



State Disability Services
2020 TREND REPORT
EARLY INTERVENTION



**Virginia Board for
People with Disabilities**





2020 State Disability Services Trend Report Early Intervention

First Edition

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TABLE OF CONTENTS

Background..... i

Statement of Values..... ii

Trend Summary..... 1

Indicator Summaries

Quality Indicators:

 Know Their Rights 3

 Help Children Develop & Learn 4

 Social-Emotional Skills 5

 Knowledge & Communication 7

 Appropriate Behavior 9

 Natural Environment 11

 Communicate Needs 12

Accessibility Indicators:

 Timely Individualized Family Service Plan (IFSP) Provision 13

 Transition to Preschool 14

Methodology 15

Data Source & Limitations 17



Partnership for People
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Virginia Board for
People with Disabilities

BACKGROUND

The Virginia Board for People with Disabilities (VBPD) is a subcontractor for Virginia Commonwealth University's Partnership for People with Disabilities (VCU PPD) on Project Living Well, a Project of National Significance that was awarded federal funding by the Administration for Community Living. Project Living Well was established with the purpose of "implementing a replicable and sustainable model of: 1) evidence-based and informed capacity building strategies that will increase knowledge and skills of people with disabilities and their supporters and generate policy change; and 2) community monitoring that will align and augment disparate monitoring and quality initiatives to improve the identification of health and safety risks for people with disabilities." Project Living Well will be implemented over a five-year period, from federal fiscal year 2018 through 2022.

As a result of this subcontract, VBPD began developing a trend report to track service provision and quality of life outcomes regarding people with developmental and other disabilities. The disability services system in Virginia spans numerous state agencies and other organizations, making it difficult to holistically monitor. VBPD hopes that this report helps policymakers, advocates, and the general public easily track performance over time and identify areas for improvement across the disability services system. VBPD also strives to align the trend report indicators with those used in VBPD's assessments of disability service areas, which discuss the policy implications of key quantitative and qualitative information.

VBPD plans to release one trend report for each of five selected service categories as they are completed in 2020. These service categories are Early Intervention, Housing, Education, Employment, and Health and Community Supports. After this first round of release, VBPD will determine the frequency for updating the trend report based on data availability and staff resources, but intends to update the trend report for a given topic at least once every four years. Similarly, VBPD updates its

assessment of disability service areas once every four years for a given topic.

Congress first established early intervention services in 1986, through what is now called Part C of the Individuals with Disabilities Education Act (IDEA), amid concern that children with disabilities and their families need support not only once they have entered school, but from birth. Early intervention services are intended to reduce developmental delay, maximize the potential for independent living, and reduce societal costs by minimizing the future need for special education and related services. Services include, but are not limited to, assistive technology, audiology, family training or counseling, health or medical services, nursing services, nutrition services, occupational or physical therapy, psychological services, sign or cued language services, social work services, special instruction, speech language pathology, or vision services.

Virginia's early intervention services are available to infants or toddlers under age three who have developmental delays or have a high probability of having a developmental delay. Developmental delay is defined differently across states. In Virginia, infants and toddlers are considered to have developmental delays if they are 1) functioning 25% or more below their age in certain areas of development, or 2) show certain atypical development or behavior. They are considered likely to have developmental delays if they have been diagnosed with a physical or mental condition that is likely to result in developmental delays, such as autism spectrum disorder or Down syndrome.

The Department of Behavioral Health and Developmental Services (DBHDS) is the lead state agency for Virginia's early intervention services, via the Infant & Toddler Connection of Virginia. If an infant or toddler is determined eligible for services, and the family agrees to services, an Individualized Family Service Plan (IFSP) is developed, in collaboration with the family. Some services are free while others have fees, but children cannot be denied services based on the family's inability to pay.

STATEMENT OF VALUES

The Virginia Board for People with Disabilities (VBPD), as Virginia’s Developmental Disability Council, advises the Governor, the Secretary of Health and Human Resources, legislators, and other groups on issues important to people with disabilities in the Commonwealth. The Virginia Commonwealth University Partnership for People with Disabilities (VCU PPD), as Virginia’s University Center for Excellence in Developmental Disabilities, connects academic research and service delivery systems to improve the quality of life for people with disabilities in the Commonwealth.

As the product of organizations that are tasked to advocate for people with disabilities, help improve the service system, and advise the structure that governs it, this trend report is driven by a core set of beliefs and principles, which can be distilled into three categories:

Quality: People with disabilities should receive quality services and supports which enhance their lives. Quality services and supports should indicate a recognition that

- all people have ***inherent dignity*** regardless of gender, race, religion, national origin, sexual orientation, or disability status;
- people with disabilities should be ***presumed capable*** of obtaining a level of independence and make informed choices;
- people with disabilities have the right to ***self-determination*** and should be included in the decision-making processes that affect their lives;
- and all people, including people with disabilities, are valued for contributing to the ***diversity*** of the Commonwealth.

- should provide ***freedom from abuse and neglect***;
- and should be ***fiscally responsible***.

Satisfaction: Enhancing the wellbeing of people with disabilities should be a central goal of the disability services and supports system. Because people with disabilities are experts in their own wellbeing, personal satisfaction metrics should be considered whenever possible in system evaluation efforts. Satisfaction of family members who act as caretakers or legal guardians should also be considered when available.

Accessibility: Essential services and supports must be physically and programmatically accessible to people with disabilities, regardless of characteristics such as, but not limited to, the nature of their disability, their income, or where they live.

Additionally, quality services and supports

- should be provided in the most ***integrated*** setting appropriate to each person’s needs and desires;

The Virginia Board for People with Disabilities (VBPD) hopes that this report helps policymakers, advocates, and the general public easily track performance over time and identify areas for improvement across the disability services system.

EARLY INTERVENTION TRENDS

QUALITY

Fewer children have demonstrated substantial improvements in assessed skills and abilities following receipt of early intervention services, but these trends are likely due to increased assessment accuracy following recent quality improvement efforts, rather than to a decline in actual outcomes. A majority of families consistently reported that services helped them know their rights, assist in their child's learning and development, and effectively communicate their children's needs.

