Come Grow with Us!

Making a Difference for Children and Families Through State Systems Improvement Planning

WV BIRTH TO THREE

LOCAL STAKEHOLDER WEBINAR

PART 2

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WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR PUBLIC HEALTH

COME GROW WITH US !

WEST VIRGINIA'S COMMITMENT TO QUALITY SERVICES

FOR CHILDREN AND FAMILIES

IN OUR PART 1 WEBINAR WE REVIEWED:

- ➢ Data for all indicators of the State's Annual Performance Plan (APR)
- ➢ The new federal requirement for a state systems improvement planning process
- ➢ How data will be used by the U.S. Department of Education to evaluate the effectiveness of states' early intervention systems
- ➢ The critical role of local WVBTT system in supporting quality data and evidence based practices

IN THIS PART 2 WEBINAR WE WILL:

➢ Briefly review highlights from the Part 1 webinar

➢ Review requirements for the new State Systems Improvement Plan (SSIP)

➢ Look at more in-depth data on the Child Outcome measure for social emotional development

➢ Review West Virginia's selected State Identified Measureable Result (SIMR)

➢ Review the Theory of Action from the State Systems Improvement Plan (SSIP) and major areas where improvement activities will be focusing

➢ Identify opportunities for input from stakeholders

COME GROW WITH US WEBINAR PART 1 - POSTED ON THE WVBTT WEBSITE - LINKED FROM THE BULLETIN BOARD

➢ Includes charts that reflect the increase in numbers of children receiving services through WVBTT

➢ Includes data on all of the APR indicators (submitted to U.S. Department of Education/Office of Special Education Programs in February 2015)

➢ Performance on the APR indicators reflects the commitment to children and families

WV BIRTH TO THREE 12 MONTH AGGREGATE CHILD COUNTS (2008-2014)
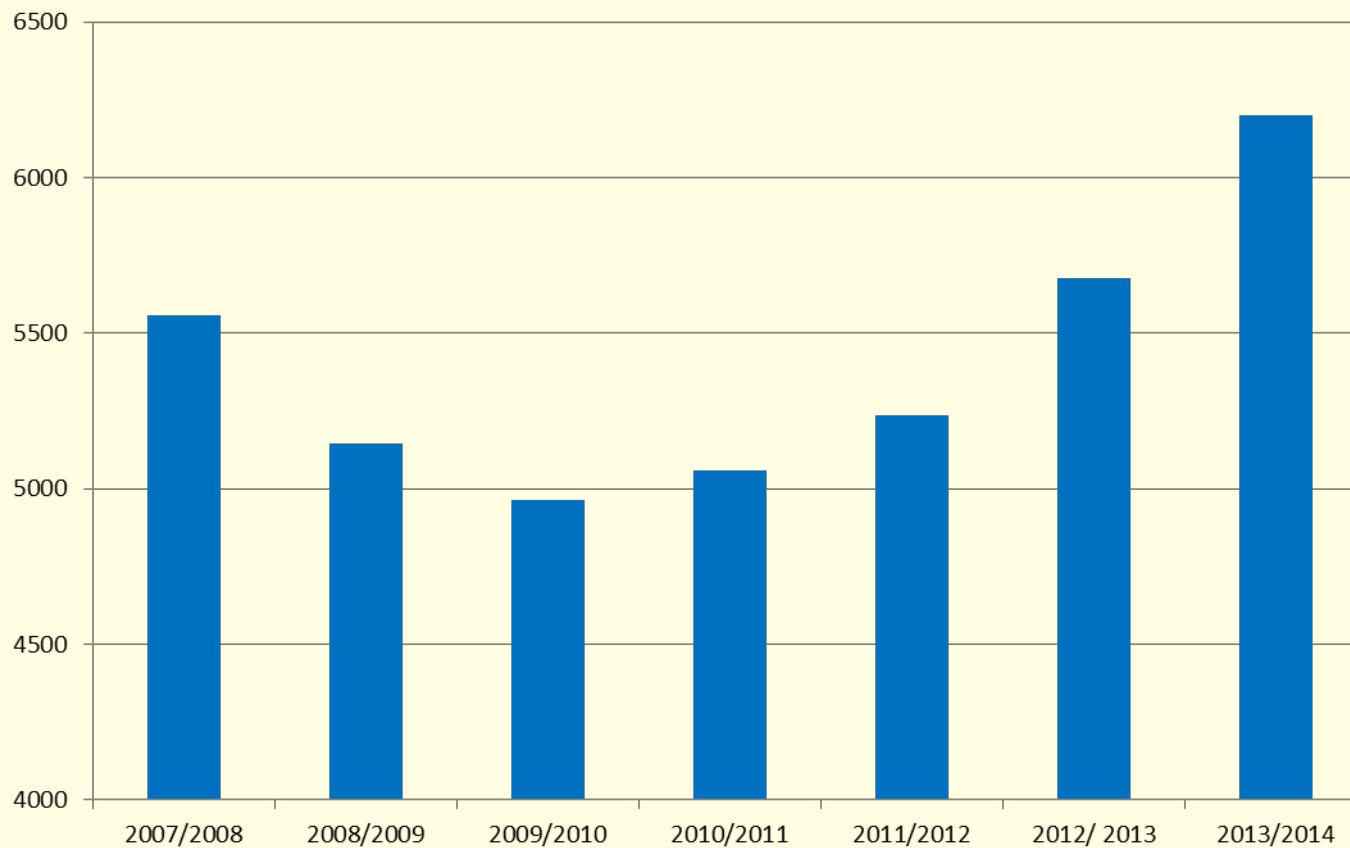
WV Birth to Three Performance Data –FFY 2013 APR

