Executive Summary:

Attachments

No APR attachments found.

General Supervision System:

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

In order to ensure general supervision of Virginia’s Part C early intervention system, the State Lead Agency employs a full-time Early Intervention Administrator (Coordinator); a full-time Early Intervention Team Leader, who is responsible for oversight of the monitoring and supervision team, requirements and timelines; 3 full-time Monitoring Consultants, one of whom is also responsible for dispute resolution; 3 full-time Technical Assistance Consultants; a full-time Data Manager; and a part-time Policy/Technical Assistance Consultant.

Implementation of federal and state Part C early intervention requirements and evidence-based practices is supported by state regulations that were signed by the Governor in December 2014, a Practice Manual, and an annual contract between the State Lead Agency and each local lead agency. Technical assistance and professional development are in place to ensure local administrators, local system managers and providers are aware of and understand the requirements and expectations.

All local systems are monitored on each State Performance Plan indicator annually. Additional monitoring or more extensive monitoring (drill-down) may be triggered through the dispute resolution process, Medicaid Quality Management Reviews, local system performance on an indicator, or the local system’s determination status. Ongoing monitoring for compliance on related Part C requirements occurs through all interactions with local systems (technical assistance, self-reporting by local systems, requests for additional funds, etc.). In addition, the State Lead Agency, in collaboration with the State Medicaid Agency, implements a Quality Management Review (QMR) process to monitor implementation of the Medicaid Early Intervention Services Program. The QMR process includes review of Part C and Medicaid requirements and focuses on quality of services as well as compliance with state and federal requirements. A QMR occurs on-site or through a desk audit process with six local systems per year.

The State Lead Agency monitors local systems using a variety of data sources, including, but not limited to, the following:

- Infant & Toddler Online Tracking System (ITOTS) data;
- Family survey data;
- On-site monitoring;
- Desk audits;
- Dispute resolution findings; and
- Tracking of timely submission of local data.

Each of the three Monitoring Consultants is assigned to work with local systems in 2 regions of the state, and each Monitoring Consultant is paired with a Technical Assistance Consultant who works in those same regions. This process allows the Monitoring Consultants to become familiar with local system and regional issues impacting compliance with Part C requirements and/or results for children and families and, therefore, promptly identify and work with their Technical Assistance partner to correct noncompliance and/or improve results. Correction of non-compliance and improved results for children
and families are facilitated by individualized improvement planning with the local system, and may include requiring a written improvement plan with prescribed status checks to ensure expected progress.

A system of enforcements is also in place. Enforcements are imposed when noncompliance extends beyond one year. Targeted technical assistance is required for all local systems that do not correct areas of noncompliance in a timely manner. The focus of the targeted technical assistance is on capacity building and overcoming barriers to compliance. Since noncompliance beyond one year affects the local system’s annual determination status, additional enforcements may be imposed based on their determination. Enforcement options available to the State Lead Agency include, but are not limited to, the following:

- Conduct on-site activities (training, technical assistance, record reviews, meetings with staff and/or providers, etc.) with the Local System Manager as needed and appropriate;
- Conduct on-site activities that include the Local System Manager’s supervisor;
- Conduct on-site activities that include the local lead agency’s administration;
- Complete focused monitoring site visit(s) on area(s) of noncompliance;
- Increase frequency of improvement plan status check-ins;
- Require targeted technical assistance and/or training;
- Require development/revision of the local system’s annual staff development plan to include professional development related to the area(s) of noncompliance;
- Require the Local System Manager to collect and analyze data and review it with their Technical Assistance and/or Monitoring Consultant at a frequency determined with the State Lead Agency;
- Require the local system to complete additional record reviews at a frequency determined with the State Lead Agency and with verification by the State Lead Agency;
- Link to another local system that demonstrates promising practices in the identified area(s) of noncompliance;
- Require a meeting with the local lead agency administration and the State Part C Administrator, Technical Assistance and Monitoring Consultants to discuss barriers to compliance, improvement plan strategies, and how the State Lead Agency can further assist the local system;
- Report noncompliance to the administration of the local lead agency explaining that it may be necessary to redirect or withhold funds if timely improvement is not shown;
- Conditionally approve the local contract;
- Require the local lead agency to direct use of Part C funds to areas that will assure correction of noncompliance;
- Withhold a percentage of the local system's funds;
- Recover funds;
- Withhold any further payments to the local lead agency;
- Terminate the contract with the local lead agency.

In addition to oversight of programmatic requirements, Virginia’s General Supervision system includes fiscal monitoring and accountability. Adherence to the Part C fiscal requirements is required through the State Lead Agency contract with the local lead agencies. Compliance with Part C fiscal requirements is monitored through the following mechanisms:

- Local budgets are required annually and must be approved by the State Lead Agency;
- Expenditure reports are required from local lead agencies twice a year and must include revenues and expenditures from the local lead agency and all private providers; and
- The local contract requires local lead agencies to notify the State Lead Agency of anticipated budget shortfalls, including supporting documentation of need, specific reasons for need and efforts to secure other available funding, upon the identification of the potential financial need. Not only does this assist in oversight of federal and state Part C dollars, but it also ensures the State Lead Agency becomes aware of any reduction in other state funding (State Developmental Services dollars, for example) or local funding that occurs at the local system level.

Infrastructure within the State Lead Agency ensures assignment of responsibilities and a process for providing oversight of fiscal requirements. One person reviews contracts as they are submitted; Technical Assistance Consultants review and approve budgets and budget revisions; and there is both a programmatic (early intervention staff) and fiscal office review of expenditure reports. The Early Intervention Office and Fiscal Office within the State Lead Agency work closely together through review of the expenditure reports to identify any potential fiscal issues and follow-up quickly to address questionable data. Two additional processes address fiscal accountability:

- Medicaid QMRs conducted by the State Lead Agency include examining payor of last resort and proper documentation associated with family cost share; and
- Community Services Board local lead agencies undergo independent single audits annually. Audit
Technical Assistance System:

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.

The primary mechanism for technical assistance and support to local early intervention systems is the technical assistance team. The State Lead Agency employs 3 full-time Technical Assistance Consultants who work directly with local systems across Virginia. Each Technical Assistance Consultant is assigned to two regions of the state. This allows the Technical Assistance Consultant to get to know the local systems and the region and provides the local system manager with a specific person to contact for support and questions. When working with a local system, the Technical Assistance Consultant may work with the local system manager, local lead agency administrators, service providers, private contractors, local public agencies and/or the local interagency coordinating council. In addition to working individually with local systems to address local issues, each Technical Assistance Consultant holds monthly regional meetings with local system managers to facilitate 2-way information sharing, group learning and collaborative problem-solving. In order to facilitate consistent information going to local systems, consistent planning for regional meetings, and team problem-solving, the state technical assistance team meets regularly to share information about current technical assistance needs and issues and to identify areas for statewide focus (e.g., child and family outcomes, implementation of evidence-based practices, etc.).

In addition to the direct support provided by the Technical Assistance Consultants, local systems receive technical assistance through the following mechanisms:

- Biannual statewide meetings of all local system managers with State Lead Agency staff;
- The Infant & Toddler Connection of Virginia website and the Virginia Early Intervention Professional Development website;
- A monthly written Update from the State Lead Agency that includes answers to frequently asked questions, policy clarification, monitoring information and information on evidence-based practices and child and family outcomes;
- Written information combined with statewide webinars and conference calls to ensure all local system managers and/or providers have the opportunity to hear the same information when new policies or practices are introduced and explained. These webinars and calls are recorded and posted for those unable to attend; and
- Other written technical assistance and guidance.

Technical assistance and monitoring are closely linked functions in the Infant & Toddler Connection of Virginia system. Each Technical Assistance Consultant partners with one of the state Monitoring Consultants in supporting their assigned local systems. In addition, monitoring activities are one source for identifying statewide technical assistance needs as well as the technical assistance needs of individual local systems and specific regions.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

The State Lead Agency contracts with the Partnership for People with Disabilities at Virginia Commonwealth University for the development and implementation of professional development for the
Part C early intervention system. The following mechanisms are in place to ensure service providers have the skills to effectively provide services that improve results for infants and toddlers with disabilities and their families:

- An early intervention certification process that ensures providers are qualified within their discipline and have the basic knowledge and competencies necessary to serve infants and toddlers with disabilities and their families prior to employment in the Virginia early intervention system. In order to receive early intervention certification, providers must complete and pass competency tests for a series of state-required online modules that address child development, family-centered practices, Virginia's early intervention system, and provider requirements. In order to maintain their early intervention certification, providers must complete at least 30 hours of professional development applicable to early intervention every 3 years. Service coordinators also must complete the 2-part, state-provided service coordination training within 12 months of initial early intervention certification.

- Varied professional development resources that include written documents, videos, webinars, online modules, in-person training, landing pads, laminated quick-reference cards, and "tools of the trade" to support local system managers and providers in delivering evidence-based practices. This variety of mechanisms for delivering professional development is designed to appeal to varied adult learning styles and maximize access to resources.

- A state website dedicated to early intervention professional development with varied and abundant state and national resources on evidence-based practices.

- An Integrated Training Collaborative that coordinates Virginia’s Comprehensive System of Personnel Development for early intervention. Its members represent families, local system managers, providers, university faculty, other state initiatives that support young children and families, and staff from the State Lead Agency.

- A monthly email newsletter to all local system managers and service providers, including service coordinators, that spotlights resources available on a specific topic (e.g., coaching, assessment, etc.) and how these can be used at the local level.

- A blog, EI Strategies for Success, maintained by the professional development team. The blog addresses day-to-day issues associated with early intervention services. This can be helpful to individual providers and also can be used at the local level for professional development and team discussion.

- Relationships with 2-year and 4-year university faculty in early intervention-related fields. There is a webpage on the Virginia early intervention professional development website dedicated to faculty and future early interventionists.

- Interagency collaboration with other agencies and initiatives focused on professional development for providers serving young children and families to ensure a broad, community-based focus for training, expanded partnerships and awareness of other community programs and resources among participants, and shared planning and funding.

- Meetings every two months between the professional development, technical assistance and monitoring teams to ensure planned professional development addresses priority issues identified through monitoring and technical assistance.

**Stakeholder Involvement:**

The State Lead Agency has in place and uses multiple mechanisms for soliciting broad stakeholder input on targets in the SPP, including revisions to targets:

- State Interagency Coordinating Council meetings;
- Biannual statewide meetings and monthly regional meetings of local system managers;
- The Family Involvement Project through the Arc of Virginia, which uses a newsletter, blog, Facebook page and webinars to share information with and solicit feedback from families who have or had children in Virginia's early intervention system;
- A monthly Update that is disseminated to a wide range of stakeholders, including service providers, and includes information about the SPP and SSIP and how to submit ideas and feedback;
Meetings with local lead agency executives and supervisors;
- The Infant & Toddler Connection of Virginia website, where drafts and supporting documentation are posted and available for stakeholder review and input; and
- Webinars and teleconferences.

Through these mechanisms, a wide variety of stakeholders (e.g., families, other state agencies, individuals working in personnel preparation, service providers, local system managers, local lead agency administrators, etc.) have the opportunity for participation and input.

### Reporting to the Public:

How and where the State reported to the public on the FFY 2013 performance of each EIS Program or Provider located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2013 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2013 APR in 2015, is available.

Virginia publicly reported on the performance of each local system by posting the required data on the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website and by disseminating that information to and through local systems and participating State agencies. Public reporting of state and local results also included dissemination through the Arc of Virginia - Family Involvement Project list serve, website and Facebook page and sharing results with various advocacy and stakeholder groups.

Virginia’s State Performance Plan is available in the “Supervision and Monitoring” section of the Infant & Toddler Connection of Virginia website ([www.infantva.org](http://www.infantva.org)).

### Actions required in FFY 2014 response

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**Attachments**

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<th>Uploaded Date</th>
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**Attachments**

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**Actions required in FFY 2014 response**

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12/15/2016
Indicator 1: Timely provision of services
Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments
Compliance indicator: 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)

### Historical Data

**Baseline Data: 2005**

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Key:  
- Gray – Data Prior to Baseline  
- Yellow – Baseline  
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

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<th>FFY</th>
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Indicator 1: Timely provision of services
FFY 2015 Data

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: 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)

<table>
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<th>FFY 2015 SPP/APR Data</th>
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<tr>
<td><strong>Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner</strong></td>
</tr>
<tr>
<td>600</td>
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</table>

*FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner)

| 175 |

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data for FFY 2015 is based on monitoring data from all 40 local Part C early intervention systems in Virginia.

The records of children who had an initial, periodic or annual IFSP developed on or after October 1, 2015 but no later than December 31, 2015 were reviewed to determine compliance with the requirement for timely start of services. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system. The number of records to be reviewed was based on the local system’s annualized child count for the period 12/2/14 - 12/1/15:

- Annualized count 0 - 200, reviewed 14 records
- Annualized count 201 - 800, reviewed 22 records
- Annualized count over 800, reviewed 30 records

The total number of infants and toddlers in the record review pool with an initial IFSP or an annual or periodic IFSP with new services added was 786.
**Indicator 1: Timely provision of services**

**Required Actions from FFY 2014**

*Monitoring Priority: Early Intervention Services In Natural Environments*

Compliance indicator: 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)

<table>
<thead>
<tr>
<th>Actions required in FFY 2014 response</th>
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Responses to actions required in FFY 2014 response, **not including correction of findings**
Indicator 1: Timely provision of services
Correction of Previous Findings of Noncompliance

Monitoring Priority: Early Intervention Services In Natural Environments
Compliance indicator: 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)

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<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
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<tbody>
<tr>
<td>11</td>
<td>11</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>

FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to verify correction of noncompliance on this indicator, the State Lead Agency selected a random sample of either 3 or 5 records (depending on the size of the local system) of children with recent IFSPs and IFSP reviews with new services added, and the local system submitted the documentation from those records showing start of services and the reasons for any delay in meeting the 30-day timeline for timely start of services. State staff members reviewed the documentation in order to verify that the local system is now correctly implementing the requirement for timely start of services. The State Lead Agency has verified that, based on updated data, all EIS programs with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR are correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State verified that each individual case of noncompliance was corrected

For each local system with a finding of noncompliance on Indicator 1, state Part C staff used record review data documenting the actual start date for each service to verify that for each instance of noncompliance involved in the FFY 2014 finding, the child did begin receiving the services listed on his/her IFSP, though late. The State Lead Agency has verified that each EIS program with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR has initiated services for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
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</thead>
<tbody>
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Indicator 2: Services in Natural Environments

Historical Data and Targets

Monitoring Priority: Early Intervention Services in Natural Environments

Results indicator: 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)

### Historical Data

**Baseline Data: 2005**

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<tr>
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**Key:**
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

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<th>FFY</th>
<th>2015</th>
<th>2016</th>
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**Key:**
- Blue – Data Update

### Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the State Performance Plan/Annual Performance Report (SPP/APR). During a VICC meeting on December 14, 2016, VICC members reviewed FFY 2015 data on each indicator and approved maintaining the targets for FFY 2016 - FFY 2018 for Indicator 2. In addition, a draft of the SPP/APR was widely available in December 2016 for stakeholders to review and submit written input.
Monitoring Priority: Early Intervention Services in Natural Environments

Results indicator: 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)

Prepopulated Data

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<td>SY 2015-16 Child Count/Educational Environment Data Groups</td>
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<td>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</td>
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<td>Total number of infants and toddlers with IFSPs</td>
<td>9,169</td>
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Explanation of Alternate Data

The total count of children reported under Section 618 includes children under age 3 served under Part B with an IEP. The alternate data reflects the count of those children served in Part C with an IFSP.

