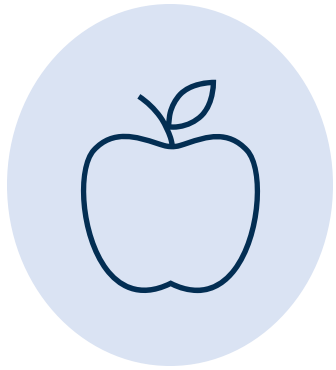


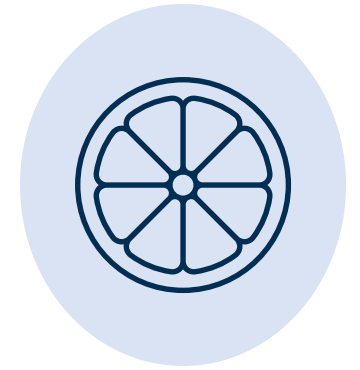


Eligibility Data

BDI-2 ≠ BDI-3



It's not apples to apples



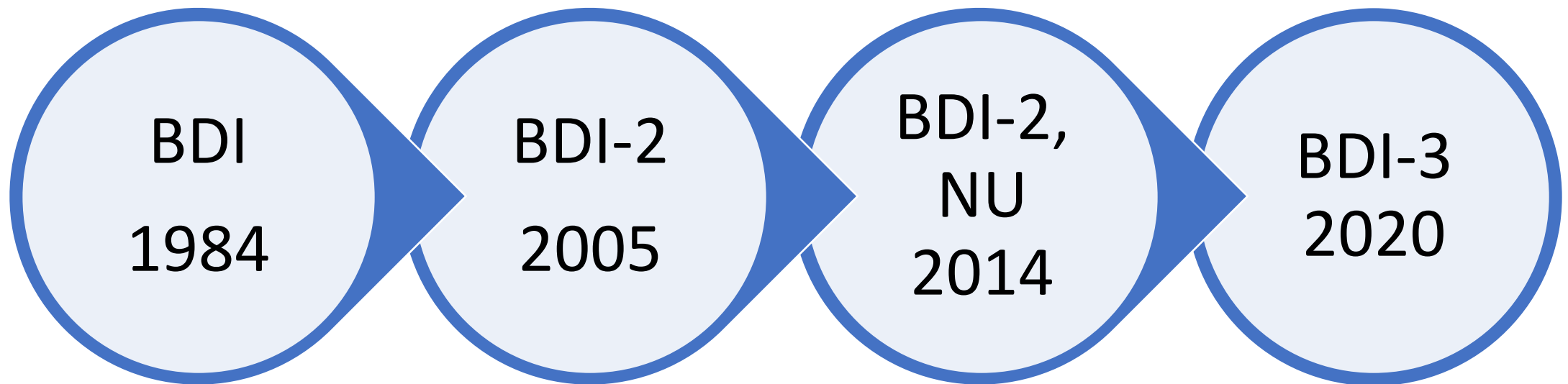
Eligibility Data

- Programs concerned about children who are not eligible due to developmental delay
- BDI-3 based on 2020 norms
- BDI-2 was based on 2014 norms
- Examples of things that are different

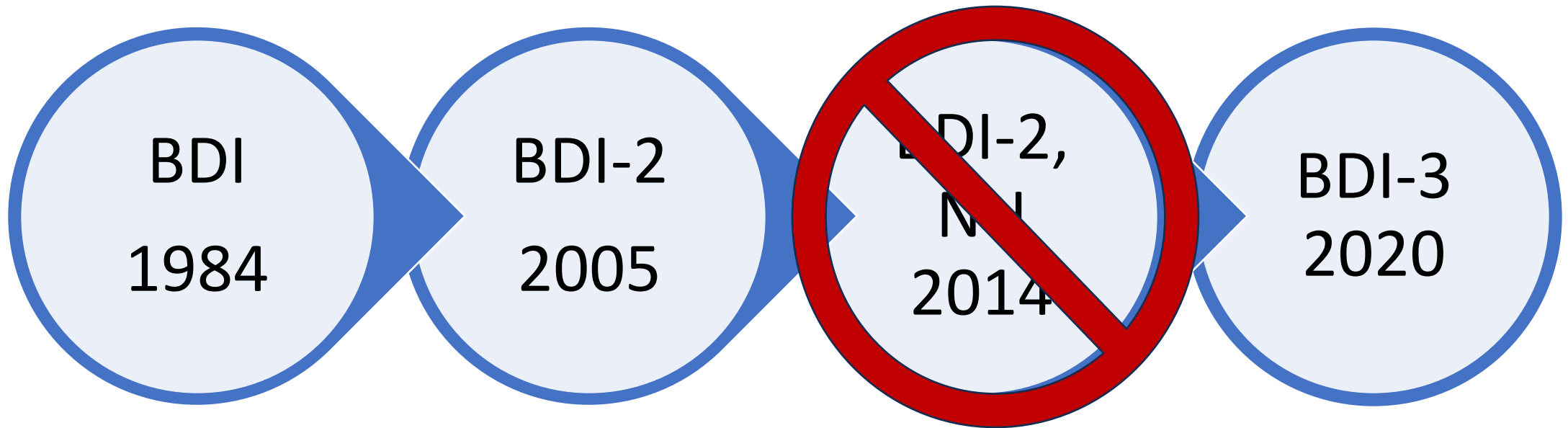
Why do Assessments Change?

