	1	1	1	4
<b>Table 2 – Settings Due Date: 2/1/___</b>	1	1	1	1	4
<b>Table 3 – Exiting Due Date: 11/1/___</b>	1	1	1	NA	3
<b>Table 4 – Dispute Resolution Due Date: 11/1/___</b>	1	1	1	N/A	3
				<b>Subtotal</b>	14
				<b>Weighted Total</b> (subtotal X 2.5)	35
<b>Indicator # 14 Calculation</b>					
			A. APR Total	35	35
			B. 618 Total	35	35
			C. Grand Total	70	70
Percent of timely and accurate data = (C divided by 70 times 100)			(C) / (70) X 100 =		100%