FFY 2015 SPP/ APR Data

<table>
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<tr>
<th>Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings</th>
<th>Total number of infants and toddlers with IFSPs</th>
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* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)
Indicator 2: Services in Natural Environments
Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments
Results indicator: 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)

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<tbody>
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Responses to actions required in FFY 2014 response

<p>| |</p>
<table>
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Indicator 3: Early Childhood Outcomes

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Does your State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)?

No

Historical Data

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Key:
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

FFY 2015 - FFY 2018 Targets

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<td>65.00%</td>
</tr>
<tr>
<td>B1</td>
<td>74.70%</td>
<td>68.30%</td>
<td>68.30%</td>
<td>70.00%</td>
</tr>
<tr>
<td>B2</td>
<td>55.30%</td>
<td>51.50%</td>
<td>51.50%</td>
<td>54.00%</td>
</tr>
<tr>
<td>C1</td>
<td>78.70%</td>
<td>70.70%</td>
<td>70.70%</td>
<td>73.00%</td>
</tr>
<tr>
<td>C2</td>
<td>56.40%</td>
<td>55.20%</td>
<td>55.20%</td>
<td>57.00%</td>
</tr>
</tbody>
</table>

Key:
- Blue – Data Update

Explanation of Changes

Virginia’s FFY 2015 data on Indicator 3 is more complete than in any previous year. The FFY 2015 results are based on over 1,000 more children than the FFY 2013 data and on a...
significantly higher percentage of all children exiting early intervention (91.4% in FFY 2015 compared to 78.8% in FFY 2013).

In addition, the FFY 2015 data is more accurate than in any previous year. Virginia’s SSIP work has focused on data accuracy and consistent implementation of the child outcome ratings process. Local system managers more regularly review local data, conducting pattern checking and following up on data anomalies. New ITOTS data system reports have been created and are available to support this effort. Local system managers now report seeing very few unusual patterns in their data that cannot be explained by the child’s actual circumstances.

Given that the FFY 2015 data is more complete and accurate than in previous years, it is appropriate to reset the baseline at the FFY 2015 results for each sub-part of Indicator 3 and to revise the targets for FFY 2016 - FFY 2018 accordingly. Virginia used the same process to establish the revised targets as was used to establish the original targets. The targets for FFY 2018 were established using the meaningful differences calculator developed by DaSY to determine the increase necessary to show a meaningful improvement from the baseline. Interim targets are maintained at the baseline level.

Although the FFY 2015 data is the most complete and accurate data available to date, anecdotal reports indicate there are still inconsistencies in child outcome rating decisions. SSIP work is underway to better define functional assessment practices and to address specific topics and questions that impact child outcome rating decisions (e.g., how to factor in cultural expectations). Continued decreases and/or fluctuations in Virginia’s Indicator 3 results are possible as this SSIP work continues and its impacts are realized. Because it is not possible to predict exactly how continued improvements in data quality will impact the child outcome results, the revised targets reflect Virginia’s goal to begin maintaining our results from year to year and Virginia’s commitment to improve those results over time.

### Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the State Performance Plan/Annual Performance Report (SPP/APR). During a VICC meeting on December 14, 2016, VICC members reviewed FFY 2015 data on each indicator and approved revising the targets for FFY 2016 - FFY 2018 for Indicator 3. In addition, a draft of the SPP/APR was widely available in December 2016 for stakeholders to review and submit written input.
Indicator 3: Early Childhood Outcomes

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

### FFY 2015 SPP/APR Data

Number of infants and toddlers with IFSPs assessed: 5425.00

<table>
<thead>
<tr>
<th>Outcome A: Positive social-emotional skills (including social relationships)</th>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>19.00</td>
<td>0.35%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1255.00</td>
<td>23.13%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>718.00</td>
<td>13.24%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1554.00</td>
<td>28.65%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>1879.00</td>
<td>34.64%</td>
</tr>
</tbody>
</table>

### FFY 2015 Part C State Performance Plan (SPP)/Annual Performance Report (APR) Data

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2014 Data</th>
<th>FFY 2015 Target</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (\frac{(c+d)}{(a+b+c+d)}).</td>
<td>2272.00</td>
<td>3546.00</td>
<td>65.14%</td>
<td>69.50%</td>
</tr>
<tr>
<td>A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program (\frac{(d+e)}{(a+b+c+d+e)}).</td>
<td>3433.00</td>
<td>5425.00</td>
<td>64.47%</td>
<td>66.40%</td>
</tr>
</tbody>
</table>

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

**Explanation of A1 Slippage**

Although Virginia's results declined from the previous year for both summary statements and for all three parts of Indicator 3, those decreases were only meaningfully different (based on the meaningful differences calculator developed by DaSY) for B1 and C1. All other changes were too small to be meaningfully different and may be attributable to random fluctuation alone.

Because Virginia has continued to focus heavily on data quality, the FFY 2015 results actually reflect continued improvement in data completeness and accuracy rather than slippage on performance. Improvement efforts targeted at program changes and use of evidence-based practices will take at least 3 years to impact child outcome results, since the improvement must be implemented, a child must enter the system after the improvement is fully implemented and a child must then leave the system in order for his/her entry and exit outcome ratings to reflect the improved practices. On the other hand, data quality improvements impact results immediately since they affect exit ratings for children already in the system.

Data quality efforts and impacts in FFY 2015 were as follows:

- State Technical Assistance Consultants and Monitoring Consultants worked with local system managers during regional meetings to review local child outcome data in detail, including local trend
In addition to general efforts to improve data quality on the child outcome ratings, there has been significant work in Virginia on infant mental health. The State Lead Agency and the Early Childhood Mental Health Virginia Initiative are collaborating to expand early intervention provider competence and confidence in assessing social-emotional development and supporting expanded use of the ASQ-SE screening tool as part of early intervention eligibility determination and assessment planning. As a result, there is increased awareness of infant mental health issues during assessment and more accurate and comprehensive assessment of children's social-emotional development.

### Explanation of A2 Slippage

Please see explanation in A1.

### Outcome B. Acquisition and use of knowledge and skills (including early language/communication)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Numerator</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>19.00</td>
<td>0.35%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1441.00</td>
<td>26.56%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>1170.00</td>
<td>21.56%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>1974.00</td>
<td>36.38%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>822.00</td>
<td>15.15%</td>
</tr>
</tbody>
</table>

### Explanation of B1 Slippage

Because Virginia has continued to focus heavily on data quality, the FFY 2015 results actually reflect continued improvement in data completeness and accuracy rather than slippage on performance. Improvement efforts targeted at program changes and use of evidence-based practices will take at least 3 years to impact child outcome results, since the improvement must be implemented, a child must enter the system after the improvement is fully implemented and a child must then leave the system in order for his/her entry and exit outcome ratings to reflect the improved practices. On the other hand,
Data quality improvements impact results immediately since they affect exit ratings for children already in the system.

Data quality efforts and impacts in FFY 2015 were as follows:

- State Technical Assistance Consultants and Monitoring Consultants worked with local system managers during regional meetings to review local child outcome data in detail, including local trend data, local data compared to state data, data quality indicators and data patterns. As a result of this regional work over the last 3 years, local system managers are now more routinely reviewing local child outcome data on their own, using pattern checking to identify and follow up on unusual patterns. In FFY 2015, local system managers reported seeing very few unusual data patterns that could not be explained by the child’s actual circumstances (i.e., the pattern may be unusual but the outcome ratings were appropriate given the child’s functional status).

- The monthly Infant & Toddler Connection of Virginia Update, which is sent to all local system managers and providers, included a new (identity-protected) child and family assessment summary each month that local teams and individuals can use to practice their ratings and test their inter-rater reliability with others. Local system managers and providers report using this information in an interactive way to support learning and discussion related to consistent child outcome ratings.

- There has been continued focus on increasing the percent of children exiting early intervention with complete child outcome data (both entry and exit data). The percent of children who have been in the early intervention system for at least 6 months and had both entry and exit data on the child outcomes increased from 75.5% in FFY 2012 to 78.8% in FFY 2013 to 85.4% in FFY 2014 and 91.4% in FFY 2015. This significant increase means that each year’s data includes a much broader spectrum of all children served in early intervention than the previous year’s data.

### Explanation of B2 Slippage

Please see explanation in B1.

### Outcome C: Use of appropriate behaviors to meet their needs

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Children</th>
<th>Percentage of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Infants and toddlers who did not improve functioning</td>
<td>16.00</td>
<td>0.29%</td>
</tr>
<tr>
<td>b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers</td>
<td>1341.00</td>
<td>24.72%</td>
</tr>
<tr>
<td>c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it</td>
<td>1072.00</td>
<td>19.76%</td>
</tr>
<tr>
<td>d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers</td>
<td>2201.00</td>
<td>40.57%</td>
</tr>
<tr>
<td>e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers</td>
<td>795.00</td>
<td>14.65%</td>
</tr>
</tbody>
</table>

### Numerator and Denominator

#### C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program (c+d)/(a+b+c+d).

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2014 Data</th>
<th>FFY 2015 Target</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3273.00</td>
<td>4630.00</td>
<td>73.37%</td>
<td>78.70%</td>
<td>70.69%</td>
</tr>
</tbody>
</table>

**Status**: Did Not Meet Target **Slippage**: Slippage

#### C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program (d+e)/(a+b+c+d+e).

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Denominator</th>
<th>FFY 2014 Data</th>
<th>FFY 2015 Target</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2996.00</td>
<td>5425.00</td>
<td>55.46%</td>
<td>56.40%</td>
<td>55.23%</td>
</tr>
</tbody>
</table>

**Status**: Did Not Meet Target **No Slippage**

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

### Explanation of C1 Slippage

Please see explanation in B1.

**Was sampling used?** No

12/15/2016
Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)?  Yes

Provide additional information about this indicator (optional)

Note: Although the COSF (form) itself is not used, Virginia uses the COSF process to set the criteria for "same-aged peers."

In addition to improvement activities focused on data quality (as described in the Explanation section of A1), Virginia also implemented a number of program improvement activities in FFY 2015 aimed at improving outcomes for children. Many of these program improvement activities are detailed in Virginia's State Systemic Improvement Plan (SSIP), which is described and included in Indicator 11. While the SSIP is focused on improving results on Indicator 3c, the improvements strategies, activities and steps are expected to have a positive impact on all child outcomes. SSIP and other activities completed in FFY 2015 and early FFY 2016 include the following:

- Statewide webinars and web discussions addressed topics related to quality early intervention practices: Frequency and Length of Early Intervention Services; Infant & Toddler Feeding Challenges; Using a Primary Provider Approach to EI Service Delivery; Using BCBAs as Providers of Developmental Services; Approaching Families about Early Childhood Mental Health Care; and Traumatic Brain Injury in the Young Child
- State Lead Agency and State Professional Development staff continued to support local system managers and providers in using evidence-based practices (specifically, coaching and natural learning environment practices) in all interactions with families. A Coaching Facilitation Guide was published in early FFY 2015. This 129-page resource is designed to help Virginia's master coaches lead a book study using the Early Childhood Coaching Handbook (Rush and Shelden, 2011) and facilitate learning activities at local staff/provider meetings about coaching and natural learning environments practices. A member of the Infant & Toddler Connection of Virginia professional development team implemented a 6-month project supporting two cohorts of local representatives in using the Coaching Facilitation Guide with local staff and providers. Based on very positive evaluation results from the two initial cohorts, the project will be repeated with additional cohorts in FFY 2016.
- Infant & Toddler Connection of Virginia professional development staff continue to support a blog on early intervention strategies for success as a mechanism for discussions about implementing evidence-based early intervention supports and services.
- The EI Activity Note template (available for providers to use for documenting intervention visits) was revised to prompt documentation of ongoing functional assessment information and to better reflect coaching practices, including joint planning. Better documentation of ongoing functional assessment is expected to increase the percentage of children who leave early intervention with accurate exit ratings on the child outcomes and to support effective ongoing service planning and delivery. Aligning the activity note with coaching and natural learning environment practices will support consistent and sustainable implementation of these evidence-based practices.
- The State Lead Agency worked with the state Medicaid agency, the Department of Medical Assistance Services, to expand the period over which service frequency can be planned (from one month to six months). This change facilitates flexibility and individualization of service planning and delivery and better aligns with coaching practices.
- An annual Provider Implementation Survey, which examines provider use of evidence-based practices in functional assessment, the child outcome rating process, coaching and natural learning environment practices, was implemented for the first time in October 2016. Results will be used to identify additional professional development and supports needed and to evaluate improvement efforts.
Indicator 3: Early Childhood Outcomes
Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments
Results indicator: 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)

Actions required in FFY 2014 response
none

Responses to actions required in FFY 2014 response
Indicator 4: Family Involvement

Historical Data and Targets

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Historical Data

<table>
<thead>
<tr>
<th>Baseline Year</th>
<th>FFY</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>A 2011 Target ≥</td>
<td></td>
<td>66.20%</td>
<td>66.90%</td>
<td>67.70%</td>
<td>70.50%</td>
<td>71.50%</td>
<td>76.40%</td>
<td>76.40%</td>
<td>76.40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td></td>
<td>67.20%</td>
<td>66.10%</td>
<td>70.80%</td>
<td>69.50%</td>
<td>70.10%</td>
<td>72.30%</td>
<td>76.87%</td>
<td>76.44%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B 2011 Target ≥</td>
<td></td>
<td>62.20%</td>
<td>62.70%</td>
<td>63.50%</td>
<td>67.80%</td>
<td>68.80%</td>
<td>73.20%</td>
<td>73.20%</td>
<td>74.40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td></td>
<td>64.70%</td>
<td>62.30%</td>
<td>67.30%</td>
<td>66.80%</td>
<td>67.60%</td>
<td>70.30%</td>
<td>74.53%</td>
<td>74.39%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C 2011 Target ≥</td>
<td></td>
<td>78.00%</td>
<td>78.60%</td>
<td>79.50%</td>
<td>80.60%</td>
<td>81.30%</td>
<td>84.90%</td>
<td>84.90%</td>
<td>84.90%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data</td>
<td></td>
<td>77.50%</td>
<td>77.50%</td>
<td>80.60%</td>
<td>80.30%</td>
<td>80.00%</td>
<td>81.90%</td>
<td>84.83%</td>
<td>83.87%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key:  
Gray – Data Prior to Baseline  
Yellow – Baseline  
Blue – Data Update

