

Part C State Performance Plan (SPP) for 2005-2010

New information and data are presented in blue font.

Overview of the State Performance Plan Development:

Stakeholder involvement for this indicator originally occurred through the work being done to develop child and family outcomes and measures (through a General Supervision Enhancement Grant) and included representatives from the following: families; the Virginia Community Service Board Data Management Committee; the Early Intervention/Mental Retardation Advisory Board; The Council Coordinators Association; the Department of Mental Health, Mental Retardation, and Substance Abuse Services Data Policy Task Force; Department of Social Services; Department of Medical Assistance Services; Providers; Special Education; Virginia Department of Health; the Partnership for People with Disabilities; and the Virginia Interagency Coordinating Council. [Prior to submission in February 2009, this indicator was reviewed by members of the Virginia Interagency Coordinating Council and was widely available for review and input by additional stakeholders, including local system managers, providers and families.](#)

Monitoring Priority: Early Intervention Services in Natural Environments

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

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

Measurement:

- a. Positive social-emotional skills (including social relationships):
 - i. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-ages peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100
 - ii. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100
 - iii. Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100
- Acquisition and use of knowledge and skills (including early language/communication):
 - i. Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-ages peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100
 - ii. Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100
 - iii. Percent of infants and toddlers who did not improve

functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100

- **Use of appropriate behaviors to meet their needs:**
 - i. **Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-ages peers = # of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers divided by # of infants and toddlers with IFSPs assessed times 100**
 - ii. **Percent of infants and toddlers who improve functioning = # of infants and toddlers who improved functioning divided by # of infants and toddlers with IFSPs assessed times 100**
 - iii. **Percent of infants and toddlers who did not improve functioning = # of infants and toddlers who did not improve functioning divided by # of infants and toddlers with IFSPs assessed times 100**

For each, if children meet criteria for I, report them in i. Do not include children reported in I in ii or iii. If i+ii+iii does not sum to 100%, explain the difference.

Overview of Issue/Description of System or Process:

The Virginia Part C Annual Performance Report submitted to OSEP in March 2004 acknowledged the lack of a mechanism to measure statewide the extent to which children demonstrate improved and sustained functional skills. In October, 2004 Virginia was awarded a General Supervision Enhancement Grant (GSEG) to develop Part C State outcome indicators and methods to collect and analyze Part C outcome indicator data. A management group, called the Core Team, was formed to oversee the project and make recommendations to the State Lead Agency. The Core Team, with stakeholder input from a Design Review Team, local system managers and focus groups, has established the following plans for the infrastructure associated with Virginia's child outcome measurement system:

Policies and procedures to guide outcome assessment and measurement practices:

The State Lead Agency has adopted the following Outcomes, Indicators and Measures:

- Part C Child Outcomes
 - Children have positive social relationships
 - Children have knowledge and skills
 - Children take appropriate action to meet their needs
- Part C Child Indicators
 - Percent of infants and toddlers with IFSPs who demonstrate improved social-emotional skills (including social relationships)
 - Percent of infants and toddlers with IFSPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication)
 - Percent of infants and toddlers with IFSPs who demonstrate improved use of appropriate behaviors to meet their needs
- Part C Measures
 - Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it divided by (# of infants and toddlers with IFSPs assessed)] times 100.
 - Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved

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

Virginia's Part C Policies and Procedures will be revised to incorporate the outcome measurement system requirements. An assessment in all areas is required during each child's initial Part C evaluation and assessment process using an assessment instrument or multiple assessment instruments that assess in all five developmental domains. Assessments must incorporate parent input and team member observations and informed clinical opinion, in addition to information from the assessment instrument(s). Information from ongoing assessment is used to rate each child's performance on the three functional indicators in comparison to same-aged peers at the annual IFSP (and each subsequent annual IFSP) or at exit if the child has been in the Part C system for at least six months but will be leaving prior to the annual IFSP or exits more than 6 months after the most recent annual IFSP. At the initial and subsequent assessments, a performance measurement scale is used to determine the child's functional status, based on the assessment information, compared to same-aged peers.