QUALITY INDICATOR	1 YEAR TREND	4 YEAR TREND	8 YEAR TREND
<i>Know Their Rights</i>	↓	↔	↑
<i>Help Children Develop & Learn</i>	↓	↔	↑
<i>Social-Emotional Skills*</i>	↔	↓	↓
<i>Knowledge & Communication*</i>	↓	↓	↓
<i>Appropriate Behavior*</i>	↔	↓	↓
<i>Natural Environment</i>	↔	↔	↔
<i>Communicate Needs</i>	↓	↑	↑

**The trends in the trend summary for the indicators social-emotional skills, knowledge and communication, and appropriate behavior are averages of the percentage changes of: 1) infant/toddler significant substantial improvement in this area, and 2) infant/toddler functioning within age expectations in this area.*

ACCESSIBILITY

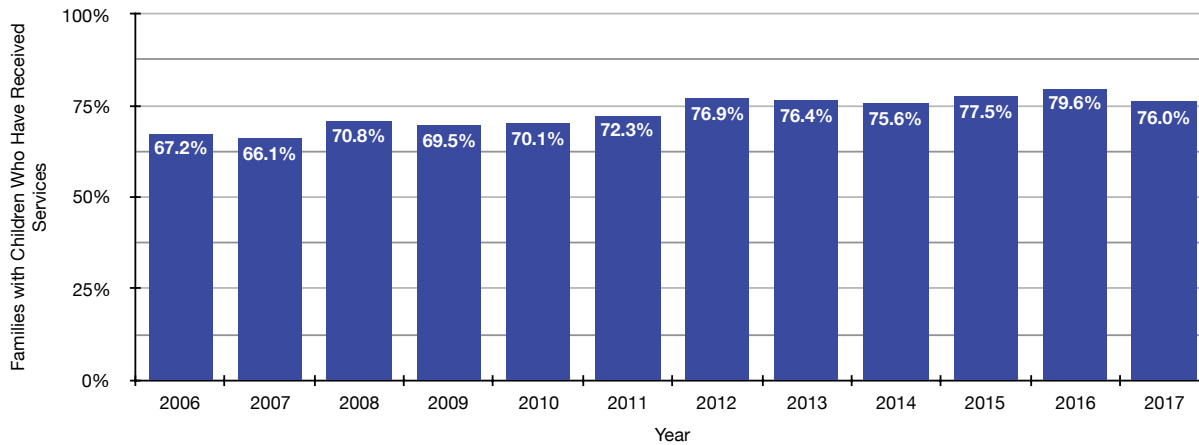
Available data on the accessibility of early intervention services is limited and mostly focused on timeliness of service provision. More than 95% of infants and toddlers received services in a timely manner after parental consent was obtained, and had a conference regarding transition from early intervention to preschool in a timely manner, although the latter has fluctuated substantially in recent years.

ACCESSIBILITY INDICATOR	1 YEAR TREND	4 YEAR TREND	8 YEAR TREND
<i>Timely IFSP Service Provision</i>	↔	↔	↑
<i>Transition to Preschool</i>	↑	↓	↑

The Early Intervention program, overseen by the Department of Behavioral Health and Developmental Services (DBHDS), provides services and supports to infants and toddlers with developmental delays and their families, in accordance with Part C of the Individuals with Disabilities Education Act (IDEA). These services may include, but are not limited to, speech therapy, physical therapy, occupational therapy, psychological services, and service coordination. The services are intended to minimize developmental delay, maximize potential for independent living, and reduce costs to society by minimizing future need for special education and related services.

When interpreting this trend summary, it is important to note that all trends are based on the most recent data available at the time of trend report development. As a result, some indicator trends may be based on data that is older or newer than other indicator data. Data and years for which data was available are shown on the indicator summary pages in the trend report. Additionally, the trend arrows are based on the percentage change over time. Please note that changes less than one percent are deemed “about the same” and indicated with “↔.” This threshold does not indicate statistical significance, so it is possible that fluctuations greater or less than one percent were due to random chance. More information on how the trend summary was determined is included in the Data Sources & Limitations section.

Services Helped Family Know Rights



WHAT ARE THE TRENDS?

Since federal fiscal year 2006, the percentage of families with children who have received early intervention services and reported in the Statewide Family Survey that services have helped them know their rights has generally trended upward. 2007 saw the lowest portion of families who reported that services helped them know their rights at 66.1%, and 2016 saw the highest portion at 79.6%. From 2016 to the most recently published federal fiscal year 2017, there was a decrease of 3.6 percentage points (or -4.5%).

WHO:

Of those families who have children receiving early intervention services and who participated in a survey, the percentage of families who indicated that early intervention services helped them know their rights.

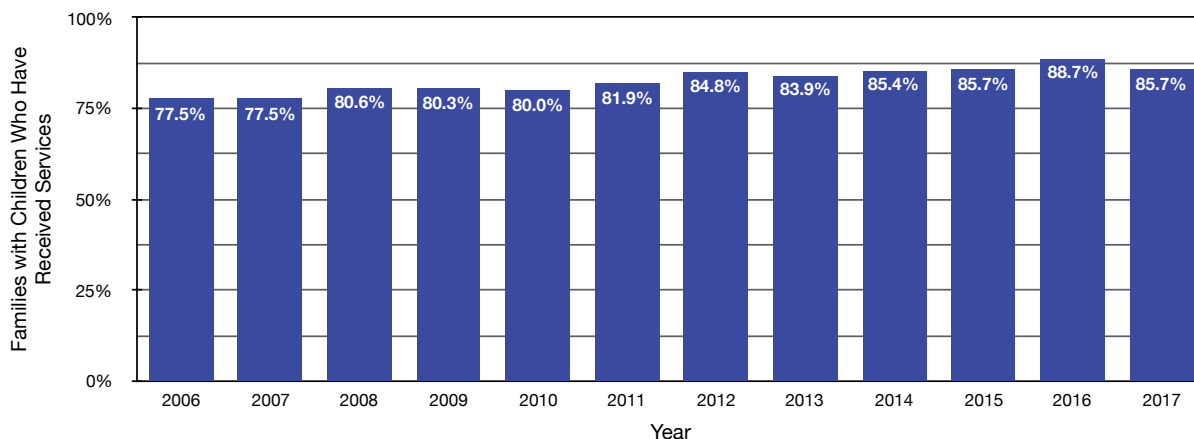
HOW:

Data is collected through the Statewide Family Survey, returned either through telephone, mail, or online and collected by Old Dominion University's Social Science Research Center.