FFY 2015 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target A ≥</td>
<td>76.40%</td>
<td>76.40%</td>
<td>76.40%</td>
<td>80.00%</td>
</tr>
<tr>
<td>Target B ≥</td>
<td>74.40%</td>
<td>74.40%</td>
<td>74.40%</td>
<td>77.00%</td>
</tr>
<tr>
<td>Target C ≥</td>
<td>84.90%</td>
<td>84.90%</td>
<td>84.90%</td>
<td>88.00%</td>
</tr>
</tbody>
</table>

Key: Blue – Data Update

Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the State Performance Plan/Annual Performance Report (SPP/APR). During a VICC meeting on December 14, 2016, VICC members reviewed FFY 2015 data on each indicator. The VICC approved maintaining the targets for FFY 2016 - FFY 2018 for Indicator 4. In addition, a draft of the SPP/APR was widely available in December 2016 for stakeholders to review and submit written input.
Indicator 4: Family Involvement

**FFY 2015 Data**

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

<table>
<thead>
<tr>
<th>FFY 2015 SPP/APR Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondent families participating in Part C</td>
<td>1105.00</td>
</tr>
<tr>
<td>A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights</td>
<td>856.00</td>
</tr>
<tr>
<td>A2. Number of responses to the question of whether early intervention services have helped the family know their rights</td>
<td>1105.00</td>
</tr>
<tr>
<td>B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs</td>
<td>824.00</td>
</tr>
<tr>
<td>B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children’s needs</td>
<td>1105.00</td>
</tr>
<tr>
<td>C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn</td>
<td>947.00</td>
</tr>
<tr>
<td>C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn</td>
<td>1105.00</td>
</tr>
</tbody>
</table>

**FFY 2015 Data**

<table>
<thead>
<tr>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights</td>
<td>75.59%</td>
<td>76.40%</td>
</tr>
<tr>
<td>B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs</td>
<td>72.10%</td>
<td>74.40%</td>
</tr>
<tr>
<td>C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn</td>
<td>85.44%</td>
<td>84.90%</td>
</tr>
</tbody>
</table>

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

Virginia's family survey uses the Impact on Families Scale developed and validated by the National Center for Special Education Accountability Monitoring (NCSEAM). Surveys were mailed to all families receiving early intervention supports and services on December 1, 2015. Surveys were returned by 1,936 families receiving early intervention services. This represents a response rate of 24.7%. From the 1,936 responses to the FFY 2015 family survey, a random sample of 1,105 families reflecting the distribution of race/ethnicity in the population of families served under Part C in Virginia was selected for data analysis. Although not selected specifically for gender, the representative sample was also representative of the gender of children receiving services under Part C in Virginia.

Distribution of Child’s Race/Ethnicity in the Representative Sample

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
</table>

12/15/2016
Distribution of Child’s Gender in the Representative Sample

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>690</td>
<td>62.4%</td>
</tr>
<tr>
<td>Female</td>
<td>408</td>
<td>36.9%</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>0.6%</td>
</tr>
<tr>
<td>Total</td>
<td>1105</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: The distribution of gender for the children receiving early intervention services in Virginia is: Male = 62.1%; Female = 37.8%; Missing = 0.06%

The sample of 1,105 families exceeds the minimum number required for an adequate confidence level based on established survey sample guidelines, providing a high degree of confidence that the results of the survey accurately reflect the degree to which families have achieved the outcomes in Indicator 4.

The data gathered were analyzed according to specifications identified by NCSEAM in order to determine the actual target data. Of the 1,105 respondents included in the representative sample, all had valid responses to the Impact on Families Scale of the survey. In order to report the percent of families who indicate that early intervention services helped them achieve the specific outcomes (a, b, c) in Indicator 4, it is necessary to establish a standard for each of the outcomes. The standard is set at a score that provides a high degree of confidence that if a family’s score is at or above that standard for a given outcome, then the family has achieved the outcome. Virginia applies the Part C standards recommended by a nationally representative stakeholder group convened by NCSEAM. These standards generally require that the family strongly or very strongly agree with survey items.

Was sampling used? No
Was a collection tool used? Yes
Is it a new or revised collection tool? No
- Yes, the data accurately represent the demographics of the State
- No, the data does not accurately represent the demographics of the State

Provide additional information about this indicator (optional)

In addition to Virginia’s performance on the family outcomes that comprise Indicator 4, other sources of data support Virginia’s effective use of evidence-based practices resulting in positive experiences and outcomes for families as a result of participating in early intervention:
Responses to four Virginia-specific questions on the annual family survey indicate that 94% of families agree, strongly agree or very strongly agree that the early intervention services provided to their child and family helped reach the outcomes/goals that are important to their family; 94%, that they could
easily get in touch with their service coordinator; 95%, that what they say about their child and family is understood and respected; and 96%, that the people who work with their child and family answer their questions.

Phone surveys completed with families as part of Medicaid Quality Management Reviews indicate 100% of families report their child improved as a result of early intervention, 99% report they were shown how to help their child's learning and development, and 97% were satisfied with their early intervention services.

Virginia implemented a number of activities in FFY 2015 and early FFY 2016 to support continued improvement in family outcomes. These included, but were not limited to, the following:

- The complete analysis of the FFY 2015 family survey data and a summary version of the analysis were posted to the Infant & Toddler Connection of Virginia website and discussed during statewide and regional meetings of local system managers.
- Local systems were provided with local response data for each item on the FFY 2015 family survey, as well as local response rate data. Technical Assistance Consultants and Monitoring Consultants supported local system managers in analyzing, interpreting and using local survey results, together with other data and resources, to identify local improvement strategies.
- State Lead Agency and State Professional Development staff continued to support local system managers and providers in using evidence-based practices (specifically, coaching and natural learning environment practices) in all interactions with families. A Coaching Facilitation Guide was published in early FFY 2015. This 129-page resource is designed to help Virginia's master coaches lead a book study using the Early Childhood Coaching Handbook (Rush and Shelden, 2011) and facilitate learning activities at local staff/provider meetings about coaching and natural learning environments practices. A member of the Infant & Toddler Connection of Virginia professional development team implemented a 6-month project supporting two cohorts of local representatives in using the Coaching Facilitation Guide with local staff and providers. Based on very positive evaluation results from the two initial cohorts, the project will be repeated with additional cohorts in FFY 2016.
- Infant & Toddler Connection of Virginia professional development staff continue to support a blog on early intervention strategies for success as a mechanism for discussions about implementing evidence-based early intervention supports and services.
- TheARC of Virginia continues to administer New Path, a support network for families in early intervention that is designed to help families navigate the early intervention system. A monthly newsletter and blog provide resources and information for families.
- Infant & Toddler Connection of Virginia staff participated in national conferences and webinars in order to increase knowledge and skills related to data quality and analysis of family outcome data at the state and local levels.

A 1-page information sheet on statewide child and family outcome results was developed by state staff and disseminated to families through the ARC of Virginia and local systems and posted to the Information for Families section of the Infant & Toddler Connection of Virginia website. This information sheet is updated and released annually.

Families remained engaged with the Department of Behavioral Health and Developmental Services in developing and implementing Virginia's State Systemic Improvement Plan (SSIP). Families have participated through the Virginia Interagency Coordinating Council (VICC), state leadership teams, stakeholder groups, and webinars. Through this participation, families have helped ensure the SSIP includes steps and activities that will support positive family outcomes in addition to improved performance on the targeted child outcome. Many of these steps and activities are underway in FFY 2016. Please see Indicator 11 for more information.

In order to increase the response rate on the family survey, Virginia is implementing the following changes for the FFY 2016 survey:
- Adding the Infant & Toddler Connection of Virginia logo, coupled with the "Help us improve early intervention services" message on the outgoing survey envelope;
- Adding the Infant & Toddler Connection of Virginia logo on the survey itself;
- Revising the flyer announcing the survey to include pictures of families and to be more concise;
- Making the flyer available to local systems for printing and posting/distributing (in addition to the flyer being mailed directly to families); and
- Offering a web-based option for families to complete the survey (in addition to a postage-paid envelope for mail return, which was previously the only option).
Indicator 4: Family Involvement
Required Actions from FFY 2014

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: 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)

Actions required in FFY 2014 response
none

Responses to actions required in FFY 2014 response
Indicator 5: Child Find (Birth to One)
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Child Find
Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.
(20 U.S.C. 1416(a)(3)(B) and 1442)

### Historical Data

<table>
<thead>
<tr>
<th>Baseline Data: 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
</tr>
<tr>
<td>Data</td>
</tr>
</tbody>
</table>

**Key:**
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>1.20%</td>
<td>1.20%</td>
<td>1.20%</td>
<td>1.26%</td>
</tr>
</tbody>
</table>

**Key:**
- Blue – Data Update

### Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the State Performance Plan/Annual Performance Report (SPP/APR). During a VICC meeting on December 14, 2016, VICC members reviewed FFY 2015 data on each indicator and approved maintaining the targets for FFY 2016 - FFY 2018 for Indicator 5. Since there has been fluctuation in Virginia's birth to one child count over the years, revised targets will be considered only after results are maintained above the FFY 2018 target for a second year.

In addition, a draft of the SPP/APR was widely available in December 2016 for stakeholders to review and submit written input.
## Indicator 5: Child Find (Birth to One)

**FFY 2015 Data**

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

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

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

### Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
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<tbody>
<tr>
<td>SY 2015-16 Child Count/Educational Environment Data Groups</td>
<td>7/14/2016</td>
<td>Number of infants and toddlers birth to 1 with IFSPs</td>
<td>1,515</td>
<td>null</td>
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<tr>
<td>U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015</td>
<td>6/30/2016</td>
<td>Population of infants and toddlers birth to 1</td>
<td>102,863</td>
<td>null</td>
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### FFY 2015 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 1 with IFSPs</th>
<th>Population of infants and toddlers birth to 1</th>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
<th>FFY 2015 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,515</td>
<td>102,863</td>
<td>1.05%</td>
<td>1.20%</td>
<td>1.47%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)
Indicator 5: Child Find (Birth to One)
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Child Find
Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2014 response</th>
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<tbody>
<tr>
<td>none</td>
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</table>

<table>
<thead>
<tr>
<th>Responses to actions required in FFY 2014 response</th>
</tr>
</thead>
</table>
Indicator 6: Child Find (Birth to Three)

**Historical Data and Targets**

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

### Historical Data

**Baseline Data: 2005**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Data</td>
<td>1.72%</td>
<td>1.78%</td>
<td>1.92%</td>
<td>1.99%</td>
<td>1.95%</td>
<td>2.43%</td>
<td>2.77%</td>
<td>2.72%</td>
<td>2.76%</td>
<td>2.87%</td>
<td></td>
</tr>
</tbody>
</table>

Key:  
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target ≥</td>
<td>2.76%</td>
<td>2.76%</td>
<td>2.76%</td>
<td>2.89%</td>
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</table>

Key: Blue – Data Update

### Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) served as the primary stakeholder group providing advice and assistance to the State Lead Agency in the development of the State Performance Plan/Annual Performance Report (SPP/APR). During a VICC meeting on December 14, 2016, VICC members reviewed FFY 2015 data on each indicator and approved maintaining the targets for FFY 2016 - FFY 2018 for Indicator 6. Since there has been some fluctuation in Virginia’s birth to three child count over the years, revised targets will be considered only after results are maintained above the FFY 2018 target for a second year.

In addition, a draft of the SPP/APR was widely available in December 2016 for stakeholders to review and submit written input.
**Indicator 6: Child Find (Birth to Three)**  
**FFY 2015 Data**

*Monitoring Priority: Effective General Supervision Part C / Child Find*
*Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.*

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

### Prepopulated Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>SY 2015-16 Child Count/Educational Environment Data Groups</td>
<td>7/14/2016</td>
<td>Number of infants and toddlers birth to 3 with IFSPs</td>
<td>9,169</td>
<td></td>
</tr>
<tr>
<td>U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2015</td>
<td>6/30/2016</td>
<td>Population of infants and toddlers birth to 3</td>
<td>308,543</td>
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### FFY 2015 SPP/APR Data

<table>
<thead>
<tr>
<th>Number of infants and toddlers birth to 3 with IFSPs</th>
<th>Population of infants and toddlers birth to 3</th>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
<th>FFY 2015 Data</th>
<th>Status</th>
<th>Slippage</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,169</td>
<td>308,543</td>
<td>2.87%</td>
<td>2.76%</td>
<td>2.97%</td>
<td>Met Target</td>
<td>No Slippage</td>
</tr>
</tbody>
</table>

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)
Indicator 6: Child Find (Birth to Three)
Required Actions from FFY 2014

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

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2014 response</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responses to actions required in FFY 2014 response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Indicator 7: 45-day timeline

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

### Historical Data

**Baseline Data: 2005**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td>Data</td>
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<td></td>
</tr>
</tbody>
</table>

Key:  
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Indicator 7: 45-day timeline
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

<table>
<thead>
<tr>
<th>FFY 2014 SPP/APR Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline</td>
</tr>
<tr>
<td>1,594</td>
</tr>
</tbody>
</table>

* FFY 2013 Data and FFY 2014 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline)

439

What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).

Data reflects all children referred from October 1, 2015 through December 31, 2015 and evaluated and assessed and for whom an IFSP meeting was required to be conducted.

Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Although the data collected for FFY 2015 were from the second quarter of the fiscal year, Virginia has determined that these data accurately reflect data for infants and toddlers with IFSPs for the full fiscal year based on the following:

- The Commonwealth's compliance percentage was similar each year from FFY 2008 through FFY 2012 (97% - 99%) when data were collected in the second quarter of the fiscal year as they were in FFY 2007 (98%) when data were from the fourth quarter. There appears to be no difference in performance at different times of the year.
- The data collected in FFY 2015 included all children who were referred in the given quarter who were evaluated and assessed and for whom an initial IFSP meeting was required to be conducted. Therefore, the data is representative of all local systems and of the population of children served in Virginia's Part C system in terms of race/ethnicity, gender, age and reason for eligibility.

Provide additional information about this indicator (optional)
Indicator 7: 45-day timeline
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Child Find

Compliance indicator: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

| Actions required in FFY 2014 response | none |

| Responses to actions required in FFY 2014 response, not including correction of findings |  |
Indicator 7: 45-day timeline
Correction of Previous Findings of Noncompliance

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

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial 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)

### Correction of Findings of Noncompliance Identified in FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### FFY 2014 Findings of Noncompliance Verified as Corrected

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

In order to verify that the local system is correctly implementing the regulatory requirements for Indicator 7, the State Lead Agency reviewed data from ITOTS, the state Part C data system, for either 3 or 5 (depending on the size of the local system) state-selected, eligible infants and toddlers who were referred to the given local system during a recent 1-month period, and for whom an initial IFSP meeting was required to be conducted, to determine whether the initial evaluation, assessment and IFSP meeting were held within the required 45-day timeline. To confirm the accuracy of the ITOTS data used for verification of correction, local systems were required to submit (or state staff view on site) the documentation from the records of these children showing completion of the initial evaluation, assessment and IFSP meeting and documenting the mitigating circumstances if the timeline was exceeded.