Revisions to process (2/1/08): The outcome measurement system is now called the Virginia System for Determination of Child Progress. Assessments for determination of child status/progress are required at entry and exit, while interim assessments are encouraged but optional. The final determination of a child's developmental status would be by consensus of the IFSP team, using the results of the assessment instruments and the judgment of the IFSP team members, including the family. An adapted version of the Child Outcome Summary Form developed by the Early Childhood Outcome Center (ECO) is used to document the child's status and progress related to each of the indicators. In Virginia, this form is called the Child Indicator Summary Form. Virginia has elected to refer to the global child outcomes identified by OSEP as "indicators" in order to distinguish them from the individualized child outcomes identified on each child's IFSP.

Virginia does not require the use of a specific assessment instrument(s) in determination of child status/progress. Local systems must record the instrument(s) used for determination of child status/progress on the IFSP or on the Child Indicator Summary Form, which are maintained in the child's record.

The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Department of Education have collaborated to ensure that Part C's exit ratings may serve as Part B entry ratings and Part B entry ratings may be used for Part C's exit ratings. Local systems are strongly encouraged to collaborate with their local Part B representatives to establish mechanisms to accomplish this sharing of data and non-duplication of assessment.

Provision of training and technical assistance supports to administrators and service providers in outcome data collection, reporting and use:

Training and technical assistance was provided by national experts to administrators and service providers who participated in the pilot phase of Virginia's outcome measurement system to address quality assessment and outcome data collection, reporting and data use. In addition, the training addressed the skills necessary for IFSP teams to implement the Child Outcomes Summary Form in determining a child's developmental status based on assessment results and the judgment of IFSP team members, including the family.

Statewide training for full implementation of the outcome measurement system occurred regionally in January and February, 2007. All providers were required to participate in training on the outcome measurement system. Local system managers had the responsibility to assure that any local service providers who were unable to attend the regional trainings in January and February were trained through another mechanism. Certificates were issued to those who complete the training. The training was conducted by State Part C Staff and peer trainers (providers who participated in the pilot phase). Based on what was learned during the pilot phase, the training incorporated a strong focus on practice and role play with the skills needed to assure valid and

reliable implementation of the outcome measurement system. There was also emphasis on supporting the family's participation in the process of determining the child's functional status.

Update (2/1/08): In FFY 2006 and FFY 2007, a number of resource documents were developed to support local systems in accurate and consistent progress determination (see below for further information). These documents are available on the Infant & Toddler Connection of Virginia website, www.infantva.org, in the section for Virginia System for Determination of Child Progress.

Quality assurance and monitoring procedures to ensure the accuracy and completeness of the outcome data:

Child status and progress data will be available in the child's record for validation of the levels of development and verification of the process. The Child Indicator Summary Form must be available for data verification and monitoring reviews.

Data will be entered into the Part C data system at the time of the initial IFSP and at each interim assessment (optional) and/or at exit. The Part C data system, ITOTS, has been revised to incorporate new elements associated with the outcome measurement system. The data system includes built-in edits to prevent knowable errors (e.g., data, scores, missing data) and to disallow impossible combinations of progress data. ITOTS also includes prompts to remind data entry personnel to include all required information.

Update (2/1/08): A number of activities were completed in FFY 2006 to support local systems in consistent and accurate determination of child progress, including the following:

- Technical assistance was provided to pilot sites as they collected exit data for children who entered during the initial pilot period in FFY 2005.
- Data elements for collecting and reporting child progress data were developed and implemented through ITOTS.
- Regional training was provided across the Commonwealth on full implementation of the Virginia System for Determination of Child Progress. Statewide implementation of the Virginia System for Determination of Child Progress began March 1, 2007
- A number of written technical assistance documents were disseminated to local systems to support statewide implementation of the Virginia System for Determination of Child Progress, including: written instructions, Frequently Asked Questions, Questions to Guide Discussion of Functional Indicators, Explanation of Indicator Ratings, and Decision Tree with Prompts for Summary Rating Discussions.
- A keynote presentation and two break-out sessions on measuring child progress were presented by a national expert at the 2007 Virginia Early Intervention Conference.
- Ongoing technical assistance was provided through regional meetings of local system managers and with individual local systems, as needed, to support statewide implementation of the Virginia System for Determination of Child Progress.
- Early drafts of modules for online training related to the Virginia System for Determination of Child Progress were developed.
- Development began on a guidance document on typical development. The document is arranged by the child's age (by month from 1 month – 18 months, then at 3-month intervals from 18 – 36 months) and includes information about the general impression of a child at that age and expected functional skills at that age in each of the 3 areas identified by OSEP.
- A Quality Assurance System for the Virginia System for Determination of Child Progress was developed:
 - Phase One: Consistent training and resources to all providers
 - Provision of consistent training for providers across the Commonwealth – The same trainers presented at every regional training for full implementation of the System for Determination of Child Progress; the same training materials were used at all sessions; any new material developed was disseminated statewide; and the Power Point, training