WHEN:

The Statewide Family Survey is mailed out every spring to families that were enrolled in early intervention services on the previous December 1. Data is reported annually by federal fiscal year.

Services Helped Family Help Their Children Develop and Learn



WHAT ARE THE TRENDS?

Since federal fiscal year 2006, the percentage of families with children who have received early intervention services and reported in the Statewide Family Survey that services have helped them aid in the process of their child’s learning and development has generally trended upward. 2006 and 2007 saw the lowest portion of families report that services helped them help their children at 77.5%, and 2016 saw the highest portion at 88.7%. From 2016 to the most recently published federal fiscal year 2017, there was a decrease of 3.0 percentage points (or -3.4%).

WHO:

Of those families who have children receiving early intervention services and who participated in a survey, the percentage of families who indicated that early intervention services helped them aid in the process of their child’s learning and development.

HOW:

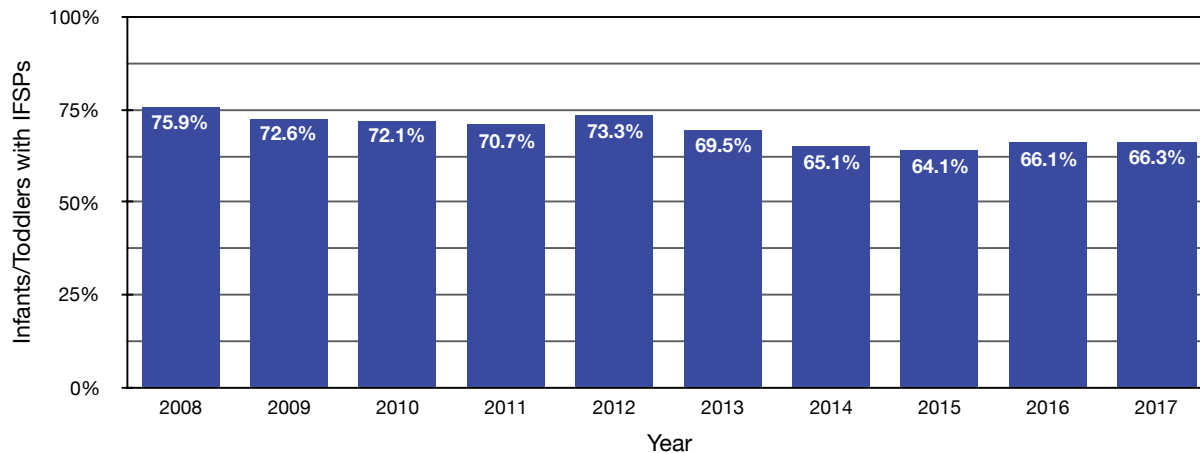
Data is collected through the Statewide Family Survey, returned either through telephone, mail, or online and collected by Old Dominion University’s Social Science Research Center.

WHEN:

The Statewide Family Survey is mailed out every spring to families that were enrolled in early intervention services on the previous December 1. Data is reported annually by federal fiscal year.

5 INDICATOR: SOCIAL-EMOTIONAL SKILLS WITH SUBSTANTIAL IMPROVEMENT

Infants/Toddlers with Substantial Improvement in Social-Emotional Skills by Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who made substantial improvements in social-emotional skills by the time they turned three years old or left the early intervention system has trended downwards. 2008 saw the highest portion of infants and toddlers making substantial improvements at 75.9%, and 2015 saw the lowest portion at 64.1%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. Results for 2017 were similar to those for 2016.

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs) who entered or left early intervention below age expectations for social-emotional skills, the percentage who substantially improved those skills to a level similar or closer to a level similar to other children their age by the time they turned three years old or left the program.

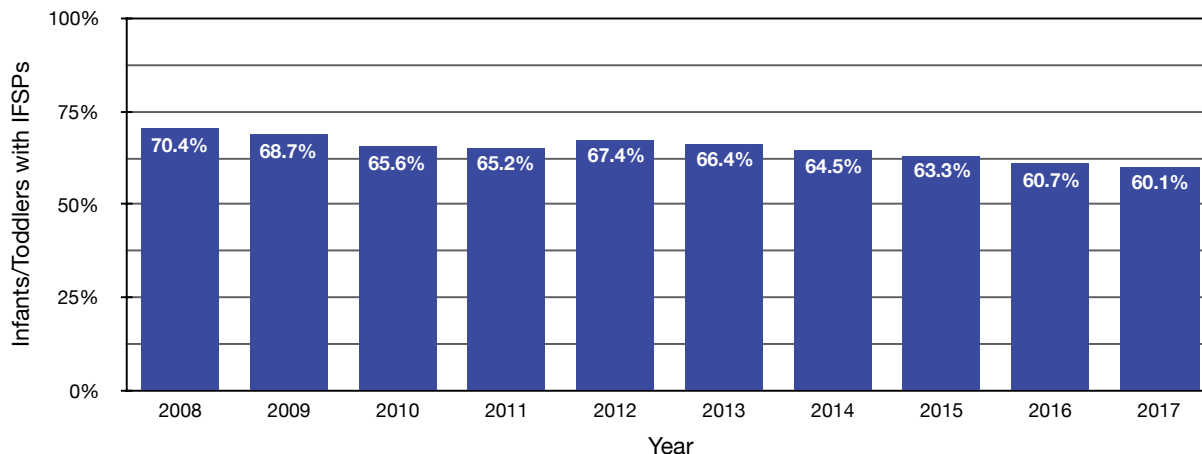
HOW:

Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

Infants/Toddlers Functioning within Age Expectations for Social-Emotional Skills at Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who were functioning within age expectations in social-emotional skills when they turned three years old or left the early intervention system trended downwards. 2008 saw the highest portion of infants and toddlers functioning within age expectations at 70.4%, and 2017 saw the lowest portion at 60.1%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. From 2016 to the most recently published federal fiscal year 2017, there was a decrease of 0.6 percentage points (or -1.0%).