The State Lead Agency has verified that, based on updated data, all EIS programs with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR are correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Describe how the State verified that each individual case of noncompliance was corrected**

For each local system with a finding of noncompliance on Indicator 7, state Part C staff used ITOTS to verify that for each instance of noncompliance involved in the FFY 2014 finding, the child did have an initial evaluation, assessment and IFSP meeting, though late. The State Lead Agency has verified that each EIS program with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR has held an initial evaluation, assessment and IFSP meeting for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

### Correction of Findings of Noncompliance Identified Prior to FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
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</tbody>
</table>
Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resided at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### FFY 2015 SPP/APR Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of toddlers with disabilities exiting Part C</td>
<td>8,149</td>
</tr>
<tr>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>2,674</td>
</tr>
</tbody>
</table>
Indicator 8A: Early Childhood Transition

Historical Data and Targets

Baseline Data: 2005

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Historical Data

**Baseline Data: 2005**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
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<td></td>
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</tr>
<tr>
<td>Data</td>
<td>86.00%</td>
<td>96.00%</td>
<td>99.00%</td>
<td>98.00%</td>
<td>88.00%</td>
<td>93.00%</td>
<td>98.00%</td>
<td>99.40%</td>
<td>99.60%</td>
<td>98.23%</td>
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**Key:**
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Indicator 8A: Early Childhood Transition

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 SPP/APR Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
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</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>11/4/2016</td>
<td>Number of toddlers with disabilities exiting Part C</td>
<td>8,149</td>
<td>510</td>
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<td>Indicator 8</td>
<td>11/4/2016</td>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>2,674</td>
<td>510</td>
</tr>
</tbody>
</table>

Explanation of Alternate Data

Data for indicator 8A are based on state monitoring through local record reviews. The number of records reviewed and the process for selecting local records for review are described in the section below on methods used to select EIS programs for monitoring. The total number of children in the record review was 510 and all were potentially eligible for Part B.

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday.

Yes

No

<table>
<thead>
<tr>
<th>Number of children exiting Part C who have an IFSP with transition steps and services</th>
<th>Number of toddlers with disabilities exiting Part C</th>
<th>FFY 2014 Data</th>
<th>FFY 2015 Target</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>339</td>
<td>510</td>
<td>98.23%</td>
</tr>
</tbody>
</table>

Status

Did Not Meet Target

Slippage

Slippage

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of children exiting Part C who have an IFSP with transition steps and services) 94

Explanation of Slippage

Slippage on this indicator is primarily the result of insufficient local training about and oversight of transition requirements. In depth data verification by state lead agency staff on the local record review results submitted for Indicators 8A, 8B, and 8C also identified some local system misunderstandings related to transition requirements and record review instructions. Instances of noncompliance were almost exclusively due to incomplete transition plans in the IFSP rather than timeliness of developing the transition plan. A total of 19 local systems had some level of noncompliance with Indicator 8A in FFY 2015. Seven (7) of those local systems accounted for 68% of the statewide noncompliance, while the remaining 12 local systems had more isolated instances of noncompliance.
Upon identifying the extent of noncompliance related to Indicator 8A, the State Lead Agency took the following actions to support timely local correction of noncompliance and improved transition planning for children and families:

- Partnered with the Virginia Department of Education to (1) present a 2-part statewide webinar series for local system managers, service coordinators, and Part B staff to review the federal and state transition requirements and discuss strategies for local collaboration and communication to effectively implement those requirements, and (2) present to local school system preschool special education leaders at a statewide meeting on the federal and state transition requirements and strategies for local collaboration and communication to effectively implement those requirements.
- Reviewed transition requirements with all local system managers at regional meetings.
- Met individually with local system managers in those local systems with the most extensive noncompliance and those not able to immediately correct noncompliance, assisting them to develop and implement improvement strategies.
- Provided training on transition requirements to individual local systems in order to address local needs and issues.
- Published a transition "refresher" in the monthly Update that is sent to all local system managers and providers. This article included a tip sheet of reminders about each of the transition requirements monitored through the SPP/APR, specifying the requirement itself, purpose, timelines and documentation. The tip sheet also reminded local system managers of their responsibilities related to ongoing monitoring and oversight of local compliance with the transition requirements.

As of August, 2016, the State Lead Agency had verified that 15 of the 19 local systems have corrected their FFY 2015 noncompliance, including 5 of the 7 with the highest levels of noncompliance. Correction of the remaining findings of noncompliance will be verified through the annual local record review process.

What is the source of the data provided for this indicator?
- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data for FFY 2015 is based on monitoring data from all 40 local systems in Virginia and was gathered through local record reviews. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system from those children who exited early intervention between August 1, 2015 and December 31, 2015. The number of records to be reviewed was based on the number of children in the local system who exited early intervention between August 1, 2015 and December 31, 2015 with a transition destination of public school/Part B eligible:

- 0-9 children exited, reviewed all records
- 10-20 children exited, reviewed 10 records
- 21-100 children exited, reviewed 15 records
- 101-300 children exited, reviewed 20 records
- Over 300 children exited, reviewed 30 records

Provide additional information about this indicator (optional)
Indicator 8A: Early Childhood Transition
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

<table>
<thead>
<tr>
<th>Actions required in FFY 2014 response</th>
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<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responses to actions required in FFY 2014 response, <strong>not including correction of findings</strong></th>
</tr>
</thead>
</table>
**Indicator 8A: Early Childhood Transition**  
**Correction of Previous Findings of Noncompliance**

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

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Correction of Findings of Noncompliance Identified in FFY 2014**

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**FFY 2014 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

In order to verify correction of noncompliance on Indicators 8A, 8B and 8C, the State Lead Agency selected a random sample of either 3 or 5 records (depending on the size of the local system) of children who had recently transitioned out of early intervention, and the local system submitted the documentation from those records showing the transition steps and services, notification and/or transition conference and the reasons for any deviation from the required timeline for the given transition activity. State staff members reviewed the documentation in order to verify that the local system is now correctly implementing the transition requirement.

The State Lead Agency has verified that based on updated data, all EIS programs with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR are correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

*Describe how the State verified that each individual case of noncompliance was corrected*

For each local system with a finding of noncompliance on Indicator 8A, state Part C staff used record review data to verify that for each instance of noncompliance involved in a FFY 2014 finding, the child had transition steps and services added to the IFSP, though late, unless the child had already transitioned out of the Part C early intervention system by the time the noncompliance was identified. The State Lead Agency has verified that each EIS program with noncompliance identified in FFY 2014 and reported by Virginia in the FFY 2014 APR has added transition steps and services in the IFSP for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified Prior to FFY 2014**

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Indicator 8B: Early Childhood Transition

Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

Historical Data

Baseline Data: 2005

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</thead>
<tbody>
<tr>
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<td>99.80%</td>
<td>89.27%</td>
<td>91.34%</td>
<td></td>
</tr>
</tbody>
</table>

Key:  
Gray – Data Prior to Baseline  
Yellow – Baseline  
Blue – Data Update

FFY 2015 - FFY 2018 Targets

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
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<td>100%</td>
<td>100%</td>
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</tr>
</tbody>
</table>
Indicator 8B: Early Childhood Transition
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
- Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
- Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### FFY 2015 SPP/APR Data

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>11/4/2016</td>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>2,674</td>
<td>510</td>
</tr>
</tbody>
</table>

**Explanation of Alternate Data**

Data for Indicator 8B are based on state monitoring through local record reviews. The number of records reviewed and the process for selecting local records for review are described in the section below on methods used to select EIS programs for monitoring. The total number of children in the record review was 510 and all were potentially eligible for Part B.

Data include notification to both the SEA and LEA

- Yes
- No

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
<th>FFY 2015 Data</th>
<th>Status</th>
<th>Slippage</th>
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</thead>
<tbody>
<tr>
<td>455</td>
<td>510</td>
<td>91.34%</td>
<td>100%</td>
<td>92.48%</td>
<td>Did Not Meet Target</td>
<td>No Slippage</td>
</tr>
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</table>

* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of parents who opted out (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)

- 18

**Describe the method used to collect these data**

Data for FFY 2015 is based on monitoring data from all 40 local Part C systems in Virginia and was gathered through local record reviews. The number of records reviewed and the process for selecting local records for review are described below in the section on methods used to select EIS programs for monitoring.

Do you have a written opt-out policy? Yes
What is the source of the data provided for this indicator?

- State monitoring
- State database

Describe the method used to select EIS programs for monitoring.

Data for FFY 2015 is based on monitoring data from all 40 local systems in Virginia and was gathered through local record reviews. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system from those children who exited early intervention between August 1, 2015 and December 31, 2015. The number of records to be reviewed was based on the number of children in the local system who exited early intervention between August 1, 2015 and December 31, 2015 with a transition destination of public school/Part B eligible:

- 0-9 children exited, reviewed all records
- 10-20 children exited, reviewed 10 records
- 21-100 children exited, reviewed 15 records
- 101-300 children exited, reviewed 20 records
- Over 300 children exited, reviewed 30 records

Provide additional information about this indicator (optional)

Virginia demonstrated some improvement on Indicator 8B from FFY 2014 to FFY 2015 and continues to work to ensure transition notification is sent in a timely manner to both the local school division and the Virginia Department of Education. In almost all instances where the transition requirement was not fully met, there was timely notification to the local school division but notification to the Virginia Department of Education was either late or missing. Four (4) local systems accounted for most of the statewide noncompliance, though there were also a number of local systems with more isolated instances of noncompliance with the transition notification requirement.

Since record review results and data verification conducted by State Lead Agency staff indicate some misunderstandings related to all of the transition requirements and a lack of system oversight in some local systems, the State Lead Agency took the following actions to support timely local correction of noncompliance and improved transition planning for children and families:

- Partnered with the Virginia Department of Education to (1) present a 2-part statewide webinar series for local system managers, service coordinators, and Part B staff to review the federal and state transition requirements and discuss strategies for local collaboration and communication to effectively implement those requirements, and (2) present to local school system preschool special education leaders at a statewide meeting on the federal and state transition requirements and strategies for local collaboration and communication to effectively implement those requirements.
- Reviewed transition requirements with all local system managers at regional meetings.
- Met individually with local system managers in those local systems with the most extensive noncompliance and those not able to immediately correct noncompliance, assisting them to develop and implement improvement strategies.
- Provided training on transition requirements to individual local systems in order to address local needs and issues.
- Published a transition "refresher" in the monthly Update that is sent to all local system managers and providers. This article included a tip sheet of reminders about each of the transition requirements monitored through the SPP/APR, specifying the requirement itself, purpose, timelines and documentation. The tip sheet also reminded local system managers of their responsibilities related to ongoing monitoring and oversight of local compliance with the transition requirements.

As of August, 2016, the State Lead Agency had verified that 11 of the 14 local systems have corrected their FFY 2015 noncompliance with Indicator 8B. Correction of the remaining findings of noncompliance will be verified through the annual local record review process.
Indicator 8B: Early Childhood Transition
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

Actions required in FFY 2014 response

none

Responses to actions required in FFY 2014 response, not including correction of findings
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

### Correction of Findings of Noncompliance Identified in FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
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</tbody>
</table>

### FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to verify correction of noncompliance on Indicators 8A, 8B and 8C, the State Lead Agency selected a random sample of either 3 or 5 records (depending on the size of the local system) of children who had recently transitioned out of early intervention, and the local system submitted the documentation from those records showing the transition steps and services, notification and/or transition conference and the reasons for any deviation from the required timeline for the given transition activity. State staff members reviewed the documentation in order to verify that the local system is now correctly implementing the transition requirement.

The State Lead Agency has verified that based on updated data, all EIS programs with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR are correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State verified that each individual case of noncompliance was corrected

For each local system with a finding of noncompliance on Indicator 8B, state Part C staff used record review data to verify that for each instance of noncompliance involved in a FFY 2014 finding, transition notification occurred, though late, unless the child had already transitioned out of the Part C early intervention system by the time the noncompliance was identified. The State Lead Agency has verified that each EIS program with noncompliance identified in FFY 2014 and reported by Virginia in the FFY 2014 APR has completed the transition notification for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

### Correction of Findings of Noncompliance Identified Prior to FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>
Indicator 8C: Early Childhood Transition
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

<table>
<thead>
<tr>
<th>Historical Data</th>
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<tbody>
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<td><strong>Baseline Data: 2005</strong></td>
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<table>
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</thead>
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</tbody>
</table>

Key:  
Gray – Data Prior to Baseline  
Yellow – Baseline  
Blue – Data Update

<table>
<thead>
<tr>
<th>FFY 2015 - FFY 2018 Targets</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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</tbody>
</table>
Indicator 8C: Early Childhood Transition

FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

FFY 2015 SPP/APR Data

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<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
<th>Data</th>
<th>Overwrite Data</th>
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</thead>
<tbody>
<tr>
<td>Indicator 8</td>
<td>11/4/2016</td>
<td>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</td>
<td>2,674</td>
<td>510</td>
</tr>
</tbody>
</table>

Explanation of Alternate Data

Data for indicator 8C are based on state monitoring through local record reviews. The number of records reviewed and the process for selecting local records for review are described in the section below on methods used to select EIS programs for monitoring. The total number of children in the record review was 510 and all were potentially eligible for Part B.

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services

<table>
<thead>
<tr>
<th>Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B</th>
<th>Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B</th>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
<th>FFY 2015 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>229</td>
<td>510</td>
<td>97.90%</td>
<td>100%</td>
<td>88.62%</td>
</tr>
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* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Number of toddlers for whom the parent did not provide approval for the transition conference (this number will be subtracted from the number of toddlers with disabilities exiting Part C who were potentially eligible for Part B when calculating the FFY 2014 Data)

Number of documented delays attributable to exceptional family circumstances (this number will be added to the Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B)

Explanation of Slippage

Slippage on this indicator is primarily the result of insufficient local training about and oversight of transition requirements. In depth data verification by state lead agency staff on the local record review results submitted for Indicators 8A, 8B, and 8C also identified some local system misunderstandings related to transition requirements and record review instructions. Two (2) local systems accounted for 68% of the statewide noncompliance with Indicator 8C, and these same 2 local systems were among the
Upon identifying the extent of noncompliance related to Indicator 8C, the State Lead Agency took the following actions to support timely local correction of noncompliance and improved transition planning for children and families:

- Partnered with the Virginia Department of Education to (1) present a 2-part statewide webinar series for local system managers, service coordinators, and Part B staff to review the federal and state transition requirements and discuss strategies for local collaboration and communication to effectively implement those requirements, and (2) present to local school system preschool special education leaders at a statewide meeting on the federal and state transition requirements and strategies for local collaboration and communication to effectively implement those requirements.
- Reviewed transition requirements with all local system managers at regional meetings.
- Met individually with local system managers in those local systems with the most extensive noncompliance and those not able to immediately correct noncompliance, assisting them to develop and implement improvement strategies.
- Provided training on transition requirements to individual local systems in order to address local needs and issues.
- Published a transition "refresher" in the monthly Update that is sent to all local system managers and providers. This article included a tip sheet of reminders about each of the transition requirements monitored through the SPP/APR, specifying the requirement itself, purpose, timelines and documentation. The tip sheet also reminded local system managers of their responsibilities related to ongoing monitoring and oversight of local compliance with the transition requirements.