- materials, and forms presented during the trainings were posted on the Infant & Toddler Connection of Virginia website. (Completed)
 - Development and dissemination of supplementary training, technical assistance and resources materials (Ongoing)
 - Development of ITOTS data entry requirements, including logic to force entry of required elements, logic to prevent entry of impossible data, and reports to use for review of data, including data verification. (Completed, with refinements in process)
 - Online training modules to assure consistent training of new providers, providers new to Virginia's System for Determination of Child Progress and as a refresher for any providers. (In process)
 - Phase Two: Evaluation and monitoring to assure correct implementation, including accurate, reliable assessments
 - Record reviews to follow up on questionable data submitted by pilot sites (Completed)
 - Development of a system for routine monitoring on the local level via record reviews and team meetings/participatory trainings (Targeted for 2008)
 - Incorporation of record reviews for accuracy of indicator scoring into Virginia's monitoring and supervision system (Targeted for 2008)

Update (2/1/09): In order to support accurate and consistent determination of child progress on an ongoing basis, the following activities were completed in FFY 2007:

- Ongoing technical assistance was provided through regional meetings of local system managers and with individual local systems, as needed, to support statewide implementation of the Virginia System for Determination of Child Progress
- A series of 6 online training modules were developed to assure consistent training of new providers new to Virginia's System for Determination of Child Progress and as a refresher for any providers. These modules are available on the Infant & Toddler Connection of Virginia website, www.infantva.org, and include power point presentations, video segments, case studies, resource documents and links.
- A new resource manual, *Determining the Status of Infant/Toddler Development in Relation to the Three Office of Special Education Program's (OSEP) Outcomes*, was developed to assist providers. This manual includes the implementation instructions for determination of child progress; information about the role of the family; functional indicators; age-expected and immediate foundational skills; and indicator ratings. The Evaluation/Assessment Tools section of the manual includes guiding questions, decision trees and sample scripts. General information about typical development, as well as examples of typical development organized by indicators for each age or age range, are included also.

Data system elements for outcome data input and maintenance, and outcome data analysis functions:

The new data system elements require reporting of the developmental scale score for use in determination and reporting of progress. The supporting data, including assessment tools, results, summary of assessment form, and other supporting data will be available in each child's record. The scale scores at entry and exit will be converted to a progress statement electronically.

It is important for this data to not only provide information on early intervention impact but also guide service delivery, local improvement, and state systems improvement. Therefore, data analysis must occur at all levels. After electronic conversion of raw score data to progress data, the data will be aggregated and available for use. The IFSP team will be able to chart the child's progress on an individual basis. The local providers will be able to determine program impact and the State will be able to meet the federal reporting requirements and use the data for General Supervision and program improvement. Aggregated impact information will be available to the state legislature and the administration.

Update (2/1/08): In FFY 2006 all data system elements related to Virginia's System for Determination of Child Progress were fully implemented in ITOTS, and reports were developed to allow ongoing monitoring of data at both the State and local levels.

Baseline Data for FFY 2007 (2007-2008):

Although this is not baseline data, the tables below show the progress data from ITOTS for all children who exited between July 1, 2007 and June 30, 2008, who had both entry and exit data and had

participated in the Part C early intervention system for at least 6 months. Virginia used the Child Outcomes Summary Form to set the criteria for “same-aged peers.” Children scoring on the scale at 6 or 7 were considered “comparable to same-aged peers” and those scoring 5 or below were considered “level below same-aged peers”.

A. Positive social-emotional skills (including social relationships):	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	7	0.83%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	76	9.02%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	113	13.40%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	250	29.66%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	397	47.09%
Total	N= 843	100%

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	6	0.71%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	82	9.73%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	141	16.73%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	378	44.84%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	236	28.00%
Total	N= 843	100%

C. Use of appropriate behaviors to meet their needs:	Number of children	% of children
a. Percent of infant and toddlers who did not improve functioning	7	0.83%
b. Percent of infant and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	83	9.85%
c. Percent of infant and toddlers who improved functioning to a level nearer to same-aged peers but did not reach	162	19.22%
d. Percent of infant and toddlers who improved functioning to reach a level comparable to same-aged peers	432	51.25%
e. Percent of infant and toddlers who maintained functioning at a level comparable to same-aged peers	159	18.86%
Total	N= 843	100%

Discussion of Baseline Data:

Progress data reported in 2010 will be considered baseline data.