- Standards for Educational and Psychological Testing require that assessments should be amended or revised when new research, significant changes in the domain represented, or new recommended conditions of the test may reduce the validity of the test score interpretation (AERA, APA, NCME, 2014)

When Have Changes Been Made to BDI?



We did not Update to BDI-2, NU in 2014



We did not Update to BDI-2, NU in 2014



What's Wrong With Using the Old Version?

- Using an outdated assessment can lead to under-qualifying or over-qualifying children in certain areas, which is a disservice to the children being assessed (AERA, APA, NCME, 2014)

So what's Different About the BDI-3?



Demographic differences: The BDI-3 recognizes the shift away from White demographic group toward other racial/ethnic groups and the shift away from city-centers to more rural and suburban areas.



Test Blueprint: The number of subdomain scores has changed. Test items were repositioned in different domains or subdomains, or have been reordered.



Test Content: Additional items have been added to better align to new research on developmental abilities of children at each age level.



Item Scoring: Revisions were made to the scoring rubrics to add greater objectivity and precision. Multiple data sources were added to allow for a more complete evaluation of the child's abilities in different environments and with different people



Score Differences: The magnitude of the score differences are seen at the domain level, with slightly higher BDI-3 scores than BDI-2, NU. Scores are within 1/3 of a standard deviation

So How do we Know we can Believe the BDI-3?

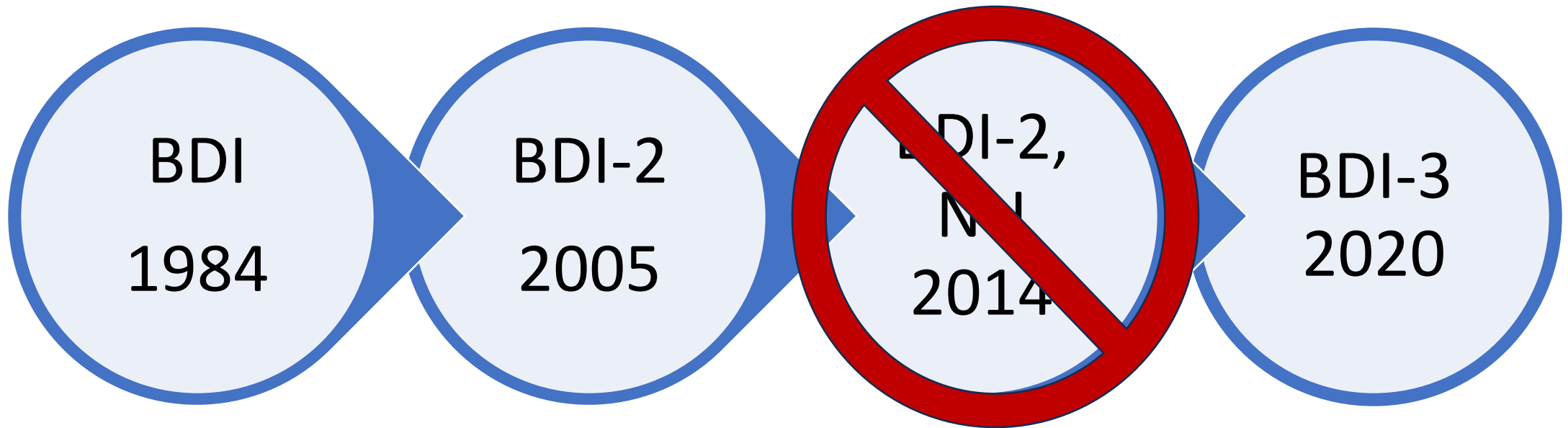
- Riverside Conducted a Score Comparability Study
- 113 examinees tested with both BDI-2, NU and BDI-3
 - Half with BDI-3 first; half with BDI-2, NU first
- Researchers compared scores each child received between both assessments
 - Calculated the difference by subtracting a child's BDI-2 NU score from the BDI-3 score