As of August, 2016, the State Lead Agency had verified that 8 of the 10 local systems have corrected their FFY 2015 noncompliance, including both of the local systems with the highest levels of noncompliance. Correction of the remaining findings of noncompliance will be verified through the annual local record review process.

**What is the source of the data provided for this indicator?**

- State monitoring
- State database

**Describe the method used to select EIS programs for monitoring.**

Data for FFY 2015 is based on monitoring data from all 40 local systems in Virginia and was gathered through local record reviews. The State Lead Agency randomly selected the children whose records were to be reviewed by the local system from those children who exited early intervention between August 1, 2015 and December 31, 2015. The number of records to be reviewed was based on the number of children in the local system who exited early intervention between August 1, 2015 and December 31, 2015 with a transition destination of public school/Part B eligible:

- 0-9 children exited, reviewed all records
- 10-20 children exited, reviewed 10 records
- 21-100 children exited, reviewed 15 records
- 101-300 children exited, reviewed 20 records
- Over 300 children exited, reviewed 30 records

**Provide additional information about this indicator (optional)**
**Indicator 8C: Early Childhood Transition**

**Required Actions from FFY 2014**

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

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

**Actions required in FFY 2014 response**

none

**Responses to actions required in FFY 2014 response, not including correction of findings**


Indicator 8C: Early Childhood Transition
Correction of Previous Findings of Noncompliance

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;
B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and
C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

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

Correction of Findings of Noncompliance Identified in FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Identified</th>
<th>Findings of Noncompliance Verified as Corrected Within One Year</th>
<th>Findings of Noncompliance Subsequently Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
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<tbody>
<tr>
<td>4</td>
<td>4</td>
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FFY 2014 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements

In order to verify correction of noncompliance on Indicators 8A, 8B and 8C, the State Lead Agency selected a random sample of either 3 or 5 records (depending on the size of the local system) of children who had recently transitioned out of early intervention, and the local system submitted the documentation from those records showing the transition steps and services, notification and/or transition conference and the reasons for any deviation from the required timeline for the given transition activity. State staff members reviewed the documentation in order to verify that the local system is now correctly implementing the transition requirement.

The State Lead Agency has verified that based on updated data, all EIS programs with noncompliance identified in FFY 2014 and reported by Virginia under this indicator in the FFY 2014 APR are correctly implementing the specific regulatory requirements, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State verified that each individual case of noncompliance was corrected

For each local system with a finding of noncompliance on Indicator 8C, state Part C staff used record review data to verify that for each instance of noncompliance involved in a FFY 2014 finding, the transition conference occurred, though late, unless the child had already transitioned out of the Part C early intervention system by the time the noncompliance was identified. The State Lead Agency has verified that each EIS program with noncompliance identified in FFY 2014 and reported by Virginia in the FFY 2014 APR held a transition conference for each child, although late, unless the child is no longer within the jurisdiction of the EIS program, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Correction of Findings of Noncompliance Identified Prior to FFY 2014

<table>
<thead>
<tr>
<th>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2014 APR</th>
<th>Findings of Noncompliance Verified as Corrected</th>
<th>Findings Not Yet Verified as Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
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</table>
Indicator 9: Resolution Sessions
Historical Data and Targets

Explanation of why this indicator is not applicable

Virginia has not adopted Part B due process procedures.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

### Baseline Data

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Key:  
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

### FFY 2015 - FFY 2018 Targets

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<thead>
<tr>
<th>FFY</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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Key:  
- Blue – Data Update

### Targets: Description of Stakeholder Input


Indicator 9: Resolution Sessions
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

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<th>Description</th>
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<td>SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints</td>
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<td>3.1(a) Number resolution sessions resolved through settlement agreements</td>
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<td>SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section C: Due Process Complaints</td>
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<td>3.1 Number of resolution sessions</td>
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### FFY 2015 SPP/APR Data

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<th>3.1 Number of resolution sessions</th>
<th>FFY 2014 Data*</th>
<th>FFY 2015 Target*</th>
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<td>Incomplete Data n/a</td>
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* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)
Indicator 9: Resolution Sessions
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: 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)

<table>
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<th>Actions required in FFY 2014 response</th>
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<table>
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<th>Responses to actions required in FFY 2014 response</th>
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Indicator 10: Mediation
Historical Data and Targets

Monitoring Priority: Effective General Supervision Part C / General Supervision
Results indicator: Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

**Historical Data**

Baseline Data: 2005

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Key:  
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

**FFY 2015 - FFY 2018 Targets**

<table>
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<tr>
<th>FFY</th>
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<tbody>
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<td>Target ≥</td>
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</tbody>
</table>

Key:  
- Blue – Data Update

**Targets: Description of Stakeholder Input**

Virginia has not reached the OSEP-identified threshold (10 mediations in a year) that requires targets to be set.
Indicator 10: Mediation
FFY 2015 Data

Monitoring Priority: Effective General Supervision Part C / General Supervision
Results indicator: Percent of mediations held that resulted in mediation agreements.

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Date</th>
<th>Description</th>
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<tr>
<td>SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
<td>11/2/2016</td>
<td>2.1.a.i Mediations agreements related to due process complaints</td>
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<td>null</td>
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<td>SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
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<td>2.1.b.i Mediations agreements not related to due process complaints</td>
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<td>SY 2015-16 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests</td>
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<td>2.1 Mediations held</td>
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FFY 2015 SPP/APR Data

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<th>2.1.b.i Mediations agreements not related to due process complaints</th>
<th>2.1 Mediations held</th>
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* FFY 2014 Data and FFY 2015 Target are editable on the Historical Data and Targets page.

Provide additional information about this indicator (optional)
Indicator 10: Mediation
Required Actions from FFY 2014

Monitoring Priority: Effective General Supervision Part C / General Supervision
Results indicator: Percent of mediations held that resulted in mediation agreements.
(20 U.S.C. 1416(a)(3)(B) and 1442)

<table>
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<th>Actions required in FFY 2014 response</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Responses to actions required in FFY 2014 response</th>
</tr>
</thead>
</table>
Indicator 11: State Systemic Improvement Plan

Data and Overview

Baseline Data: 2013

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Reported Data

<table>
<thead>
<tr>
<th>FFY</th>
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<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
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<td>56.40%</td>
<td>56.40%</td>
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<tr>
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<td>56.40%</td>
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</table>

Key:
- Gray – Data Prior to Baseline
- Yellow – Baseline
- Blue – Data Update

FFY 2016 - FFY 2018 Targets

<table>
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<th>FFY</th>
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<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td>Target</td>
<td>56.40%</td>
<td>56.40%</td>
<td>59.00%</td>
</tr>
</tbody>
</table>

Key: Blue – Data Update

Description of Measure

Virginia is using the FFY 2013 data for Indicator 3c, Summary Statement 2 as the baseline data for Indicator 11 since our state-identified measurable result, which is described later in this indicator, is aligned with (the same as) Indicator 3c, Summary Statement 2.

The Indicator 11 target for FFY 2018 was determined by using the meaningful differences calculator developed by the Center for IDEA Early Childhood Data Systems (DaSY) to determine the increase necessary to show a meaningful improvement from the baseline. Interim targets are maintained at the baseline level. Once Virginia has met a target and maintained that target level for 1 year, increases in the targets for the remaining years will be considered. Fluctuations in results are possible as data quality continues to increase, and it is expected that any impact from improvement activities will take at least 3 years to show in the results (since the improvement strategy must be implemented, then a child must enter the system, receive services for at least 6 months and exit the system before there is data that reflects the improvement strategy).

Targets: Description of Stakeholder Input

The Virginia Interagency Coordinating Council (VICC) serves as the primary stakeholder group providing advice and assistance to the State Lead Agency in setting targets for all indicators in the State Performance Plan (SPP)/Annual Performance Report (APR). During a VICC meeting on December 9, 2015, VICC members reviewed FFY 2014 data on each indicator and discussed and approved maintaining the targets for all indicators, including Indicator 11, for FFY 2015 - FFY 2018.

Overview
Indicator 11: State Systemic Improvement Plan
Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status, gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Overview of SSIP Process and Stakeholder Involvement in Virginia

In order to accomplish the tasks required in Phase I of developing the State Systemic Improvement Plan (SSIP), Virginia used the following steps:

- Conducted a broad data analysis to review and discuss statewide data on results for children and families.
- Simultaneously conducted a broad infrastructure analysis, looking at the components of Virginia’s early intervention system (governance, fiscal, quality standards, monitoring and accountability, professional development, technical assistance, and data) to determine the capacity to support improvement and build capacity in early intervention programs and providers to implement evidence-based practices and improve results for infants, toddlers and their families.
- Identified an area (the percentage of infants and toddlers with IFSPs exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs) for further analysis based on the broad data and infrastructure analyses.
- Conducted in-depth data and infrastructure analyses to identify root causes, factors contributing to lower performance in the area identified during the broad data analysis.
- Determined the state-identified measurable result, the result Virginia intends to achieve through the SSIP: Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.
- Selected improvement strategies that will address the root causes and lead to a meaningful improvement in the state-identified measurable result.
- Developed a theory of action that illustrates how the selected improvement strategies will align and lead to the desired result.

Stakeholder engagement in Phase I of SSIP development was a priority in Virginia and was supported through several mechanisms:

- The State Lead Agency, the Department of Behavioral Health and Developmental Services (DBHDS), established the SSIP Core Group to oversee the SSIP process in Virginia. In particular, the SSIP Core Group provided input about who should be involved in each step of the process and how that engagement should be facilitated. The SSIP Core Group includes representatives from DBHDS, the Department of Education, families, local system managers, service providers and local lead agencies.
- DBHDS, in conjunction with the SSIP Core Group, developed and implemented a communication plan to ensure stakeholders are kept informed and have opportunities for engagement during the development and implementation of the SSIP. Based on this plan, DBHDS established a SSIP section on the Infant & Toddler Connection of Virginia website (http://www.infantva.org/Sup-SSIP.htm), where all data, presentations, and documents related to Virginia’s SSIP work are posted and available for stakeholder review and input. Information about progress on SSIP development (including next steps, links to new information in the SSIP section of the website, and opportunities for input) is included in the Infant & Toddler Connection of Virginia monthly Update, which is widely disseminated to stakeholders in the Commonwealth and is also posted on the Infant & Toddler Connection of Virginia website.
- The Virginia Interagency Coordinating Council (VICC), which includes representatives from all participating state agencies, other early childhood programs, families of children currently or previously enrolled in early intervention, local system managers, early intervention providers, personnel preparation, and the state legislature, was involved in every step of
Phase I of SSIP development. Participating state agencies include DBHDS; Department of Education; Department of Health; Department of Social Services; Department of Medical Assistance Services (the state Medicaid agency); Department for the Blind and Vision Impaired; Department for the Deaf and Hard of Hearing; and State Corporation Commission – Bureau of Insurance. Details about VICC involvement are provided in each of the sections below.

- DBHDS collaborated with staff at the Arc of Virginia to expand **family engagement** in the SSIP development process beyond the family members on the VICC. DBHDS has contracted with the Arc of Virginia for many years to implement family support and outreach for families involved in Virginia’s early intervention system. The Executive Director, the Director of Family Support and Outreach, and the Advocacy Associate at the Arc of Virginia have been all been involved in the SSIP development process and in ensuring information about the SSIP and opportunities for input are available to families in early intervention. Mechanisms that have been and will continue to be used to support family engagement in the SSIP process include webinars, the Arc of Virginia **New Path Newsletter** for families and other written information. As an example, during Phase I of SSIP development, DBHDS and the Arc of Virginia held a webinar, specifically designed for families, to explain the SSIP, summarize our data analysis findings, hear about their personal experiences in the area of children showing improved use of appropriate behaviors to meet their needs, and to solicit their ideas about improvement strategies. Approximately thirty families, representing all areas of the Commonwealth participated. The webinar was recorded so that additional families would have the opportunity to access the information.

- **Local system managers**, who coordinate services in Virginia’s forty local early intervention systems, and early intervention **service providers** and **service coordinators** also participated in the development of the SSIP. Mechanisms to support their engagement in the process included webinars, discussion and work sessions during statewide meetings, and regional meetings. Details are provided in each of the sections below.

### DATA ANALYSIS

**Broad Data Analysis:**

Virginia began the broad data analysis by looking at state results for each of the federally-required child and family outcome indicators:

- **Child Indicators** - Percent of infants and toddlers with IFSPs who demonstrate improved:
  - Positive social-emotional skills, including social relationships (Indicator 3a);
  - Acquisition and use of knowledge and skills, including early language/communication (Indicator 3b); and
  - Use of appropriate behaviors to meet their needs (Indicator 3c).

  For each of the three child indicators, states must report on the percent of children who substantially increase their rate of growth by the time they exit early intervention (Summary Statement 1) and the percent of children who exit within age expectations (Summary Statement 2)

- **Family Indicators** - Percent of families participating in Part C (early intervention) who report that early intervention services have helped their family:
  - Know their rights (Indicator 4a);
  - Effectively communicate their children’s needs (Indicator 4b); and
  - Help their children develop and learn (Indicator 4c).

Using the **Broad Data Analysis Template** developed by the Center for IDEA Early Childhood Data Systems (DaSY) and the Early Childhood Technical Assistance Center (ECTA) and with the support of staff members from those technical assistance centers, DBHDS staff developed data tables and graphs examining both results and data quality for each child and family outcome indicator:

- Comparison of state results data to national results data
- Trends over time in state results
- Virginia trends compared to national trends
- Local results compared across local systems and compared to state results
- Completeness of data
- Expected patterns for child indicator progress categories.

The meaningful differences calculator developed by DaSY was used to identify where differences in data were significant. The data tables and graphs reviewed in the broad data analysis are found in Attachment 1.

The data tables and graphs were reviewed and discussed with the VICC and at a statewide meeting of local system managers in order to answer the following questions:
Does Virginia’s data look different than the national data? Are Virginia’s child outcomes trends stable over time? Is the data trending upwards or downwards? Is Virginia performing more poorly in some child or family outcomes than others? Are the child outcomes similar across local systems? What about data quality? Can Virginia be confident in the data?

The data showed that, in all except one indicator area, Virginia’s child and family results were above the national average and/or improving over time. The percentage of children exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs (Indicator 3c, Summary Statement 2) was the only area where Virginia’s performance was below the national average and there had not been progress in the last few years. This is concisely and decisively illustrated in the bar graph in Attachment 2 (the grouping on the far right corresponds to Indicator 3c, Summary Statement 2).

Qualitative data gathered during discussion at the VICC meeting and the statewide meeting of local system managers gave preliminary indications that there was some confusion and likely inconsistency among providers and teams in the assessment and rating of children’s use of appropriate behaviors to meet their needs. In addition, because Indicator 3c includes functional skills related to self-help and independence, factoring in cultural differences during assessment, child indicator ratings and intervention was noted as a challenge.