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs), the percentage who improved or maintained their level of functioning with social-emotional skills at a level similar to other children their age by the time they turned three years old or left the program.

HOW:

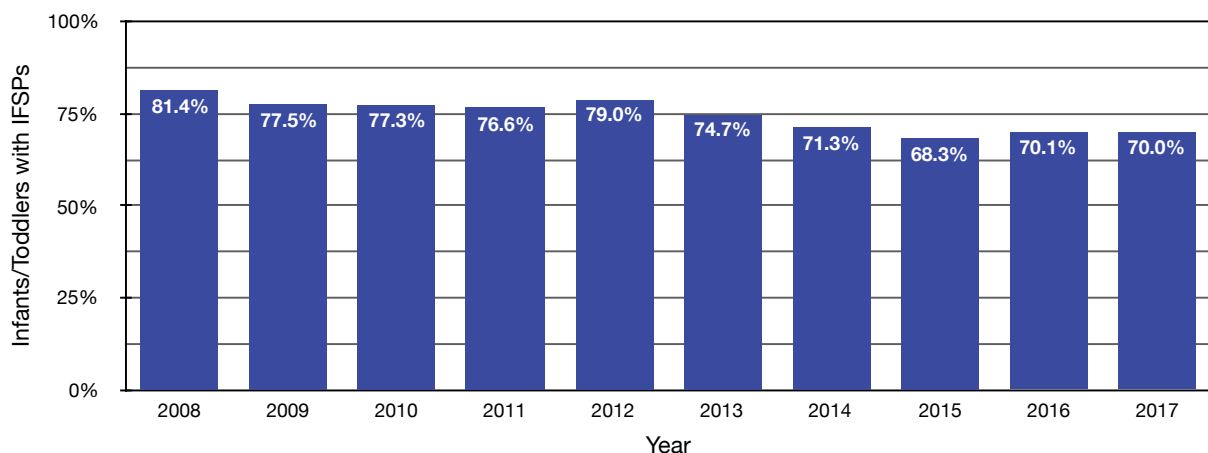
Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

7 INDICATOR: KNOWLEDGE AND COMMUNICATION WITH SUBSTANTIAL IMPROVEMENT

Infants/Toddlers with Substantial Improvement in Knowledge and Communication by Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who made substantial improvements in knowledge and communication skills by the time they turned three years old or left the early intervention system trended downwards. 2008 saw the highest portion of infants and toddlers making substantial improvements at 81.4%, and 2015 saw the lowest portion at 68.3%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. Results for 2017 were similar to those for 2016.

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs) who entered or left early intervention below expectations for gaining and using their knowledge and communication, the percentage who improved those skills to a level similar or closer to a level similar to other children their age by the time they turned three years old or left the program.

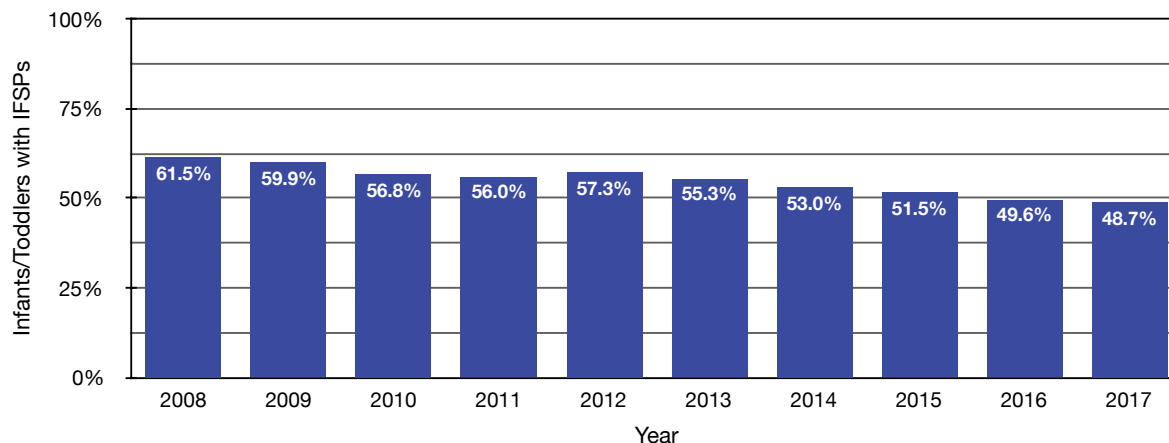
HOW:

Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

Infants/Toddlers Functioning within Age Expectations for Knowledge and Communication at Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who were functioning within age expectations in knowledge and communication skills when they turned three years old or left the early intervention system trended downwards. 2008 saw the highest portion of infants and toddlers functioning within age expectations at 61.5%, and 2017 saw the lowest portion at 48.7%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. From 2016 to the most recently published federal fiscal year 2017, there was a decrease of 0.9 percentage points (or -1.8%).

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs), the percentage who improved or maintained their level of functioning in gaining and using knowledge and communication at a level similar to other children their age by the time they turned three years old or left the program.