Table 1
Median BDI-3/BDI-2 NU Score Differences and Standard Deviations for the Total Sample
and by Age Group

BDI-3 and BDI-2 NU Domains and Subdomains	Age Group and Total Median Score Differences (SDs)		
	Birth to 35 Months	36 to 95 Months	Total
ADAPTIVE	2 (11.10)	4 (14.02)	4 (12.89)
Self-Care	1 (2.29)	-1 (3.14)	0 (2.72)
Personal Responsibility	-0.5 (2.70)	1 (2.99)	0 (2.99)
SOCIAL-EMOTIONAL*	4 (11.01)	-1 (12.74)	2 (12.25)
Adult Interaction	0.5 (2.98)	-2 (3.77)	-1 (3.52)
Peer Interaction	0.5 (3.68)	0 (3.06)	0 (3.18)
Self-Concept and Social Role	1 (2.67)	0 (3.15)	0 (2.97)
COMMUNICATION	2 (13.16)	-4 (11.71)	-1 (12.75)
Receptive Communication	1 (3.35)	0 (3.54)	0 (3.47)
Expressive Communication	1 (3.20)	-1.5 (2.57)	-1 (3.01)
MOTOR	2 (8.86)	5 (11.44)	4 (10.68)
Gross Motor	-1 (2.20)	0 (3.04)	0 (2.58)
Fine Motor	1 (2.48)	2 (2.71)	2 (2.66)
Perceptual Motor	0 (2.95)	1 (2.37)	1 (2.44)
COGNITIVE	5 (10.16)	3 (10.60)	4 (10.47)
Attention and Memory	1 (2.17)	2 (3.42)	2 (2.92)
Reasoning and Academic Skills	-0.5 (3.84)	0 (2.20)	0 (2.43)
Perception and Concepts	1 (2.45)	0 (3.36)	0 (3.06)
BDI-3 Total	6 (6.96)	2 (6.87)	3 (7.04)

Note. A negative value indicates that the median BDI-3 standard or scaled score is

We did not Update to BDI-2, NU in 2014



Norm Difference Questions for discussion

- Given the 20 years since Massachusetts has update the norms for our assessment tool, what recommendations do you have for us to help programs and program staff adjust and learn the new norms?

Norm Difference Questions

- How have you seen development and norms change over the course of your tenor?
- What research have you seen that reflects these changes?

Clinical Judgement Category (EIOS, 2013)

Early Intervention Operational Standards

III. ELIGIBILITY FOR EARLY INTERVENTION SERVICES

A. DETERMINATION OF ELIGIBILITY

Massachusetts Department of Public Health Certified Early Intervention programs determine eligibility through an evaluation conducted by a multidisciplinary team based on informed clinical opinion and utilizing a DPH-approved developmental inventory tool. The Battelle Developmental Inventory, 2nd Edition ("BDI-2") is used to establish eligibility by delay for all children entering the system.³

Early Intervention staff conducting an evaluation to determine eligibility will use their informed clinical opinion throughout the evaluation and assessment process in the scoring and interpretation of the eligibility tool. Informed clinical opinion may be used if the child does not meet the current definition of established condition or developmental delay when qualitative concerns can be documented. In this case, the team must complete a supplemental tool in the area of concern to provide additional information regarding the area of need to substantiate eligibility based on clinical judgment. Informed clinical opinion may be used as an independent basis to establish eligibility when other instruments do not substantiate eligibility; however, in no event may informed clinical opinion be used to negate the results of the evaluation instrument used to establish eligibility.

B. CATEGORIES AND CRITERIA OF ELIGIBILITY

There are four categories of eligibility:

1. Infants and Toddlers with an Established Condition or Conditions,
2. Infants and Toddlers with Established Developmental Delay or Delays,
3. Infants and Toddlers at Risk for Developmental Delay(s), and
4. Clinical Judgment.

4. CLINICAL JUDGMENT

Criteria

The infant or toddler has questionable quality of developmental skills and functioning based on the informed clinical opinion of a multidisciplinary team.