Other considerations in the broad data analysis included the following:

- Updated Data – When the broad data analysis was conducted, the most current state data available was from Federal Fiscal Year (FFY) 2012. When FFY 2013 data became available, this data was reviewed as well. Although there was slippage in some other child indicator areas, the percentage of children exiting at age expectations for Indicator 3c remained low and without meaningful improvement.
- Data Quality – Virginia met the minimum standards set by the Early Childhood Outcome Center for data quality on the child and family outcomes (i.e., completeness of data, expected patterns for progress categories, state trends stable over time) in both FFY 2012 and FFY 2013. There has been a strong focus in Virginia on increasing the percentage of children exiting early intervention with complete child outcome data. As a result, the percentage of exiters who had been in the early intervention system for at least 6 months and had both entry and exit data on the child outcomes increased from 65% in FFY 2012 to 81% in FFY 2013. Based on the data analysis conducted for the SSIP and work with local systems, there is still room for improvement in data quality, especially in ensuring consistency in the assessment/measurement of the child outcome indicators and the determination of the ratings. This improvement work continued in conjunction with the in-depth data analysis work described later in this report and will be reflected in the improvement strategies and steps identified as part of Virginia’s SSIP.
- Performance and Compliance on Other Federal Indicators - VICC members and local system managers participating in the broad data analysis were familiar with Virginia’s status on the other federal compliance and results indicators on which data is gathered and reported annually:
  - Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner;
  - Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community setting;
  - Percent of infants and toddlers birth to one with IFSPs;
  - Percent of infants and toddlers birth to three with IFSPs;
  - 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; and
  - Percent of mediations resulting in mediation agreements.

Virginia generally has a high level of performance and compliance on these indicators, and none were identified as state-level barriers to improving results. While planning for individualized supports to local systems in implementing the improvement activities that will be identified during Phase II of SSIP development, further consideration will be given to any potential impact of a specific local system’s noncompliance on their ability to improve local results.

Based on the quantitative and qualitative data and stakeholder input, Virginia selected children exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs (Indicator 3c, Summary Statement 2) as the area of focus for in-depth data analysis.

In-Depth Data Analysis:

Virginia used a two-pronged approach to in-depth data analysis:

- Updated Data – When the broad data analysis was conducted, the most current state data available was from Federal Fiscal Year (FFY) 2012. When FFY 2013 data became available, this data was reviewed as well. Although there was slippage in some other child indicator areas, the percentage of children exiting at age expectations for Indicator 3c remained low and without meaningful improvement.
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Based on the quantitative and qualitative data and stakeholder input, Virginia selected children exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs (Indicator 3c, Summary Statement 2) as the area of focus for in-depth data analysis.

In-Depth Data Analysis:

Virginia used a two-pronged approach to in-depth data analysis:
1. Disaggregating statewide data by variables like gender, race/ethnicity, age at entry, age at exit, and length of time in early intervention to determine whether there were any differences in how well certain groups of children do in improved use of appropriate behaviors to meet their needs; and
2. Working with local system managers through regional meetings to review and understand local data related to this child outcome indicator area.

Disaggregating Statewide Data

For the first prong of the in-depth data analysis, statewide data was disaggregated by the following variables:

- Race/ethnicity
- Medicaid and non-Medicaid
- Gender
- Age at entry
- Age at exit
- Length of time in early intervention

The child indicator rating at entry and exit and the change from entry to exit was examined for Indicator 3c (use of appropriate behaviors to meet needs) for each of the populations/variables listed above. DBHDS staff worked with a national data consultant from DaSY to create tables and graphs comparing the data across variables, to better understand the data and to identify what differences were statistically significant or “meaningful.” The graphs developed are provided in Attachment 3.

DBHDS then held a statewide webinar (on two different dates) to share this data with all stakeholders (VICC members, families, family support and advocacy staff, local system managers, service providers, service coordinators, local lead agency administrators) interested in reviewing the data and discussing the findings.

For each set of data, DBHDS staff and stakeholders first considered whether one would expect there to be differences in a child’s ratings or progress on improved use of appropriate behaviors to meet their needs based on the given variable (e.g., race/ethnicity, gender, etc.), then examined the evidence (the data), and finally discussed inferences that could be made based on the evidence. Findings based on the in-depth analysis of disaggregated data can be summarized as follows:

- **Race/Ethnicity** – Although visually there were some differences among racial/ethnic groups in the bar graphs, the only meaningful differences were that fewer black children exited with an indicator rating of 6 or 7 (meaning the child was at age expectations) and increased their rating on the use of appropriate behaviors to meet their needs from entry to exit than white children. Stakeholders identified **socio-economic factors** and **cultural differences** as two factors that may explain the differences between these two racial/ethnic groups. Although the statewide early intervention data system, ITOTS, does not collect data on socio-economic status, it does identify children who have Medicaid and those who do not. A comparison of child indicator results for children with Medicaid compared to those who do not have Medicaid was used as a proxy to further explore the possible impact of socio-economic status.

- **Medicaid and Non-Medicaid** – A comparison of outcome data between these two groups found meaningful differences on the percentage of children with exit ratings of 6 and 7 with ratings increasing from entry to exit. Children covered by Medicaid were less likely to exit with a rating of 6 or 7 and less likely to show an increase in their rating from entry to exit than those not covered by Medicaid. The alignment between the areas of meaningful difference for Medicaid versus non-Medicaid and those found with race/ethnicity tends to support the hypothesis that the difference in race/ethnicity is at least partly due to socio-economic issues. Data from a CDC prevalence study (1997 – 2008)* was also reviewed and indicated that (1) children with Medicaid have almost a two-times higher prevalence of developmental disabilities than those with private insurance and (2) children below the poverty level had a higher rate of developmental disabilities than those above that socio-economic level. Based on this data, the child’s **reason for eligibility** may also be contributing to the differences seen in the race/ethnicity and Medicaid/Non-Medicaid child outcome results data. Such differences would not be surprising, but additional data would be needed in order to determine whether the differences follow expected patterns in terms of type of diagnosed condition or level/area of developmental delay.

- **Gender** – When comparing outcome results for males and females, there were meaningful differences in the percentage of children exiting with a rating of 6 or 7 and increasing their rating for using appropriate actions to meet their needs from entry to exit, with a higher percentage of females than males in each of these categories. Based on their experiences, stakeholders suggested that these differences were likely due to differences in reason for eligibility between males and females. Although ITOTS cannot currently export data on the reason for eligibility compared to child outcome ratings (further discussion of this issue is provided below), a CDC prevalence study shows that males are twice as likely as females to have a developmental disability. In addition, prevalence data indicates that certain diagnosed conditions are more prevalent in boys than girls. For example, Autism Spectrum Disorder is five times more common in boys than girls and the prevalence of Down Syndrome is higher in boys than girls.

- **Age at Entry/Age at Exit/Length of Time in Early Intervention** – As one would expect, the findings based on a comparison of
Based on their review of data, local system managers hypothesized what might be impacting results and then went back to

Based on their observations and experiences, stakeholders identified two factors contributing to these differences:

- **Reason for eligibility and/or type of disabling condition**: The age groups and lengths of time in early intervention that had lower results on improving use of appropriate behaviors to meet needs follow a pattern (e.g., entering very early, leaving later, longer in early intervention) that suggests these are children who have a more significantly disabling condition or more severe developmental delay. It is not surprising that these children would be less likely to exit at age expectations or to increase their rating from entry to exit.

- **Expectations for using appropriate behaviors to meet needs at or close to age three**: Local system managers and service providers reported that the **range and type of functional skills children must demonstrate** in order to meet age expectations in the area of using appropriate behaviors to meet their needs as they approach age three impacts the likelihood that children will be rated a 6 or 7 at exit. These stakeholders also reported that there are inconsistencies in how cultural differences are taken into account when assessing self-help skills, which are prevalent among the skills assessed as children approach age three (e.g., if the family does not want their child to feed himself or herself, is the child below age expectations when this skill is not present). In addition, there was reported inconsistency in whether the toilet training items on many assessment tools must be considered in determining if a child is at age expectations.

While disaggregating and analyzing data, some data limitations were discovered. The original plan for disaggregating statewide data called for an examination of child outcome results by reason for eligibility and type of disabling condition. Due to technical issues in the way that the data system, ITOTS, is programmed, it was not possible to report this data without duplication and with confidence in its accuracy. Instead anecdotal/qualitative data and prevalence data were used to gauge the impact of the reason for eligibility and type of disabling condition on child outcome results. Within DBHDS, staff members in the Information Technology Department are working with Part C early intervention program staff to develop and implement a report that will allow for accurate analysis of the child outcomes results based on the child’s reason for eligibility and type of disabling condition. This report is expected to be functional by the end of 2015. Another limitation in Virginia’s current data system is that no delivered service data is collected. Therefore, it is not possible to analyze child outcome results based on the services delivered (type, number, frequency, use of evidence-based practices, etc.). The SSIP improvement strategies will include adding this data to ITOTS as early as possible in the SSIP implementation time period.

Given the data available at this time, none of the differences among subgroups can be conclusively attributed to service delivery issues. Therefore, stakeholders identified the factors given in bold print above as contributing to differences among the subgroups.

### Analyzing Local Data

In the second prong of in-depth data analysis, State Technical Assistance Consultants and Monitoring Consultants worked with local system managers through monthly regional meetings over a 3-month period to review, analyze and understand local data related to this child indicator area and to determine whether there was any group of local systems or regions that should be targeted for improvement. During the first regional meeting, local system managers conducted a guided review of their local data in order to help them and DBHDS understand the story behind the data/numbers. The following data was reviewed:

- Local results over time;
- Local results compared to state results;
- Local results compared to other local systems;
- Predictable data patterns and data quality issues;
- Child-level data compared to assessment summaries; and
- Other available data that might be relevant to child outcome results.

Local system managers were asked to consider and discuss together the following kinds of questions:

- Does the data, trend or pattern surprise you or does it fit with what you are seeing in your local system?
- What are some reasons your data might be different from the state or other local systems or your region?
- Has your data been stable or have you seen fluctuations over time; and, if data has varied, why might that be the case?
- How do other available data (Smart Beginnings school readiness data, poverty rates, child fatality statistics) contribute to your understanding of your child outcome results data?

Based on their review of data, local system managers hypothesized what might be impacting results and then went back to
their local systems and worked with service providers and service coordinators to discuss local results and more recent data, review records, follow-up on unusual data patterns and conduct surveys to substantiate or refute the hypotheses. The additional information collected was then discussed at the second regional meeting. A list of root causes/contributing factors was developed based on the input from the first two sets of regional meetings, and that list was reviewed by all local system managers during the third regional meeting to ensure it accurately reflected their findings.

Many of the findings based on the analysis of local data overlapped with the findings based on the analysis of statewide disaggregated data. Based on the in-depth data analysis as a whole, the following root causes/contributing factors were identified:

- **Personnel/Teaming Issues**
  - There are more providers who do exit ratings than do entry ratings, and fewer of those doing exit ratings have participated in training related to child indicators and ratings.
  - There is a different level of teaming at exit than at entry (local systems often have set assessment teams at entry but not at exit, and the people involved are different).
  - Provider turnover makes it difficult to ensure everyone is trained and to ensure inter-rater reliability in the child outcome ratings.

- **Process/Rating Issues**
  - Some providers/teams are adjusting for prematurity when they should not be
  - There is inconsistent interpretation/understanding of assessment for ratings:
    - Degree of reliance on test items/scores
    - Strictness of interpretation of items in the Child Indicator Booklet
    - What items are part of what child outcome indicator
    - Can the same skill “count” in the rating of more than one indicator
    - Accounting for cultural differences
    - Toilet training
    - Accounting for articulation issues
    - Extent to which multiple sources of information are used to establish the rating
  - There may be an impact of using different assessment tools
  - There is a developmental “drift” – a tendency to think skills are at a higher level than they really are because early intervention providers see more children with developmental delays than with typical development
  - There is more parent involvement in the ratings discussion at entry than at exit
  - Inter-rater reliability needs improvement
  - We are still missing exit data for some children
  - Scores went down after training and introduction of the new Individualized Family Services Plan (IFSP) with functional assessment narratives to support integration of the child indicators throughout the IFSP process
  - Using an interpreter during assessment may impact results

- **Different Populations**
  - Impact of certain diagnoses – we do not expect all children to exit at age expectations
  - Impact of family situations (poverty, substance abuse, foster care, single parent, military, language barriers, etc.)

Even though some data were not available (reason for eligibility, delivered services), there was sufficient quantitative and qualitative data available in the in-depth data analysis to confirm that children exiting early intervention at age level who demonstrate improved use of appropriate behaviors to meet their needs (Indicator 3c, Summary Statement 2) is an area needing improvement and to identify root causes that can be addressed with SSIP improvement strategies in order to meaningfully improve results for children on this indicator.

Indicator 11: State Systemic Improvement Plan
Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

DBHDS worked directly with the VICC and local system managers during meetings in March 2014 to identify and discuss the strengths and areas for improvement within and across the system components of Virginia’s state infrastructure, especially as they relate to improving results for children and families. Drafts of the infrastructure analysis were sent to all local systems for review and input. Drafts were also posted to the SSIP section of the Infant & Toddler Connection of Virginia website, and stakeholders were informed through monthly Updates of the opportunity to provide input as the infrastructure analysis was completed.

Virginia used the following information sources in completing the analysis of system components:

- Information from federal monitoring tools
- Ongoing communication with local systems through
  - Technical assistance
  - Regional meetings
  - Professional development
  - Statewide meetings of local system managers
- Record Reviews conducted as part of Quality Management Reviews and individualized technical assistance
- Local system contract deliverables
- Local system self-reporting
- Local system manager surveys
- Training/meeting evaluations
- Monitoring
- Dispute resolutions
- State staff input
- Observation

Based on the information from these sources and with input from stakeholders, Virginia determined the following with regard to the system components:

GOVERNANCE

The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- The Code of Virginia establishes statewide infrastructure (state lead agency, participating state agencies, state interagency coordinating council, local lead agencies, local interagency coordinating councils).
- The local lead agency structure allows each local system to take advantage of local partnerships and take into account local issues and infrastructure in planning and implementing early intervention supports and services.
- Virginia has a stated vision, purpose and key principles for early intervention.
- The Virginia Interagency Coordinating Council (VICC) meets regularly, takes an active role in understanding and addressing the priority issues in early intervention, supports interagency information sharing and program support, and supports a subcommittee structure to address specific issues.
- The DBHDS contract with local lead agencies specifies local system infrastructure requirements (local lead agency roles and responsibilities, requirement to hire a local system manager and the broad roles and responsibilities of that individual).
- The State Interagency Agreement for Part C early intervention has been recently revised and specifies general and
specific agreements among participating state agencies regarding public awareness, child find, service delivery, funding, planning, training, data sharing, and transition. This agreement has been shared with local systems, and state agencies have been asked to share the agreement with local counterparts.

- The variety of local lead agencies (e.g., Community Services Boards, schools, local health departments, cities and universities), local system structures, and local system manager backgrounds and experiences means there are diverse opinions and perspectives at the table for problem-solving and planning.

- Emergency state regulations governing early intervention are in place.

- Family involvement in system planning and evaluation is supported at both the state and local levels (VICC, Arc of Virginia, family representatives, etc.).

- Local system managers are committed and involved partners in state-level early intervention system planning and implementation through participation in a variety of state-level committees, work groups, associations, and councils and provide input through meetings, surveys, statewide webinars, and written responses to draft documents.