HOW:

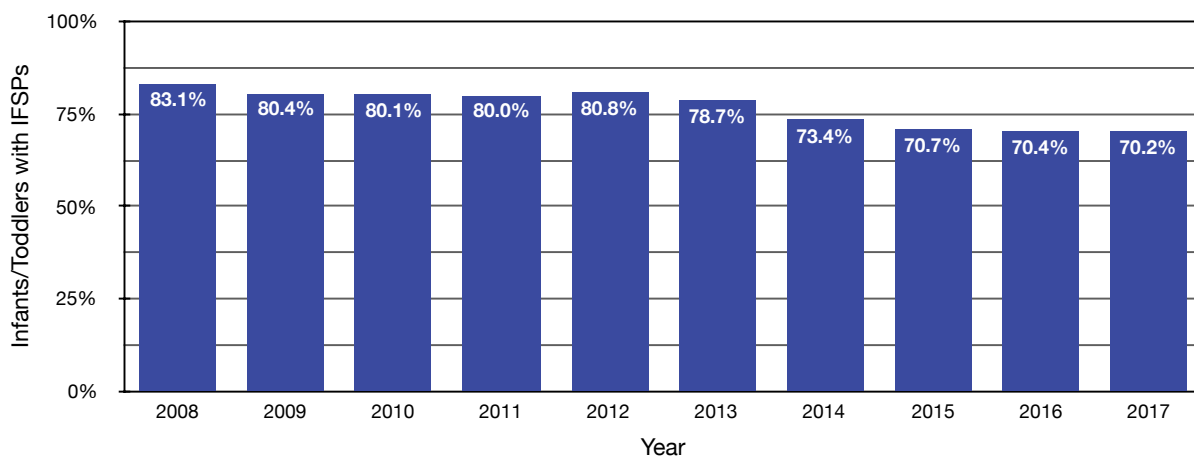
Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

9 INDICATOR: SUBSTANTIAL IMPROVEMENT IN USE OF APPROPRIATE BEHAVIOR TO MEET NEEDS

Infants/Toddlers with Substantial Improvement in Use of Appropriate Behavior to Meet Needs by Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who made substantial improvements in using appropriate behavior to meet their needs by the time they turned three years old or left the early intervention system trended downwards. 2008 saw the highest portion of infants and toddlers making substantial improvements at 83.1%, and 2017 saw the lowest portion at 70.2%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. Results for 2017 were similar to those for 2016.

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs) who entered or left early intervention below age expectations for using appropriate behavior for meeting their needs, the percentage who improved those skills to a level similar or closer to a level similar to other children their age by the time they turned three years old or left the program.

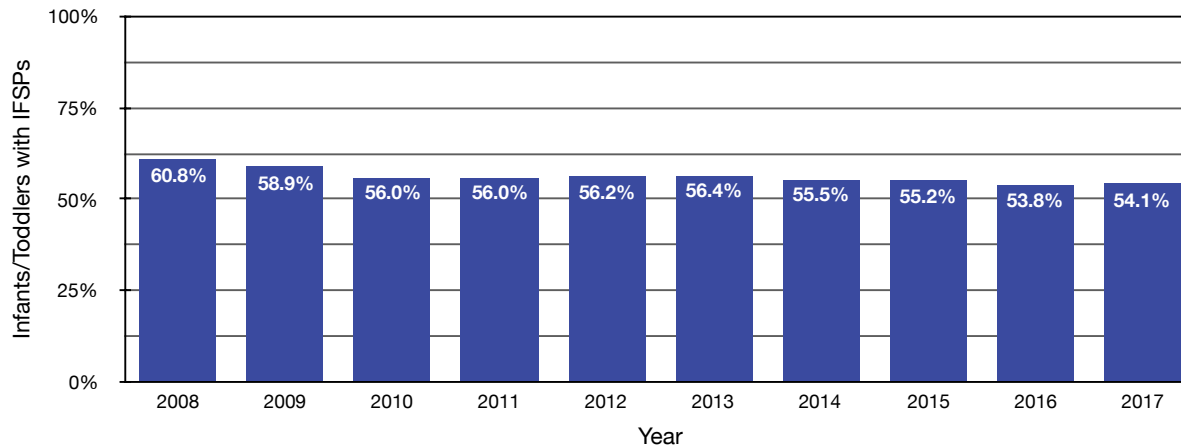
HOW:

Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

Infants/Toddlers Functioning within Age Expectations for Using Appropriate Behavior to Meet Needs at Program Exit



WHAT ARE THE TRENDS?

Since federal fiscal year 2008, the percentage of infants and toddlers with Individualized Family Service Plans (IFSPs) who were functioning within age expectations in using appropriate behavior to meet their needs when they turned three years old or left the early intervention system trended downwards. 2008 saw the highest portion of infants and toddlers functioning within age expectations at 60.8%, and 2016 saw the lowest portion at 53.8%. This data may be skewed, however, because Virginia has focused significant efforts during the intervening years on improving the accuracy of infant and toddler assessments through increased training in assessment implementation. Results for 2017 were similar to those for 2016.

WHO:

Of those infants and toddlers with Individualized Family Service Plans (IFSPs), the percentage who improved or maintained their level of functioning in using appropriate behavior at a level similar to other children their age by the time they turned three years old or left the program.

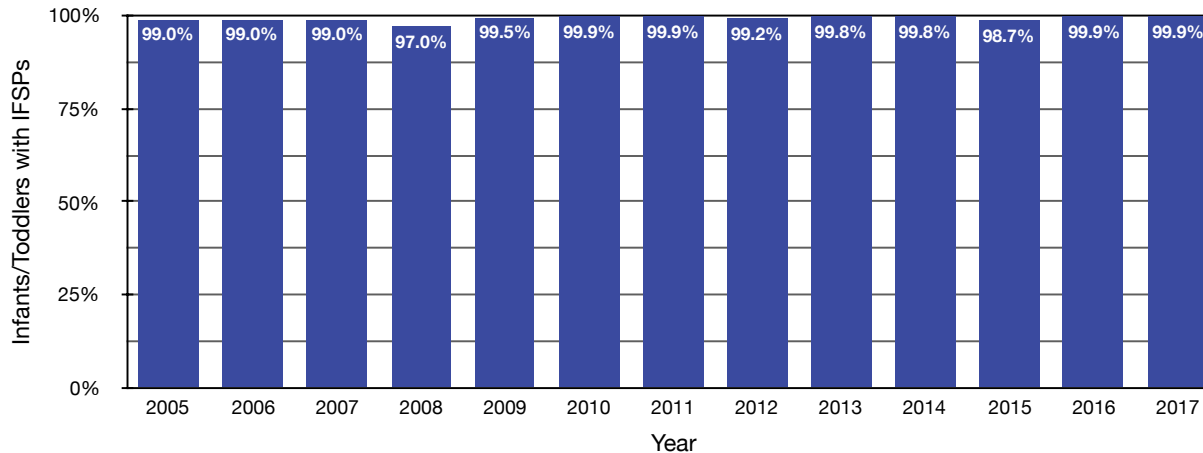
HOW:

Data is gathered from Child Progress Reports which are submitted to the Infant and Toddler Online Tracking System (ITOTS).

WHEN:

Data is reported annually by federal fiscal year.

Received Services in Natural Environments



WHAT ARE THE TRENDS?

Since federal fiscal year 2005, most infants and toddlers with Individualized Family Service Plans (IFSPs) have received a majority of their services (measured in hours) in a home- or community-based setting. About 99% or greater than 99% of infants and toddlers were served in natural environments in every year of data collection, except for 2008 and 2015, in which the results were 97% and 98.7%, respectively. Results for 2017 were similar to those for 2016.

WHO:

Of those infants/toddlers with Individualized Family Service Plans (IFSPs), the percentage receiving most of their services (measured in hours) in a home- or community-based setting.

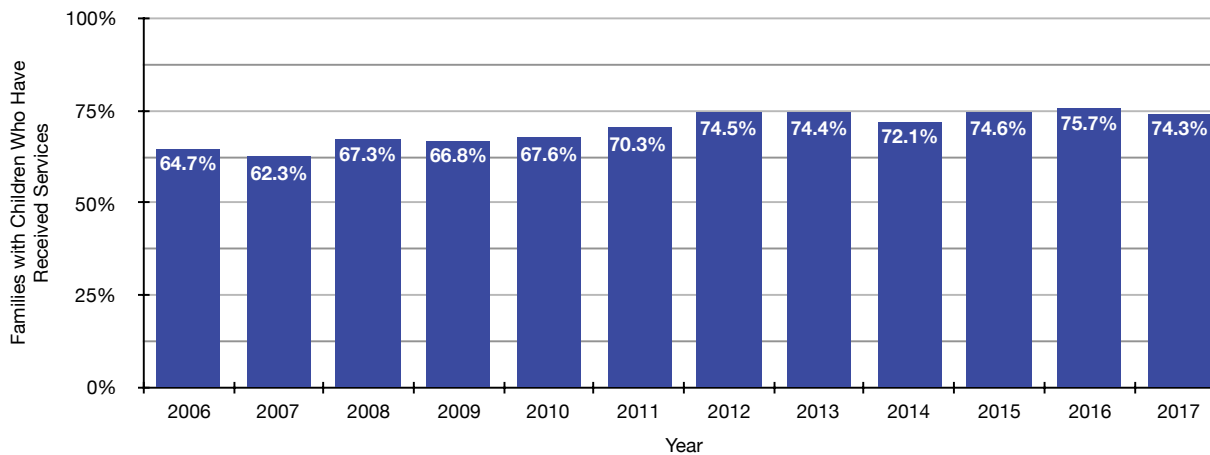
HOW:

Data is submitted to the Infant and Toddler Online Tracking System (ITOTS) and is collected for the Early Intervention Annual Performance Report (APR) on December 1.

WHEN:

Data is reported annually by federal fiscal year.

Services Helped Family Communicate Needs



WHAT ARE THE TRENDS?

Since federal fiscal year 2006, the percentage of families with children who have received early intervention services and reported in the Statewide Family Survey that services have helped them communicate the needs of their children generally trended upwards. 2007 saw the lowest portion of families reporting services helped them at 62.3%, and 2016 saw the highest portion at 75.7%. From 2016 to the most recently published federal fiscal year, 2017, there was a decrease of 1.4 percentage points (or -1.8%).

WHO:

Of those families who have children receiving early intervention services and who participated in a survey, the percentage of families who indicated that early intervention services helped them learn to effectively communicate the needs of their child.

HOW:

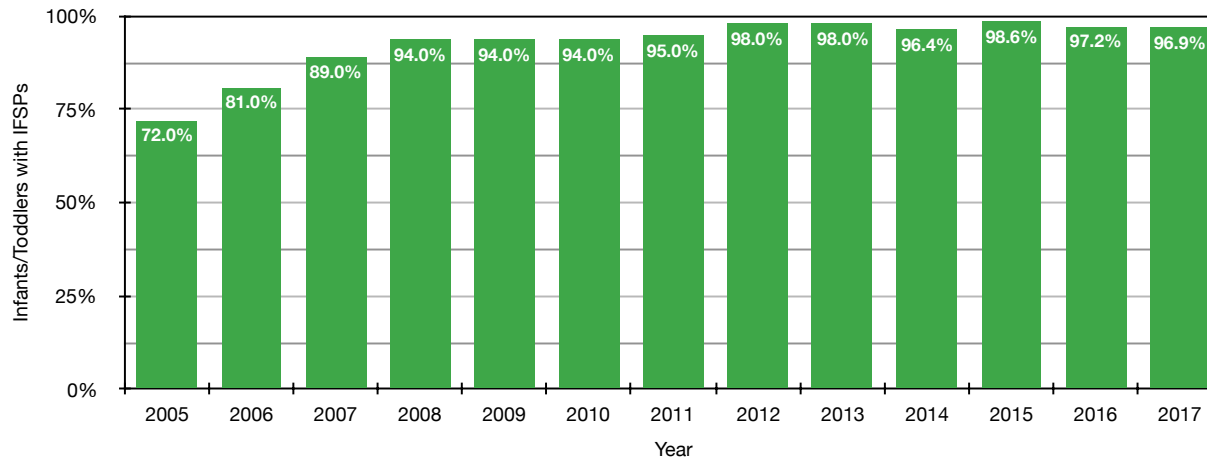
Data is collected through the Statewide Family Survey, which is mailed out every spring to families that were enrolled in early intervention services on the previous December 1. The surveys are completed and returned either through telephone, mail, or online and collected by Old Dominion University's Social Science Research Center.

WHEN:

Data is reported annually by federal fiscal year.

13 INDICATOR: TIMELY INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) PROVISION

Received Individualized Family Service Plan (IFSP) Services Within 30 Days



WHAT ARE THE TRENDS?

Since federal fiscal year 2005, there has been an upward trend in timeliness of service provision for infants and toddlers with Individualized Family Service Plans (IFSPs). There was rapid improvement from 2005 to 2008: 72% of infants and toddlers received the services listed in their IFSPs within 30 days in 2005, which increased to 94% of infants and toddlers receiving timely services by 2008. From 2008 and onward, 94% or more infants and toddlers received timely services. 2015 saw the highest portion of infants and toddlers at 98.6%. Results for 2017 were similar to those for 2016.

WHO:

Percentage of infants/toddlers with Individualized Family Service Plans (IFSPs) who, within 30 days of the parent signing the IFSP in consent of services, receive all services listed on the IFSP (includes initial and later IFSPs). Infants/toddlers whose services are delayed due to mitigating circumstances are also counted as receiving their IFSP services in a timely manner. Mitigating circumstances are child/family illness, family scheduling preference, IFSP team planned a later start date to meet child/family needs, natural disaster or severe weather, temporary loss of contact, issue with the foster/surrogate parent, provider unavailability, or a system reason that is not documented.

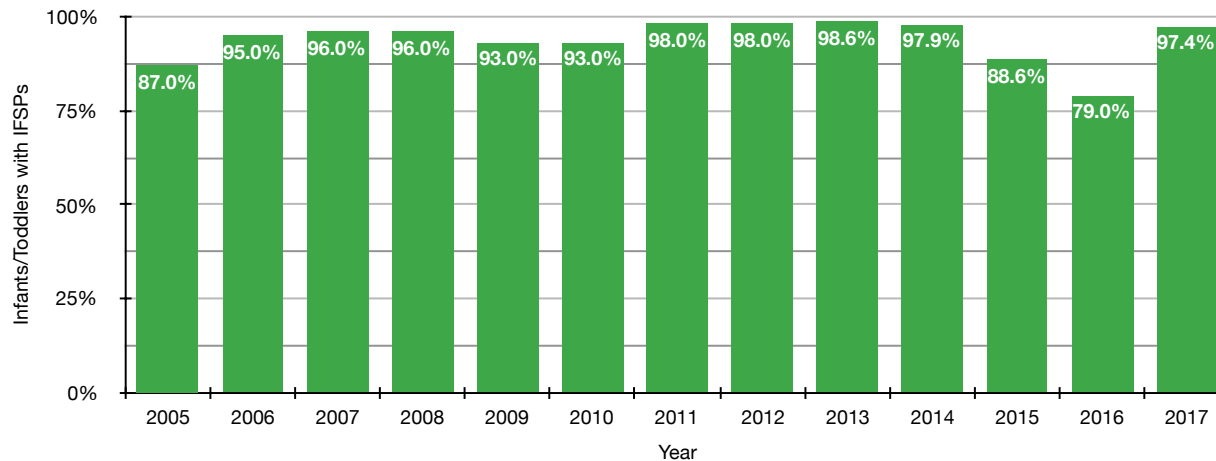
HOW:

Data is reported annually by federal fiscal year and is collected through Annual Local Record Review.

WHEN:

Data is collected for Annual Local Record Review during the previous year between August 1 and December 31. Data is reported annually by federal fiscal year.

Timely Transition Conference Before Third Birthday



WHAT ARE THE TRENDS?

Since federal fiscal year 2005, most conferences for transitioning toddlers who may be eligible for special education services in preschool were held before their third birthday in accordance with standards for timeliness. More than 90% of conferences were held in a timely manner for most years, except for a sudden and steep decrease between 2014 and 2016: 97.9% of conferences were timely in 2014, but that had decreased to 79% by 2016. From 2016 to the most recently published federal fiscal year, 2017, there was rapid improvement from 79% to 96.2%, respectively (increase of 17.2 percentage points or +21.8%).

WHO:

Of those infants/toddlers with disabilities who are leaving the early intervention service systems and may be eligible to receive special education services in preschool, those for whom a transition conference was held 90 days to nine months before their third birthday. Infants/toddlers whose transition conference is delayed due to mitigating circumstances are also counted as having their transition conference in a timely manner. Mitigating circumstances are child/family illness, family scheduling preference, late referral to early intervention services, natural disaster or severe weather, early intervention service coordinator scheduling issues, school district scheduling issues, or a system reason that is not documented.

HOW:

Data is reported annually by federal fiscal year and is collected through Annual Local Record Review.

WHEN:

Data is collected for Annual Local Record Review during the previous year between August 1 and December 31. Data is reported annually by federal fiscal year.

METHODOLOGY

Below is a brief summary of the steps that VBPD took in creating the trend report:

1. Researched how other states and organizations measure service quality and quality of life: VBPD identified 9 states/regions that offered online public access to quality assurance data of services: Washington, D.C., Connecticut, Illinois, Louisiana, Massachusetts, Oregon, South Carolina, Tennessee, Washington. VBPD also identified several national scorecards including the United Cerebral Palsy (UCP) Case for Inclusion, and the State Scorecard on Long-Term Services and Supports. VBPD reviewed the data points that were reported, and the method through which they were presented. Many scorecards included data that related to quality of life, such as Washington D.C.'s Provider Certification Reviews, which included measures of individual rights protection; Connecticut's Quality Service Review, which included measures of relationships and community inclusion; and UCP's Case for Inclusion, which included measures of health and safety.

2. Reviewed academic literature on the measurement of quality of life for people with developmental disabilities: Academic literature discusses quality of life in terms of rights, choice or self-determination, community inclusion and interpersonal relationships, safety, health and wellness (including emotional, physical, and mental well-being), and satisfaction. Researchers agree that measuring outcomes from these different categories is important in determining whether people with DD are living their best lives, in addition to measuring their subjective satisfaction levels.