A child found eligible in the category of clinical judgment may receive services for up to 6 months. For services to continue after this period, eligibility must be determined based on Established Condition, Established Delay, or Infant and Toddler/Parent Risk Factors.

Programs are required to adhere to the following procedures when utilizing the eligibility category of Clinical Judgment:

1. Document the qualitative or quantitative concerns that are atypical.
2. Complete a supplemental tool in the area of concern.
3. Provide the family with written notice of the evaluation/assessment results.

Clinical Judgement Category (EIOS, 2013)

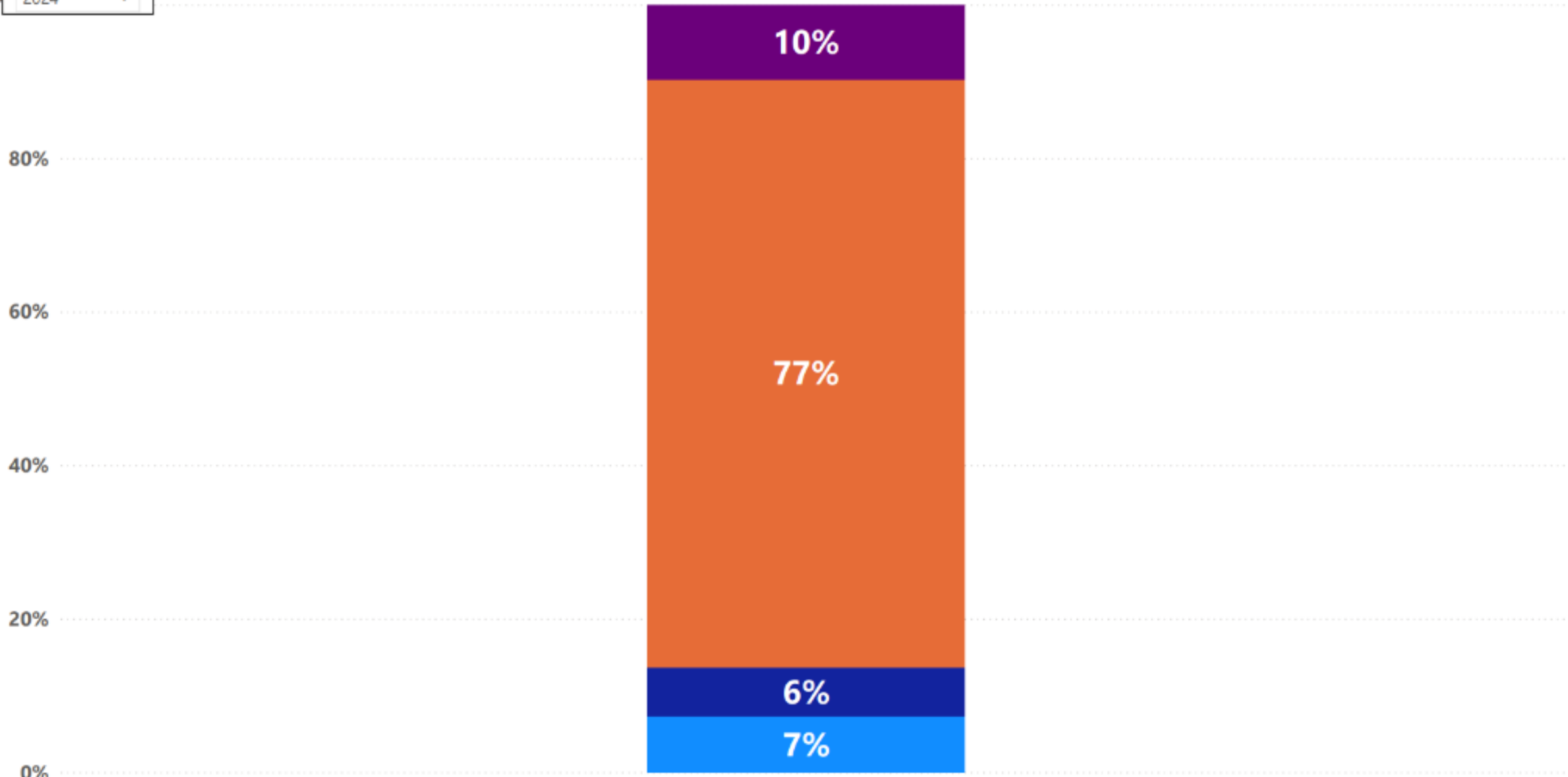
- How have the 2020 norms used in the BDI-3 scoring affected the clinical judgement eligibility category?

FY
2024

July 1, 2023- June 30, 2024

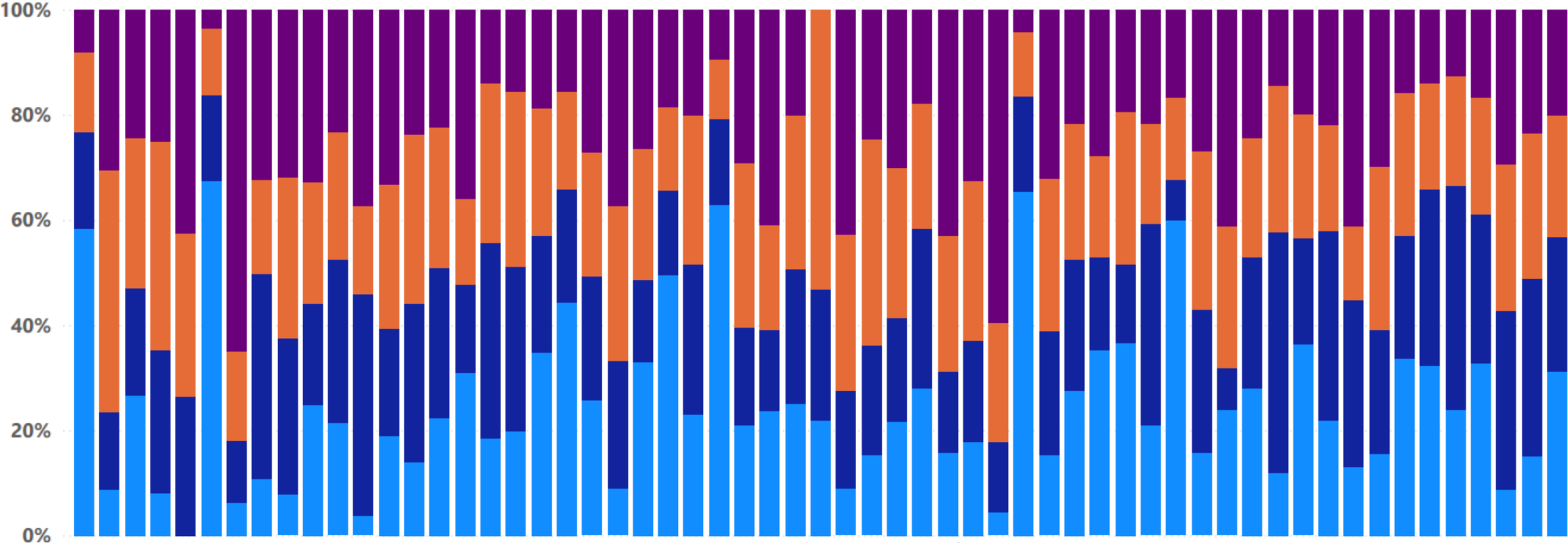
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Eligibility Type All Programs

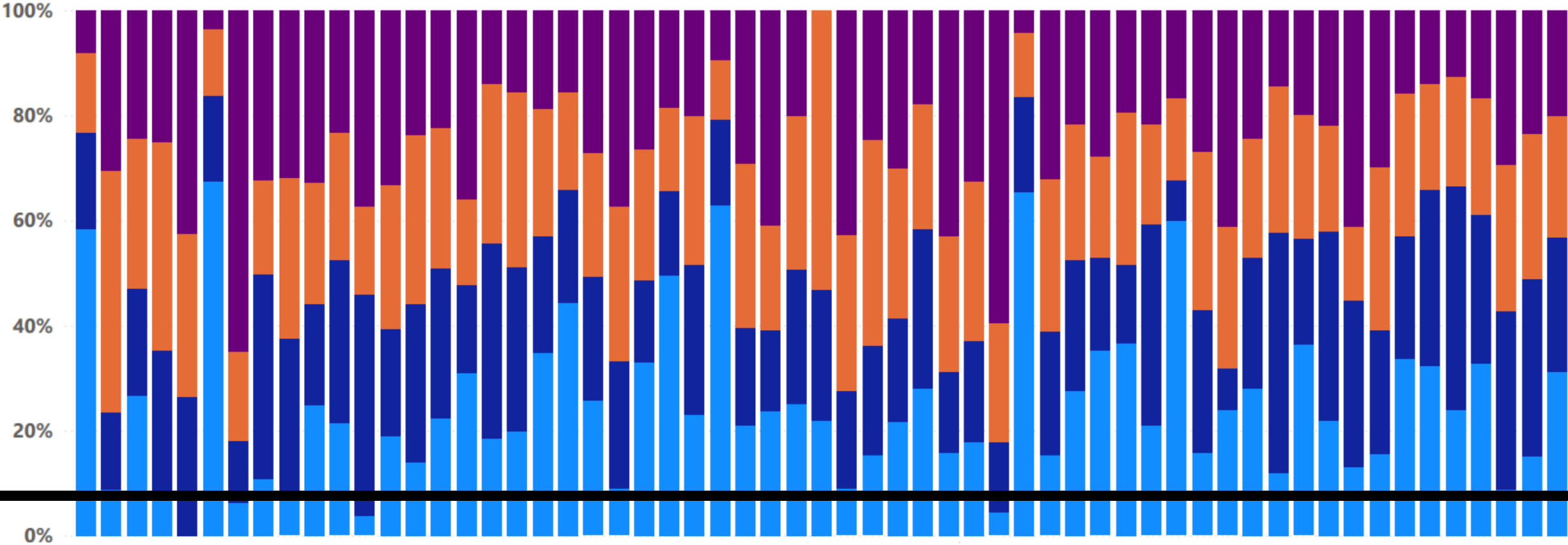


● Clinical Judgement ● Established Condition ● Established Delay ● At Risk

Eligibility Type by Program

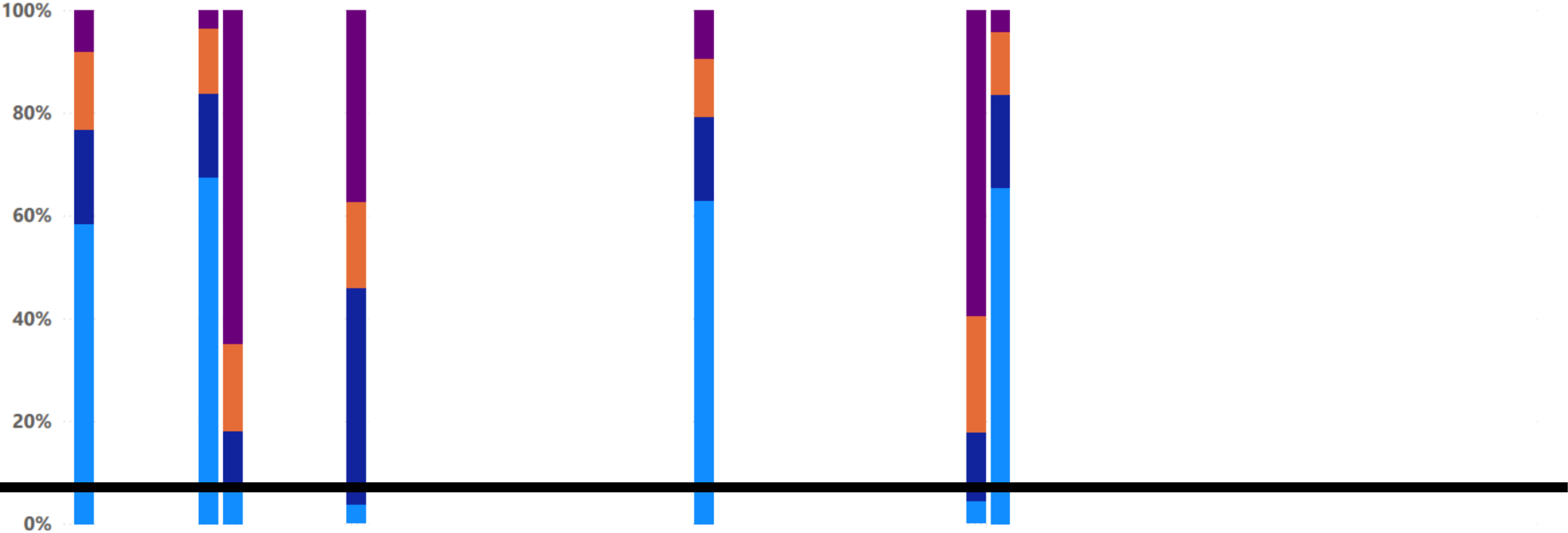


Eligibility Type by Program



FY
2024

Eligibility Type by Program



● Clinical Judgement ● Established Condition ● Established Delay ● At Risk

Questions for Discussion

- What recommendations do you have for the EI Division on analyzing and reviewing this data?