- In August 2014, the Governor established a Children’s Cabinet that will develop and implement a policy agenda to help better address the education, health, safety, and welfare of Virginia’s children and will also foster collaboration between state and local agencies. As part of that effort, the Governor also established the Commonwealth Council on Childhood Success, which will work to ensure that basic health, education, and childcare needs are being met for our youngest Virginians, ages 0-8. Efforts will include developing strategies for improving the funding for, access to, and quality of childcare and early education programs in Virginia; ensuring all students enter kindergarten ready to thrive and succeed academically; and closing the achievement gap that exists for far too many kids in elementary school. DBHDS is a member of the CCCS.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- Because the local contract does not specify the number of hours that a local system manager must be employed and does not specify a complete job description, some local system managers are employed part-time or fulfill other job responsibilities (e.g., service coordinator, intake person, managing programs other than EI, etc.).

- The variety of local system manager, state staff and VICC member backgrounds and experiences means there are a mix of strengths and weaknesses across personnel that must be taken into account during improvement planning and implementation.

- There is no “peer” review process that allows for a structured evaluation between the local system managers and state staff (of each other) that would lead to identification of professional development or other support needs (e.g., mentoring, coaching).

- The level of parent involvement in system planning and evaluation varies across local systems and there is room to strengthen the role of families, especially those currently enrolled in early intervention, at the state level.

FISCAL
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- The Medicaid Early Intervention Services Program provides reimbursement for early intervention services for all children with Medicaid.

- The Medicaid EI Targeted Case Management program provides reimbursement for service coordination for all children with Medicaid.

- There is a strong working relationship between early intervention program staff and the Fiscal Office at DBHDS.

- State staff and local system managers and providers have worked together over the years to improve fiscal reporting forms and to discuss challenges and strategies.

- There has been a focus on fiscal issues at recent statewide meetings of local system managers to support budgeting, fiscal monitoring, and accessing third party payors.

- A page has been developed on the state website that is dedicated to fiscal issues and houses available resources for local system managers and their fiscal officers.

- VICC and one of its subcommittees are focused on increasing private insurance reimbursement for early intervention services. There have also been multiple professional development opportunities for providers related to maximizing private insurance for early intervention services.

- The Virginia General Assembly awarded additional state funds for early intervention for State Fiscal Years 2013 and 2014,
with those additional funds becoming part of the base amount of state funding allocated for early intervention moving forward.

- The Virginia Association of Community Services Boards (VACSB) has been a staunch advocate of early intervention, including supporting advocacy for additional funding.
- Many local systems have “in kind” support from their local lead agencies (rent, phone, as well as support from agency staff to do billing, filing).

The following present possible challenges or areas for consideration when identifying improvement strategies:

- The Code of Virginia does not require fiscal commitment at the local level, so the amount of local or other state funds allocated for early intervention varies greatly among local lead agencies and, in some cases, has impacted the local system’s ability to serve all eligible children.
- ITOTS, the state early intervention data system, does not collect any fiscal data. Therefore, fiscal data must be reported by “pen and paper,” and that results in duplicate effort for some local systems and, based on reports from local system managers, a lack of consistency in reporting across the local systems.
- The Medicaid reimbursement rate for early intervention case management (service coordination) does not fully cover the cost of providing that service.
- Although the early intervention system has received additional funds in recent years, through the General Assembly and Medicaid, the level of funding is still insufficient to ensure sustainability. This results in repeated requests to the General Assembly for additional funds to match rising enrollment and/or costs, some local systems running out of funds, and a stressful sense of financial instability.
- Because the job of local system manager encompasses such a broad range of responsibilities, some local system managers come into the job with more or less fiscal experience and skill than others. In addition, some local system managers report challenges in getting timely and complete information from local fiscal officers (in some cases, this is related to the next issue).
- There are a variety of fiscal structures across the local lead agencies, and the data required for fiscal reporting in early intervention is different than that required for other programs within the local lead agencies. This sometimes results in additional work for local fiscal officers, confusion between the state lead agency and the local lead agency about what information is needed or what information is being reported (we are not always speaking the same language), and challenges in getting timely and accurate data back and forth between the local system managers and the local fiscal officer.
- Despite efforts at the state and local levels to better understand and meet private insurance billing and documentation requirements, local system managers report this is still a challenging area: denials are common, reimbursement rates negotiated by private insurance companies are usually much lower than the early intervention rate (requiring use of federal and state Part C funds to cover the difference), and staff time for billing and appeals in an effort to maximize private insurance reimbursement is extensive.

QUALITY STANDARDS
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- The Infant & Toddler Connection of Virginia Practice Manual articulates requirements and evidence-based practices.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- Virginia has not identified/labeled “quality standards.” Doing so around certain key practices could help to improve service quality and promote consistency statewide. A set of quality standards could also be helpful in identifying the key quality issues in a quick-reference way since the Practice Manual is long and has a lot of information.
- It can be difficult to ensure quality when there is a shortage of providers and funding.

MONITORING AND ACCOUNTABILITY
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- State monitoring procedures facilitate timely identification and correction of noncompliance.
- Virginia has streamlined monitoring procedures over the last two years to minimize the amount of paperwork and paper flow at the state and local level, allowing monitoring staff to provide intensive support to local systems with more systemic noncompliance and to focus on improvement for results indicators.
- Each local system has an assigned monitoring consultant and each monitoring consultant works with all local systems in an assigned region(s). This allows the monitoring consultant to get to know the local system and the region and provides the local system manager with a specific person to contact for support and questions.
- The monitoring team meets every other week (and talk informally every couple of days) to facilitate consistent information going to local systems and ensure monitoring processes, findings, and correction of noncompliance are
handled in a consistent manner.

- Medicaid Quality Management Reviews provide another opportunity to identify and quickly correct noncompliance but also support a focus on quality, facilitating the chance for state monitoring and technical assistance staff to identify and acknowledge local use of evidence-based practices and to support local systems in moving to evidence-based practices when needed.
- A series of four online modules on data analysis for local system improvement have been developed and are available to all local systems through the early intervention professional development website.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- ITOTS does not collect the data or generate the reports that are needed to allow ongoing monitoring at the state and local levels. A time-consuming paper process (at both the state and local levels) is needed in order to collect and analyze most of the required monitoring data.
- As evidenced by local system manager report and state staff observation, there is variation among local systems in the type, frequency and level of local monitoring and supervision that occurs. This is due to a number of factors:
  - The state office has not articulated comprehensive guidelines and expectations or provided statewide, focused technical assistance regarding local monitoring.
  - Time available and job responsibilities of local system managers vary. Local system management is a demanding job, and most report having difficulty finding enough time to be proactive and conduct ongoing monitoring.
  - ITOTS does not provide ongoing, real-time access to the data necessary for efficient and effective local monitoring, and local data systems vary in their data collection and reporting capabilities.

PROFESSIONAL DEVELOPMENT
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- There is a state website dedicated to early intervention professional development with varied and abundant state and national resources on evidence-based practices.
- Virginia has developed professional development resources that include written documents, videos, webinars, online modules, in-person training, landing pads, laminated quick-reference cards, and “tools of the trade” to support local system managers and providers in delivering evidence-based practices, appeal to varied adult learning styles, and maximize access to resources.
- An Integrated Training Collaborative coordinates Virginia’s Comprehensive System of Personnel Development for early intervention, and its members represent families, local system managers, providers, university faculty, other state initiatives that support young children and families, and staff from DBHDS.
- State early intervention staff and some local system managers participate as members of the Virginia Cross-Sector Professional Development initiative. Through this initiative and other efforts, there are strong working relationships and interagency, collaborative planning and funding around professional development at the state level. Examples include the Creating Connections for Shining Stars Conference, coaching training, disseminating information for each other about upcoming professional development, regional professional development on transition, and infant mental health training efforts.
- Virginia has established a certification process for early intervention providers, requiring state review and approval of discipline-specific qualifications and satisfactory completion of state-required online training modules prior to employment in Virginia’s early intervention system. Service coordinators also must complete a two-part service coordination training within one year of becoming certified as an early intervention case manager. All providers, including service coordinators, must complete thirty hours of continuous learning activities related to early intervention every three years in order to maintain their early intervention certification.
- The State professional development team disseminates a monthly email newsletter to all local system managers and providers that spotlights resources available on a specific topic (e.g., coaching, assessment, etc.) and how these can be used.
- Communities of practice are being used at the state and regional levels to support providers in implementing evidence-based practices. Communities of practice in autism were started at the state level, one for each region. More recently, local systems have started their own regional communities of practice around coaching in early intervention.
- The professional development team maintains a blog, EI Strategies for Success, to address day-to-day issues associated with providing evidence-based early intervention services. This can be helpful to individual providers and also can be used at the local level for professional development and team discussion.
- In an effort to follow implementation science guidelines, the professional development team is working to ensure continued support to providers following initial professional development activities (e.g., 6 months of technical assistance for Master Coaches, KBlast emails to service coordinators once a week for 12 weeks following Kaleidoscope training).
- The professional development team maintains relationships with two-year and four-year university faculty in early intervention-related fields through participation on the Institutes of Higher Education group and by sending information on
early intervention professional development activities and resources to those who have signed up for these mailings. There is also a webpage dedicated to faculty and future early interventionists.

- The professional development team meets twice a month to coordinate planning and activities.
- The professional development, technical assistance and monitoring teams meet together every other month to ensure collaboration and consistency across functions.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- When in-person professional development is held, distance and cost can make it difficult to ensure all staff can benefit, depending on how many and what locations are used.
- Some local system managers have reported that it is difficult to send service coordinators to the required Kaleidoscope trainings because of the length and/or location of the professional development.
- There is no standardized orientation training for new local system managers.
- Although Virginia has begun to implement the kinds of post-training supports necessary to ensure implementation fidelity and sustainability, this is an area that requires further attention.
- Some local system managers and some providers report that it is difficult to find time to take advantage of available professional development resources and opportunities due to case load size, other job responsibilities, or other initiatives/priorities.
- Blocks in agency firewalls make some professional development resources, including the EI Strategies for Success blog, impossible for some local system managers and providers to access.

TECHNICAL ASSISTANCE
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- Each local system has an assigned technical assistance consultant and each technical assistance consultant works with all local systems in an assigned region(s). This allows the technical assistance consultant to get to know the local system and the region and provides the local system manager with a specific person to contact for support and questions.
- The technical assistance team meets regularly to facilitate consistent information going to local systems, consistent planning for regional meetings, and team problem-solving.
- Technical assistance consultants hold monthly regional meetings with local system managers to facilitate 2-way information sharing, group learning and collaborative problem-solving.
- The technical assistance team and monitoring team meet together once a month (and on an individual basis, as needed) to ensure technical assistance consultants are aware of technical assistance needs identified through monitoring activities and to plan together for how these will be addressed.
- A monthly technical assistance Update is sent to all local system managers and providers.
- DBHDS uses written information combined with statewide webinars and conference calls to ensure all local system managers and/or providers have the opportunity to hear the same information when new policies or practices are introduced and explained. These webinars and calls are recorded and posted for those unable to attend.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- Some local system managers report concerns that when information is shared through regional meetings or individually with local systems, not everyone across the state gets the same information.
- While the monthly Update is very helpful and provides useful information, it can be difficult to remember where to find that information later.
- It is challenging at the state level to maintain websites with up-to-date information and for users to know what is new/added since their last visit to the website.

DATA
The following facilitate the ability of the state and/or local system to support improvement and build capacity:

- ITOTS collects and reports the data required for reporting 618 data (child count, primary service setting, transition destination) and some State Performance Plan/Annual Performance Report data (including child outcomes) to the Office of Special Education Programs at the U.S. Department of Education.
- DBHDS has recently committed $250,000 of state general funds (not state Part C funds) for ITOTS improvements.

The following present possible challenges or areas for consideration when identifying improvement strategies:

- ITOTS does not collect the data or generate the reports that are needed to allow for ongoing monitoring at state and local levels. A time-consuming paper process (at both the state and local levels) is needed in order to collect and analyze most of the required monitoring data. ITOTS is also incomplete in terms of data and reporting needed for fiscal monitoring and
for program improvement planning at the state and local level.

- Duplicate data entry is required for ITOTS for local systems that have their own local data system.
- Local data systems vary in their data collection and reporting capabilities and in the type of data system used.

The system components are generally well-coordinated. There is intentional, built-in coordination and communication across the monitoring, technical assistance and professional development functions as described above. In addition, there are feedback loops between those functions and the governance, fiscal, quality standards (practice and policy), and data components of the system. The weakest link in the coordination across system components is the data system, which does not yet collect and report the data needed to efficiently and effectively monitor other functions in real time or to easily facilitate data-driven decision making. DBHDS and stakeholders found that the strengths and challenges identified within and across the system components are all relevant to some degree to improving the state-identified measurable result (increasing the statewide percentage of infants and toddlers with IFSPs, exiting early intervention at age level, who demonstrate improved use of appropriate behaviors to meet their needs). There were no strengths or challenges that were unique to improving results in that one specific area.

As part of the infrastructure analysis, Virginia identified and analyzed previous and current early childhood initiatives that impact infants, toddlers and their families in order to identify initiatives that should be included in the SSIP and to identify strategies and processes that have worked well and those that have not in order to inform improvement planning. This was accomplished through discussion with staff from each of the initiatives and with the VICC. Drafts of the initiative inventory were posted to the SSIP section of the Infant & Toddler Connection of Virginia website, and stakeholders were informed through monthly Updates of the opportunity to provide input as the analysis of early childhood initiatives was completed.

Virginia completed the Initiative Inventory for the State Systemic Improvement Plan, provided by the Southeast Regional Resource Center, to summarize information regarding early childhood initiatives for the infrastructure analysis. A copy of the completed inventory is available in Attachment 4. In order to ensure communication and collaboration between the Part C early intervention system and work of the broader early childhood community, DBHDS staff and professional development team members already serve on the committees and work groups associated with each of the early childhood initiatives identified in the inventory. Based on the inventory and discussion with stakeholders, the following initiatives should be considered when identifying the specific steps and activities that will support improved results on the state-identified measurable result:

- Continuing the coaching and natural learning environments initiative;
- Continuing to support the integration of child outcome indicators into all steps of the early intervention process;
- Collaborating with the Virginia Cross-Sector Professional Development team in developing and delivering professional development;
- Collaborating with the Home Visiting Consortium in developing and delivering professional development and provider competencies;
- Collaborating with the Early Childhood Mental Health initiative; and
- Expanding collaboration with the Infant-Toddler Specialist Network.

The review of past and current early childhood initiatives also highlighted lessons learned that should be considered when developing the required State Systemic Improvement Plan:

- Use Work Groups to ensure consideration of all stakeholder perspectives when planning and implementing changes;
- Provide follow-up supports, like webinars, quick-reference guides, and online question and answer documents, to support consistency and fidelity in implementation;
- Provide frequent, short, written updates to keep all stakeholders informed about plans, decisions, and professional development opportunities in order reduce stress and misinformation about changes;
- Use case vignettes and an activity-based, hands-on approach to training;
- Clearly define the new practice up front;
- Articulate expectations for participation and implementation;
- Describe how various initiatives fit together to avoid the perception of constant, disconnected change;
- Help local systems individualize national or state materials to their community;
- Ensure sufficient resources;
- Take advantage of existing well-researched evidence-based materials;
- Use structured roll-out and structured data system/collection to improve consistency of implementation;
- Make professional development resources and materials accessible on the web; and
- Provide the opportunity for face-to-face interaction at least once a year to support networking and to generate/maintain interest.