INDICATOR	FFY 2010 DATA	FFY 2011 DATA	FFY 2012 DATA	FFY 2013 DATA
1. Timely provision of early intervention services	98.47%	98.1%	98%	99.02% *
2. Infants and Toddlers Served in Natural Environments	100%	100%	100%	99.97%
3. Early Childhood Outcomes Data	See Attached Table	See Attached Table	See Attached Table	See attached table
4. Percent of families participating in Part C who report that early intervention services have helped the family: A. Know their rights;	82.5%	79.1%	81.5%	97.16%
B. Effectively communicate their children's needs; and	79.3%	76.6%	79.9%	96.14%
C. Help their children develop and learn.	90.2%	88.7%	87.7%	96.71%
5. Infants and toddlers served birth to one	2.02%	1.79%	1.98%	2.36%
6. Infants and toddlers served birth to three	3.95%	4.09%	4.42%	4.76%
7. 45-day timeline for evaluation and assessment and initial IFSP meeting	97%	97%	97%	99.01% *
8. A. IFSPs with transition steps and services	99%	98.97%	100%	100%
8. B. Notification to LEA and SEA, if child potentially eligible for Part B	100%	100%	98%	97.91%
8. C. Transition conference, if child potentially eligible for Part B			98%	99.26% *

*There was an error in OSEP's APR template for calculating Indicators 1, 7 and 8c. The data in this table reflects corrections made in April 2015 after OSEP corrected the errors.

WV BIRTH TO THREE DATA ON THE NATIONAL APR INDICATORS IS A POSITIVE REFLECTION ON ALL THE DEDICATION AND WORK OF EVERYONE IN THE WVBTT SYSTEM – ALONG WITH OUR COMMUNITY PARTNERS

CONGRATULATIONS TO EVERYONE !

IT TAKES EVERYONE WORKING TOGETHER

TO ACHIEVE THESE RESULTS!

Annual Performance Report (APR) has expanded to include a State Systemic Improvement Plan (SSIP) -
moving beyond compliance to include results.