3. Reviewed agency state plans, policies, and procedures; federal benchmarks; and other national benchmarks: This step helped in the identification and selection of indicators most relevant to Virginia's disability services system, as well as the identification of targets against which to meaningfully compare the data. VBPD initially intended to make systematic comparisons between Virginia data and other states' data, national data, and data for people without disabilities. Although such comparative data is available for some indicators, VBPD decided not to make this systematic comparison due to data limitations. For example, for some indicators, other states chose differing methodologies for measurement, so direct comparisons would be misleading. Direct comparisons with national average data which are based on these states' data would also be misleading. Additionally, data on people without disabilities does not exist for many indicators. For example, data on independent living is gathered for individuals with disabilities, but not for people without disabilities.

4. Identified data sources for reporting service and quality of life outcomes: VBPD first reviewed and compared data that was already publically available online, in order to minimize the extent to which state agencies would need to provide additional data and to better ensure sustainability of the trend report. Next, VBPD solicited feedback from and discussed possibilities of data sharing with other agencies that serve the DD population: the Centers of Independent Living (CIL), the Department of Aging and Rehabilitative Services (DARS), the Department for the Blind and Vision

Impaired (DBVI), the Department of Behavioral Health and Developmental Services (DBHDS), the Department of Medical Assistance Services (DMAS), and the Virginia Department of Education (VDOE). Each agency expressed enthusiasm for the project, and some have offered to share additional data.

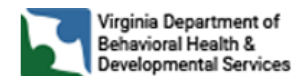
5. **Selected indicators:** Indicators that best addressed the three following categories were included in the trend report:

i) Quality: VBPD defined quality based largely on VBPD's statement of values and factors which researchers and other states have found important to measuring positive life and service outcomes for people with DD. VBPD's stated values, which are published in each annual policy assessment, are inherent dignity, presumed capacity, self-determination, integration, diversity, freedom from abuse and neglect, and fiscal responsibility. The quality of life areas identified by researchers and other states are listed in #2 above.

ii) Satisfaction: Satisfaction was identified by researchers as an important factor of measuring life and service outcomes, as identified in #2 above. VBPD separated satisfaction indicators from the "quality" category in order to highlight the importance of the experiences of the individuals being served and their families, recognize that satisfaction may be based on factors including but not limited to quality, and recognize that satisfaction may not necessarily mirror observable measures of quality due to its subjective nature.

iii) Accessibility: Accessibility is an important component of service delivery. If the service is inaccessible, then the quality of the service is moot. The accessibility of a service can be affected by factors such as funding levels and staffing levels, and can be observed via measures including but not limited to service wait times and cost to the beneficiary.

SPECIAL THANKS TO THE AGENCIES AND ORGANIZATIONS THAT SHARED DATA FOR THIS TREND REPORT:



DATA SOURCE & LIMITATIONS

Trend arrows in the trend summary are based on percentage change over time, using the formula $((\#2 - \#1) / \#1) \times 100$, in which #2 is the most recent data point, and #1 is the less recent data point. For one year trends, #1 is drawn from the previous year. For four year trends, #1 is drawn from the year three years prior to the most recent data point, so that the time frame of interest spans a total of four years. Similarly for eight year trends, #1 is drawn from the year seven years prior to the most recent data point, so the time frame of interest spans a total of eight years. A change equal to or greater than 1.0 percent is indicated with “↑,” while a change equal to or less than -1.0 is indicated with “↓.” Any changes that are less than one percent in either direction (in other words, a change that is between -0.9 and 0.9) is indicated with “↔” in the trend summary. This one percent threshold does not indicate statistical significance, so it is possible that fluctuations greater or less than one percent were due to random chance. VBPD was unable to determine statistical significance due to limitations in data availability and staff resources.

The Infant and Toddler Connection of Virginia Annual Performance Report (APR) is the source from which VBPD drew the indicators for this early intervention trend report. The Infant and Toddler Connection of Virginia is the early intervention system in Virginia. The early intervention system is also known as the Part C system, referring to the part of the Individuals with Disabilities Education Act that established early intervention. The Infant and Toddler Connection collects data for their APR through their Infant and Toddler Online Tracking System (ITOTS), Annual Local Record Review, and the Statewide Family Survey. State data is due for submission annually to the Grads 360 system in the February following the end of the federal fiscal year (FFY), beginning with the APR for FFY 2013. Data is reported by federal fiscal year. Data from as early as 2005 or 2006 can be found on the Grads 360 website at <https://osep.grads360.org/#report/apr/publicView>, while APRs as early as 2009 can be found on the Infant and Toddler Connection of Virginia website at <http://www.infantva.org/sup>

[org/sup](http://www.infantva.org/sup) PublicRepStateLocalMon.htm.

Data in the APR pertain to infants and toddlers who were identified to have developmental delays or have a high probability of developmental delays, were found eligible for services, and have an Individualized Family Service Plan (IFSP). As a result, these indicators only measure the impact of the early intervention system on infants and toddlers who are identified as having a developmental delay or having a high probability of a developmental delay, and whose families agree to receive Part C early intervention services. ITOTS does not track the outcomes of infants/toddlers

- who are not identified as having a developmental delay or having a high probability of a developmental delay, or
- whose families do not agree to participate in Part C early intervention services, resulting in the infants/toddlers either not receiving services or receiving services through other childcare, home visiting, and pre-K programs, or
- who are at risk of having a developmental delay because of biological or environmental factors such as low birth weight, respiratory distress as a newborn, lack of oxygen, etc., because these children are not eligible to receive Part C services in Virginia.

Additionally, for indicators based on the Statewide Family Survey, data is only available on families who chose to respond to the survey. For federal fiscal year 2017, 20.4% of families responded. Differences between the families who responded and families who did not respond, if any exist, are unknown. Furthermore, indicators based on the Statewide Family Survey are self-reported. Self-reported information reflects the respondents' opinions and recollections, which may differ from observable measures. Family members may also not feel comfortable providing negative feedback if they are afraid their response may cause them to lose services.



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