In addition to the system components and state initiatives described above, the stakeholders involved in developing and
implementing the SSIP are part of the infrastructure that will support improvement and build capacity in local early intervention systems to implement, scale up, and sustain the use of evidence-based practices to increase the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs. The stakeholder groups involved in developing Phase I of the SSIP are listed in the “Overview of SSIP Process and Stakeholder Involvement in Virginia” at the beginning of the Data Analysis section of this document. In order to ensure commitment to and support of Virginia’s SSIP work, leaders within participating agencies and organizations have been involved in Phase I of the SSIP. Within DBHDS, in addition to the Part C early intervention staff, the Director of Community Support Services, the Assistant Commissioner for Developmental Services, and the Commissioner have been involved in and/or aware of Phase I work on the SSIP and are fully committed to supporting Phase II and implementation of the SSIP. Similarly, state agency representatives to the VICC and family support and advocacy staff from the Arc of Virginia, who have been very actively engaged in the SSIP process, are directors/leaders of their programs and departments. Director-level leaders from local lead agencies and local system managers have also participated and will continue to be involved in Phase II development and then implementation of the SSIP. During Phase II, Virginia plans to continue using the stakeholder groups that participated in Phase I to assist in identifying the specific steps and activities that will be used to implement the broad improvement strategies identified in Phase I and to develop an evaluation plan. State Leadership Teams, comprised of state staff and stakeholders, will be formed around each of the broad improvement strategies, and these teams will seek ongoing input from a broad range of stakeholders as they complete the Phase II work.
Indicator 11: State Systemic Improvement Plan
Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and Their Families
A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

Increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs

Description

As reflected in the result statement above, Virginia intends to improve results on child outcome Indicator 3c, Summary Statement 2 – the percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs. Virginia’s child outcome data clearly identifies this as the only area below the national average and an area with no meaningful improvement over time. In addition, qualitative data indicates confusion among providers about what is included in this area of functioning, how it is assessed, and what should be considered in making the child outcome rating in this area. In-depth data analysis identified, through disaggregation of statewide data and close examination of local data, several root causes that can be addressed through the State Systemic Improvement Plan. The infrastructure analysis identified a number of strong system components and existing statewide initiatives that can be used to support increased system capacity and increased use of evidence-based practices; areas that can be strengthened through improvement planning; and no barriers preventing improved results in this particular area of children’s functional development.

Virginia expects to improve results on child outcome Indicator 3c, Summary Statement 2, statewide. There are two reasons for this decision:

1. Although there were some meaningful differences when data were disaggregated by demographics, regions and other variables, there were not data to fully explain the reasons for the differences. Anecdotal and prevalence data suggested that at least some of the differences were based on reason for eligibility and type of diagnosed condition and, therefore, expected. Steps are being taken to address the need for additional data; but, at this time, existing data does not identify the need to target any subgroup of the early intervention population or of regions or local systems for more focused improvement efforts and improved results.

2. Prior to the requirement to develop the SSIP, Virginia already had statewide initiatives underway to improve the use of evidence-based practices and to improve inter-rater reliability and consistency in the assessment and rating of child status on the three child outcome indicators. Since the SSIP will build upon these existing initiatives, which align perfectly to address some of the root causes identified through the data and infrastructure analyses, it is appropriate to continue with the statewide implementation already begun and to expect improvement in results statewide.

As described in previous sections, stakeholders were extensively involved in the data analysis and infrastructure analysis that lead to the selection of Virginia’s state-identified measurable result. VICC
members, local system managers and family support and advocacy staff from the Arc of Virginia also participated in the discussion about and decision to maintain a statewide focus with improvement efforts rather than focus on a subset of the early intervention population or local systems.
Indicator 11: State Systemic Improvement Plan
Data and Overview

Selection of Coherent Improvement Strategies
An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for Infants and Toddlers with Disabilities and their Families.

DBHDS worked with several stakeholder groups to identify possible improvement strategies based on the root causes identified during the data analysis and information from the infrastructure analysis:

- The VICC identified and prioritized potential improvement strategies during their September 2014 meeting;
- The ideas generated during the VICC meeting were posted in the SSIP section of the Infant & Toddler Connection of Virginia website, and all stakeholders were invited to review the VICC’s suggestions and provide any additional suggestions or input to DBHDS;
- During their September statewide meeting, local system managers added to the work done by the VICC by providing their input on improvement strategies;
- DBHDS worked with family support and advocacy personnel at the Arc of Virginia to hold a webinar for families in October that explained the SSIP, summarized the data analysis findings and solicited their suggestions for improvement strategies; and
- A revised document listing all suggested improvement strategies was posted to the website, and stakeholders were again invited to share their feedback.

State early intervention staff at DBHDS and from the professional development team reviewed all improvement strategies suggested by stakeholders. Staff first identified the broad themes/strategies based on stakeholder input. These broad themes were then evaluated and prioritized by staff in order to select those strategies expected to have the greatest impact on the state-identified measurable result, increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs. The list of stakeholder-suggested improvement strategies grouped by broad themes is available in Attachment 4.

After prioritizing the broad themes, five broad improvement strategies were selected. Each is listed below in bold print, followed by a description of how that strategy will address identified root causes for low performance and ultimately build local system and provider capacity to implement evidence-based practices and improve results.

1. **Use implementation science in identifying, developing and implementing professional development and technical assistance**

   As noted in the analysis of system components and past and current early childhood initiatives, Virginia has developed and implemented extensive professional development and technical assistance but has not always provided the follow-up support and resources necessary to ensure new practices are implemented with fidelity (as intended) and sustained. The infrastructure analysis also notes finite resources (fiscal, personnel and time) in the early intervention system,
making it important to ensure wise and effective investments. Implementation science is a process for moving from research to practice, based on studies and evaluation of the most effective way to change/refine practices and systems. Research by the National Institutes of Health (as discussed by Dean Fixen and Karen Blasé in modules provided on the Active Implementation Hub - http://implementation.fpg.unc.edu/modules-and-lessons) indicates that implementation is 80% successful within 3 years when using implementation science, compared to 14% success in 17 years without using the structure of implementation science. By using implementation science in identifying, developing and implementing professional development and technical assistance associated with the SSIP, Virginia will create the state and local capacity not only for successful implementation of the evidence-based practices identified as part of the SSIP but also for ongoing success in implementing new practices as research into evidence-based practices expands in the future.

2. Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently conduct initial and ongoing functional assessment that leads to consistent and accurate determination of entry/exit ratings in the area of children using appropriate behaviors to meet their needs

The data analysis indicated that root causes for low performance on the percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs included uncertainty and inconsistency among providers in how children’s use of appropriate behaviors to meet needs should be and is being assessed (how teams are functioning, what information is considered, how that information is collected, how assessment tools are being considered, how family priorities and cultural values are considered, etc.).

Through this broad improvement strategy, Virginia will improve the consistency with which functional assessment related to children’s use of appropriate behaviors to meet their needs is conducted across providers and teams. As a result, teams will have the information necessary to make an accurate determination of the child’s rating on this child outcome indicator. In addition, teams then will have the functional information necessary to identify outcomes that are appropriate for and important to the family and to identify and deliver the early intervention services that will support the family in meeting those outcomes.

This improvement strategy builds upon the work accomplished in a previous initiative, Integration of Child Indicators into the Early Intervention Process (described in the Initiative Inventory completed as part of the infrastructure analysis). During that initiative, the assessment narrative in the IFSP was re-formatted to align with the three federal child outcome indicators, and training, technical assistance and written resources were provided to support local teams and providers in conducting and documenting functional assessment. The continuation of this work will be accomplished by using implementation science and evidence-based practices for functional assessment, such as those identified in the Division for Early Childhood (DEC) Recommended Practices; the Looks Like/Doesn’t Look Like document developed by the national Workgroup on Principles and Practices in Natural Environments [Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn’t look like.]; the natural learning environment practices identified by Dathan Rush and M’Lisa Shelden; and the “Relationship of Quality Practices to Child and Family Outcome Measurement Results” developed collaboratively by the National Early Childhood Technical Assistance Center, the Early Childhood Outcomes Center and the Regional Resource Center Program.
3. **Identify and/or develop and implement the professional development resources and mechanisms for ongoing support necessary to ensure early intervention service providers, including service coordinators, consistently use coaching and natural learning environment practices when planning and delivering early intervention services**

   Although there is not yet sufficient data in Virginia to determine the impact of differences in service delivery on differences in results for children on improving their use of appropriate behaviors to meet their needs, it is logical to expect that results will improve with consistent implementation of evidence-based service delivery practices. Specifically, Virginia identified two years ago that service providers and service coordinators were not consistently using coaching and natural learning environment practices in their service planning and delivery. The research supporting coaching as an effective adult learning strategy in both a broad sense and in working with parents/caregivers of young children is summarized in *The Early Childhood Coaching Handbook*, by Dathan Rush and M’Lisa Shelden. Natural learning environment practices are also espoused by Rush and Shelden and are further supported as evidence-based practices by the *Looks Like/Doesn’t Look Like* document developed by the national Workgroup on Principles and Practices in Natural Environments and by the DEC Recommended Practices.

   Over the last two years, all local systems have participated in a series of regional trainings by Dathan Rush and M’Lisa Shelden on coaching and natural learning environment practices. As a result, all local systems now have at least one trained master coach, and there are 84 trained master coaches and 278 trained team participants trained as coaches in Virginia. All master coaches received six months of follow-up technical assistance from the trainers. Local systems are at various points in the process of training other staff and implementing coaching and natural learning environment practices. In order for children and families to benefit from these practices, the ongoing resources and supports identified in this broad improvement strategy for local systems, providers and service coordinators are essential. Implementation science will be used to build the frameworks necessary for full implementation and sustainability.

4. **Increase local system capacity to determine the extent and fidelity of provider use of evidence-based practices, including the ability to identify and address fiscal and other local system issues that support or hinder full implementation of these practices and the ability to assess the impact of evidence-based practices on results for children and families**

   Both the data analysis and the infrastructure analysis identified areas of inconsistency or variation across local systems, teams or providers (e.g., in how practices are implemented, roles and experience of local system managers, local fiscal structures, available local resources, terms of local contracts with provider agencies, local monitoring systems, etc.). In some cases the variation is not problematic and can even be helpful in meeting locality-specific needs, and sometimes the inconsistency is due to a lack of clarity or policy at the state level.

   In order to effectively implement and sustain the evidence-based practices identified in strategies #2 and #3 above (functional assessment and coaching/natural learning environment practices), an increased and consistent level of capacity for local monitoring and oversight of implementation and results is necessary. As part of this broad improvement strategy DBHDS will address the following needs:

   - Identify and then support local systems in using fidelity checklists and/or other self-assessment mechanisms to determine the extent to which providers are using evidence-based practices with fidelity;
Support local systems in expanding, as needed, their local monitoring system to ensure timely identification and correction of any noncompliance, fiscal or other local system issues that are hindering full implementation of these practices; and

Support local systems to use data to assess the impact of evidence-based practices on results for children and families and to make changes, as needed, to improve results.

Principles from implementation science, the leadership section of the DEC Recommended Practices, and resources on assessing the use of evidence-based practices (available through the Early Childhood Technical Assistance Center and the National Center for Systemic Improvement) will be used to ensure effective implementation of this broad improvement strategy.

As with implementation science, increasing local system capacity for ongoing monitoring and oversight will improve the local system’s ability to improve results not only on the state-identified measurable result but also on other results for children and families.

### 5. Enhance the capacity of the statewide early intervention data system (ITOTS) to efficiently collect and report comprehensive data on child indicator results that helps in evaluation and improvement planning at the state and local levels

As indicated by the findings of the data and infrastructure analyses, the current capacity of ITOTS does not support data-driven decision making at the state or local level. The capacity of ITOTS to collect and report data must be expanded in order to effectively increase the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs. This expansion will include improving the ability to generate reports correlating the reason for eligibility and the type of diagnosed condition with results and adding new data elements to collect and report data on delivered services. An improved ITOTS also must include an effective interface between state and local data systems to eliminate or minimize the need for duplicate data entry, which was a challenge/barrier identified in the infrastructure analysis.

As the additional data (reason for eligibility and delivered services) becomes available through ITOTS and the data on the percentage of infants and toddlers with IFSPs who demonstrate improved use of appropriate behaviors to meet their needs becomes more reliable (though implementation of improvement strategy #2 above), additional data analysis will be conducted to determine whether there are any subgroup differences that need to be addressed with targeted improvement activities around service delivery or whether other revisions to the SSIP are needed.

Information from the data analysis, analysis of system components, and the inventory of state initiatives will continue to be used as the specific steps and activities for each of these broad improvement strategies are identified during Phase II of SSIP development.
Indicator 11: State Systemic Improvement Plan
Data and Overview

Monitoring Priority: General Supervision
Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Theory of Action
A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State’s capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration
Virginia’s theory of action illustrates how the selected set of five broad improvement strategies will lead to improvement on the state-identified measurable result, which is to increase the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs. The theory of action is based on DBHDS and stakeholder beliefs that if the State:

- Provides effective professional development and ongoing support, early intervention providers and service coordinators will have the resources and support needed to consistently provide evidence-based practices in conducting functional assessments and supporting children and families through coaching and natural learning environment practices.
- Uses implementation science and supports local systems in building their capacity for oversight and monitoring, local systems will be able to support providers and service coordinators in implementing evidence-based practices, assess the extent to which those practices are being implemented with fidelity, and sustain the new practices over time.
- Expands the capacity of the statewide data system, data will be available to support state and local oversight, evaluation and decision-making.

As a result of those improvements:

- Ratings on children’s use of appropriate behaviors to meet needs will be accurately and consistently determined through functional assessment;
- Families will receive the coaching necessary to support their child in improving use of appropriate behaviors to meet their needs through natural learning environments and based on functional outcomes that address the family’s priorities for their child; and
- Local systems will use effective mechanisms for oversight and support of evidence-based practices.

Finally, because the child outcome ratings will be accurate and consistent, children and families will be receiving evidence-based services and supports and local systems will be providing effective oversight and support for those practices, there will be an increased percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.

Stakeholders provided input during the data and infrastructure analyses, and their suggested improvement strategies were used in developing the theory of action. The draft theory of action was shared with the VICC and through the Infant & Toddler Connection of Virginia website and Update for additional input.
Indicator 11: State Systemic Improvement Plan
Data and Overview

Monitoring Priority: General Supervision

Results indicator: The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

Infrastructure Development

(a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
(b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
(c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
(d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Support for EIS programs and providers Implementation of Evidence-Based Practices

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State’s progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.
Certify and Submit your SPP/APR

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Selected: None Selected

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:
Title:
Email:
Phone: