

RESPONSE TO COMMENTS ON STATE PERFORMANCE PLAN
INDICATORS RELATED TO CHILD AND FAMILY OUTCOMES
May 2006

Stakeholders' comments on Indicators 3 and 4 of the State Performance Plan (SPP) were forwarded to the General Supervision Enhancement Grant (GSEG) Core Group. The following information is provided in response to the comments received.

Indicator 3 (Child Outcomes)

1. Concerns about the assessment/re-assessment process related to staff time, funding and added value for children and families.

Since assessments are presently administered at the time of initial evaluation/assessment, no additional assessments will be required for the first outcomes measurement, called Time 1. There will be some added time needed following the initial assessment to summarize the findings, reach team consensus on the child's developmental status and record the team's decision. However, some of this discussion regarding developmental status already occurs as part of the existing IFSP process.

The reassessment, called Time 2, will require the use of an assessment tool, which will be new for some local systems. Some cost and time will be associated with this, but until we pilot the process we will not know the actual time factors in order to determine the additional cost. Identifying funding for the additional cost will have to be addressed when the estimates are determined.

The value of this outcomes determination process for children and families will depend a great deal on the administration of the process. Having an understanding of how early intervention supports and services have impacted their individual child can have great value to each family. When each individual impact is aggregated, this documentation of the impact of early intervention supports and services can have enormous value to the local, state and national early intervention systems. If outcome determination is considered an integral part of the ongoing service planning process for each child and taken seriously as a way to judge the impact of supports and services, then we can realize the value. We recognize that this is not an experimental setting, where all the variables are controlled and the data is totally verifiable. There are concerns of reliability. However, if the outcomes determination process is as uniform as possible, structured appropriately and administered with fidelity, we will have fairly sound data. At present, there is no data addressing the impact of early intervention supports and services at the child and family outcomes level. This data is an essential part of being accountable to the children and families we serve as well as to the Virginia General Assembly, the United States Congress and taxpayers.

2. Judgment by consensus appears to not be in the spirit of family friendly.

Judgment by consensus is a process by which the IFSP team, including the family, takes assessment information and comes to an agreement on an individual child's developmental status related to the three functional outcomes identified by OSEP. This process will be called Summary in Virginia. The child's status is recorded as a number, reached by consensus of the team, on a scale from 1-7 (reflecting the extent to which the child shows behaviors and skills

related to each of the three functional outcomes appropriate for his or her age across a wide variety of settings and situations). Introducing a scale to make a developmental status decision can be difficult, for interventionists as well as families. The scale is a tool and, like any tool, has to be approached appropriately. To say a child is a 3 would not mean a lot, for the interventionist or the family; but to understand the child is “emerging” in showing the behaviors and skills related to taking appropriate actions to meet his/her needs can mean more. The terms used on the 7-point scale (Completely, Somewhat, Emerging, and Not Yet) are distinctions that can provide the data needed for outcome measurement and are also useful as a way to describe the child in relation to age peers and, therefore, better understand the status of the child. The idea of including the families in the most essential parts of this process should not be considered unfriendly, but instead critical. A family’s involvement in the determination of a child’s developmental status can be a part of the family gaining an understanding of their child and can lead to better service planning and greater family involvement in all aspects of intervention. Most families can and should be a part of this conversation. Family input may occur through parent observations shared in completing the assessment tool items that are related to the 3 functional outcomes. If not, then parents’ observations of their child’s skills and development are shared and are used to arrive at the scale score that represents the child’s developmental status.

It has been determined by a national outcomes center that no single tool fully addresses the functional behaviors captured in the three OSEP-required functional outcomes. They conclude that using multiple sources of information, including family input, professional input and appropriate assessment tools, provides the best picture of the child’s functioning.

3. Time 2 assessment would be difficult if required at exit.

We agree. As stated in the concern, many families are highly mobile and often leave suddenly. Trying to assess under these conditions would be inappropriate or impossible. This is one of the factors that led to the decision to incorporate the Time 2 assessment into the IFSP process and have it occur at the time of the annual IFSP. However, if the child has been in services for at least six months, and is making a planned exit from the local system prior to the annual IFSP, then the local system is asked to complete the Time 2 assessment prior to exit in order to determine progress.

4. Data collection will be costly to the extent that an additional position will be required.

In the response above to the comment related to judgment by consensus we provided information about the 7-point scale that will be used to report each child’s developmental status on each of the three OSEP-required outcomes at both Time 1 and Time 2. It is anticipated, then, that data collection and reporting will involve three numbers for Time 1 (at the time of the initial IFSP) and three numbers for Time 2 (at the time of the annual IFSP) for each child. Although it is not certain in what form these numbers will be reported, it is not anticipated that this will involve a significant reporting burden. ITOTS is being revised to allow reporting of this data during the pilot phase of the outcomes project, and the master plan being developed by March 2006 based on a detailed analysis of data requirements will address technology solutions for ongoing collection and reporting of the outcomes data. For the pilots, a formula will be programmed into ITOTS and a comparison of scale scores from Time 1 to Time 2 will automatically be converted into the child’s level of progress. This information on levels of progress will be available to the IFSP team for use in service planning; to the local system in aggregate form for use in

improvement planning; and to the Part C Office for use in improvement planning, with the legislature, and for reporting to OSEP.

5. We recommend an alternative method of collecting child outcomes data: utilize a professionally administered parent survey.

This recommendation would not meet federal requirements. All data submitted to satisfy federal requirements must be verifiable and based on scientific or proven practice. There is an expectation of the federal Part C program that child outcome determination be based on proven methods for determining child progress, including some type of instruments that have standards for administration. Family judgment would not be sufficient. Using multiple sources of information (parent input, provider input and appropriate assessment tools) would provide the verifiable data they require. As stated above, a national center, although allowing for the use of one tool as a standardized method, recognized the best approach to be consideration of multiple sources of information in determining the child's status and progress. This involves the families and incorporates their perspective, but combines this with a professional assessment with an appropriate tool and professional judgment.

We agree that the family perspective on how well the early intervention system has served the family is an important part of the outcomes reporting. This data on the impact of early intervention supports and services on the family is addressed in Indicator 4 of the SPP and is further discussed below. A professionally-developed family survey will be used to gather this information. The results of that survey will answer questions such as how well the system has helped the family know their rights, communicate their needs and help their child develop and learn.

6. The methodology as proposed would not allow one to make a valid conclusion about the impact of Part C. Data gathered will not answer the question about impact of Part C and caution should be taken on how the data will be interpreted.

As stated earlier, this is not an experimental setting that allows for direct conclusions. There are too many variables that affect child development. However, the outcomes identified by OSEP are essential functional areas in a child's development. An approach that uses the best combined judgment of the key individuals in the child's life, the family and service professionals, and an assessment tool to make a judgment in those functional areas has some validity. A comparison of the child from one point in time to another, using this approach, recognizing the developmental milestones in typical children, will also give a valid statement of progress in these critical functional areas. Making a correlation of the progress to the early intervention supports and services is an assumption, but when the supports and services are directly linked to the functional areas being judged and there have been the appropriate assessments described above, there can be some validity in that professional assumption as well.

Progress will be determined in relation to age peers, not just in relation to Time 1 and Time 2 assessments. This anchors the judgment and provides a picture of progress that is comparable from child to child. In aggregate, this should provide a statement of progress for programs, geographic areas, the state, and presumably across states. The caution regarding interpreting data is correct. The aggregate data will not be a definitive statement of effectiveness of any one program, area or state. It will not be the complete picture of success or failure of anyone, local, state or national. It will simply be one piece of information, which can be combined with others, to provide a complete picture.

7. Concerns: time to do assessments; assessment on children moving from EI program to EI program; how to address family not wanting to work on area of need and how no services will reflect on no progress; teaching to the test; impact of results on programs.

We have discussed the time it will take earlier. There will be a need to devote the time to do this right and that will mean additional staff time and cost. By incorporating the outcomes measurement system into the existing IFSP process, additional time and cost will be minimized.

Families do move and this is one reason, along with the need for validity, that some uniformity of process will be required. There will be a universally-used summary form for developmental status determination and some restrictions on assessment tools that may be used. Under these circumstances, one area IFSP team making a judgment should be somewhat comparable to another area.

The family has the right to refuse services and certainly set the priorities on what will be addressed, and these do not always conform to the professional's interest. However, it is clear from the federal requirements that the three functional outcomes must be assessed. If there is a disparity between what supports and services are being provided and the child's developmental needs, documentation of why that is occurring would be important and a point of interest in monitoring, whether there was a requirement to measure federally-required outcomes or not. No one factor, as stated before, can be used as a judgment about program effectiveness. The outcomes data will not be the sole means of looking at program quality.

Teaching to the test is a big issue right now, with so much testing now being required in schools. However, it is not certain that in developmental testing teaching to the test is an issue. Functional skills are what you are teaching. The judgment on progress is based on functional behavior and skills, not items memorized like in a school classroom.

Again, as stated above, the impact of outcomes measurement on programs will have to be closely scrutinized. No one factor can be considered in determining program quality. The outcome measurement system will provide additional data to use in this consideration.

8. Should have those who actually work directly with families as members of the GSEG.

The project's advisory group does include direct service providers and, on several occasions, the project's management team has met with providers to determine assessment procedures. Stakeholder input, from management to service provider level, is being sought at every step of the process.

9. We support the effort to measure child change as a result of early intervention and encourage use of existing child data resources. Identifying and tracking outcomes for children and families statewide is a very important step in collecting data to support service delivery philosophy and in documenting positive outcomes for children and families.

We appreciate the support and strongly agree with the idea of using the existing data resources. This is a prime factor in the decision to incorporate the outcomes determination process within the existing IFSP process.

10. How do we reconcile using the new assessment to develop outcomes with the current requirement to develop outcomes based on the family’s concerns and priorities.

The broad outcomes established by the Office of Special Education Programs (OSEP) are intended to provide an overall picture of the impact of early intervention on children. These outcomes were established based on research and the best thinking in the field, including what families consider priorities. The outcomes are addressing three functional areas that are considered critical in child development: improved positive social and emotional development; improved acquisition of knowledge and skills; and improved use of appropriate behaviors to meet their needs. These are deliberately broad functional areas. In order to make the determination of progress, we do have to go to the individual child level and assess the child in each of these functional areas, whether they are a concern for the individual child being assessed or not. This approach assures that the whole child will be considered, not just an identified area of delay. If a child is typical in one area and maintains that developmental level over time, that is a measure of progress. There is no reason this approach has to be in conflict with the requirement to address individual needs, as identified by the team, including the family’s interest and priorities. The team is presently required to initially assess in all five domains, even if there is only one developmental need identified or of concern. A family has the option to accept or decline services, and assessing in all the areas is not in conflict with that right. The three functional outcomes identified by OSEP are in line with routines-based interventions, and translation of existing domain-based assessments is often already required to develop service plans. The detailed outcomes identified in the IFSP can be subsets of the broad OSEP-required outcomes. The requirement to continue to assess in all developmental areas at the annual IFSP, again, is not in conflict with the family’s priorities; rather, it provides an overview of progress looking at the whole child.

11. If a locality does not have an approved assessment tool, who will be responsible for the payment?

We recognize that there is a real interest in allowing the use of as many of the existing assessment tools as possible in the outcomes measurement system. However, some assessment tools may not be appropriate for this purpose and a few assessment tools are more adaptable to this outcomes determination process than others. Therefore, three assessment tools that are the most adaptable and that are common in Virginia (ELAP, HELP and Carolina), will be used in the pilots to determine the best approach. Training for use of an approved assessment tool in the pilot phase would be supported by the GSEG.

12. Continue to consider the fiscal impact.

Understanding the cost to implement the child outcome measurement system is one of the purposes of piloting the system prior to statewide implementation.

13. If IFSP outcomes are written in a functional way, could we address the indicator by reporting progress on the IFSP outcomes?

Generally, outcomes written in the IFSP are much more specific than the broad outcomes (functional areas) identified by OSEP. Hopefully, the IFSP outcomes are written in functional terms; but, because they are individualized and more specific than the OSEP outcomes, reporting

progress on the IFSP outcomes would not allow us to fully and accurately report progress on the federally-required outcome statements. Therefore, there is a need to sum up the progress into the outcome areas identified by OSEP using the procedures that have been described in response to other comments above.

Indicator 4 (Family Outcomes):

14. What does family capacity reference?

One of the original purposes for the passage of the early intervention law by Congress references increasing capacity of the family. Essentially, there is recognition that the family is the primary teacher of child development. As caregivers they provide the routines in life that encourage development, but for children with disabilities the family or caregiver may need guidance in how learning or development can be enhanced. The service provider's role is to increase the family's capacity to understand their child's needs, to increase the skills necessary to adapt to the environment and support the child's development. The family outcomes identified by OSEP address how well the system has helped the family communicate their child's needs and help their child develop and learn.

15. Supports professionally administered survey to remove the cost from locally administered.

A family survey professionally administered at the state level would remove the cost of surveying at the local level. This would not restrict the local system from conducting some local surveying if the local system chose to do so.

16. Return on survey at local level is low, how can this be addressed.

This is one of the primary reasons the state has decided in the first year to do a professionally administered statewide survey with a representative sample of families.

17. Statewide survey should be reflective of the localities.

There is real interest in doing this, but the cost may be prohibitive. The key factor in making a survey valid is the representative sample. To have a representative sample in every locality will probably be too expensive. We are currently researching the federal requirement for reporting local status on the SPP family outcome indicator.