Since Virginia's System for Determination of Child Progress was implemented statewide on March 1, 2007, the progress data reported above represents children who were in the system for no more than 16 months (though there may be a few children who exited in FFY 2007 who entered during the pilot phase of implementation and were in the system a few months longer).

Virginia does not require the use of a specific assessment instrument(s) in determination of child status/progress. Local systems must record the instrument(s) used for determination of child status/progress on the IFSP or on the Child Indicator Summary Form, which are maintained in the child's record. Data from a November 2008 survey of local systems indicates that the ELAP (67%) and HELP (22%) are the most commonly used assessment instruments for determination of child status/progress in Virginia. One local system uses the Battelle and a small number of systems use a combination of instruments.

Virginia has invested significant resources into training, technical assistance and written documents to support valid and reliable determination of child status and progress (as described above in the quality assurance section). In addition, State Lead Agency staff members are using record reviews to follow-up with local systems on any questionable data entered to date. Improvement activities continue to focus on ensuring the reliability of the data.

FFY	Measurable and Rigorous Target
2005 (2005-2006)	N/A
2006 (2006-2007)	N/A
2007 (2007-2008)	N/A
2008 (2008-2009)	Targets will be set once baseline data are established for FFY 2008
2009 (2009-2010)	
2010 (2010-2011)	

Improvement Activities/Timelines/Resources:

Activity	Timelines	Resources
1. Provide technical assistance, as needed, to pilot sites as they begin collecting exit data for children who entered during the initial pilot period	December 2006 <i>(Completed)</i>	<u>Personnel:</u> State Part C and IT staff, GSEG staff

Activity	Timelines	Resources
2. Conduct statewide training on full implementation of the child outcome measurement system	January – February 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C staff, GSEG staff, peer trainers <u>Funding:</u> Through General Supervision Enhancement Grant
3. Finalize data system elements for collection and reporting of child outcome data	March 2007 <i>(Completed)</i>	<u>Personnel:</u> State Part C and IT staff, GSEG staff
4. Provide ongoing technical assistance as statewide implementation of the outcome measurement system begins to ensure consistent and accurate determination of child status and progress and to support local use and interpretation of progress data for local improvement planning	Ongoing	<u>Personnel:</u> State Part C Staff
5. Finalize and disseminate guidance document to local systems and providers on typical development to ensure consistent and accurate determination of child status and progress	March 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, GSEG staff, local system manager <u>Funding:</u> Through General Supervision Enhancement Grant
6. Finalize and implement online training modules to assure consistent training of new providers, providers new to determination of child progress, and existing providers wanting a refresher	March 2008 <i>(Completed)</i>	<u>Personnel:</u> State Part C Staff, staff at the Virginia Commonwealth Partnership for People with Disabilities, local system <u>Funding:</u> Through General Supervision Enhancement Grant
7. Purchase assessment materials to support accurate, reliable assessment of child status and progress	March 2008 <i>(Not completed because funds ran out)</i>	<u>Personnel:</u> State Part C staff <u>Funding:</u> Through General Supervision Enhancement Grant
8. Incorporate routine State and local monitoring for accuracy of indicator scoring into Virginia's monitoring and supervision system	October 2009	<u>Personnel:</u> State Part C staff <u>Funding:</u> Already in the Part C budget
9. Identify and address additional technical assistance needs based on monitoring (in Activity #8) for accuracy and reliability of	December 2009	<u>Personnel:</u> State Part C staff <u>Funding:</u> To be determined

Activity	Timelines	Resources
indicator scoring.		
<p>10. Determine the need for and make ITOTS improvements to ensure accurate and consistent data and to develop additional reports related to determination of child progress to support State and local use of data for ongoing monitoring and system improvement planning</p>	<p>2009</p> <p>2010 for additional reports</p>	<p><u>Personnel</u>: State Part C staff, ITOTS stakeholder group</p> <p><u>Funding</u>: Already in the Part C budget</p>