Results Driven Accountability

➢ Annually OSEP issues a 'determination rating ' for each state's Part C (WVBTT) and Part B (WV Department of Education) systems

➢ Historically WVBTT has received 'Meets requirements' (highest rating given)

➢ In past years OSEP relied primarily on the data for the compliance indicators in our SPP/APR (Timely service, 45 day timeline, transition, correction of non compliance)

➢ Beginning with states' submission of APR in February 2015 and SSIP in April 2015, OSEP will make determinations based on both compliance and results indicators

➢ Results focus will be mostly on Indicator 3 – Child Outcomes

➢ Are states completing measurements for all children?

➢ Are children making progress toward same age peers?

➢ Is early intervention making a measurable difference?

SSIP Is New Addition to the APR

| Year 1 - FFY 2013 Due April 2015	Year 2 - FFY 2014 Report due April 2016	Years 3-6 FFY 2015-18 due February 2017- 2020
Phase I Analysis	**Phase II Plan**	**Phase III Evaluation**
• Data Analysis • Identification of the Focus for Improvement (SIMR) • Infrastructure to Support Improvement and Build Capacity • Theory of Action	• Infrastructure Development • Support for EIS Program/LEA in Implementing Evidence-Based Practices • Evaluation Plan	• Results of Ongoing Evaluation • Extent of Progress • Revisions to the SPP

SSIP – Come Grow with Us!

SSIP COMPONENTS

- Analysis of various data sources – policies, mission statements, forms, child outcome data

- Looking closer at Child Outcome data
    - How do we compare to national data on outcomes?
    - Do we see differences in regions?
    - Do we see differences by family or child characteristics?

- Identify a Child Outcome area to target for more growth

- ***State Identified Measureable Result* - SIMR**

- Identify evidence-based practices and other improvements that will continue to grow quality and promote good outcomes

- What can the state do to support this growth? – Theory of Action

Results Driven Accountability
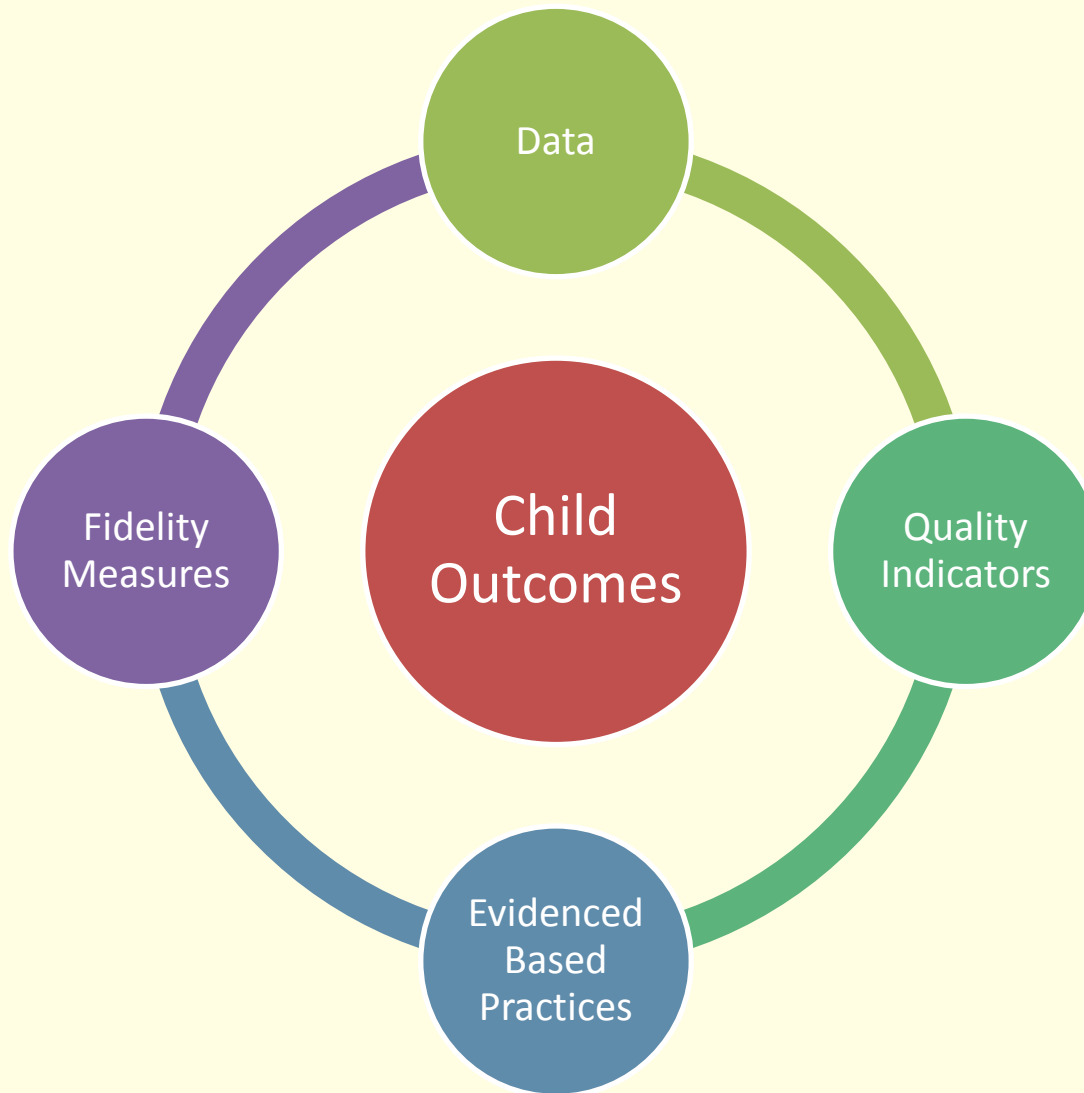
First and foremost, the COSF process allows teams, with families, to think beyond evaluation scores/data to how the child is doing in everyday activities.

Teams can problem solve with families to identify IFSP outcomes and strategies that will help families to promote the child's development and learning by participating in daily routines.

Congress included child outcome measures in Part C of IDEA in order to show the functional progress that children make as a result of being in early intervention.

And this is why OSEP will focus on
child outcomes as a measure of state
early intervention systems' effectiveness.

Use of COSF Ratings Beyond IFSP

After the COSF rating discussion, and IFSP outcome work, the COSF rating is entered into a data system.

The entry and exit rating for each child who exited during a given time period is input into a calculator that was developed by the National Early Childhood Outcome Center (ECO).

This calculator measures the level of progress that each child made from entry to exit.

Only children who received at least six months of service can included.

How OSEP Uses Child Outcome Data

➢ OSEP will compare our state child outcome data to that of other states – both for 'completeness' and 'results'.

➢ OSEP will look at whether WV is showing improvement (increases) in child outcome ratings from year to year – are children making enough progress to move closer to their same age peers?

➢ OSEP will look at what analyses we have done to identify ways to improve outcome results for children and families.

➢ OSEP will look at what evidence based practices and other improvement strategies we have identified – are they likely to result in improved outcomes for children and families.

'Completeness' of Child Outcome Data

The 'completeness' of our Child Outcomes Data refers to the percent of exiting children for whom we have both entry and exit COSF data.

➢ Total number of children who exited during FFY 2013 (July 1, 2013-June 30, 2014) – **2,769**

➢ OSEP expects states to have complete data for at least 70% of total exiters – **1,938**

➢ We had complete data for **1,271** children

We did better this year with 'completeness' – but need to keep improving.

of Completed COSFs by Region

Number of Completed COSF By Region as Reported in FFY 2013 SPP/APR COSF Data for Children who Exited July 1, 2013 - June 30,2014

Region	Number of Children with Complete Entry/Exit Reported
1	272
2	168
3	142
4	243
5	59
6	76
7	147
8	143
TOTAL	1,250*

*Excludes Children who Entered and Exited Under At-Risk Eligibility Only

Assuring Completeness of COSF Data

- ➢ WVBTT needs entry data for all children (with the exception of those who enter less than 6 months before 3rd birthday).

- ➢ Starting January 1, 2015 RAU/ISC is facilitating the team completion of entry COSF if DS is not present at initial meeting.

- ➢ ISC brings completed entry COSF back to RAU and is responsible for sending to the state office (and provide copy to DS).

- ➢ Need exit ratings for all children with six months service.

THREE CHILD OUTCOMES

CHILDREN WILL DEMONSTRATE IMPROVED:

1. Positive social emotional skills and social relationships;

2. Acquisition of knowledge and skills (including language and communication); and

3. Use of appropriate behaviors to meet their needs;

5 CATEGORIES UNDER EACH OUTCOME:

a. Children who did not improve functioning;

b. Children who improved functioning but not enough to move closer to same age peers;

c. Children who improved functioning enough to move nearer to same age peers but did not reach it;

d. Children who improved functioning to reach same age peers; and

e. Children who maintained functioning comparable to same age peers.

Illustration of 5 Possible Paths

Score

Age in Months
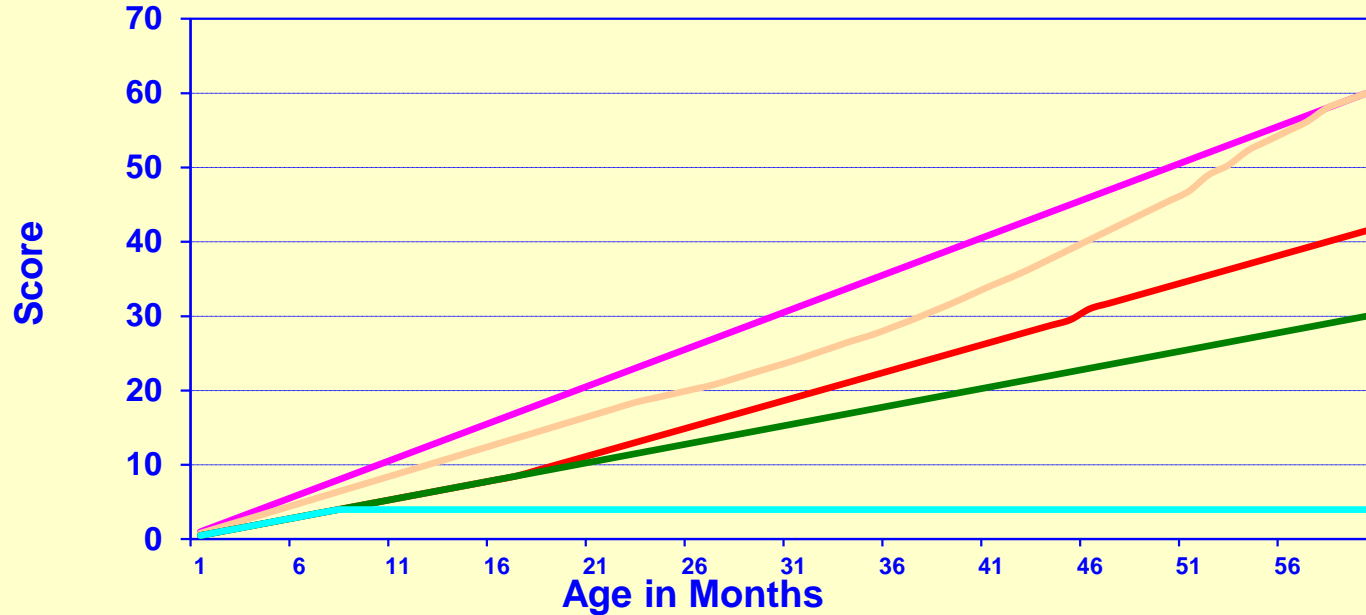
Legend:
- Maintained functioning comparable to age peers
- Achieved functioning comparable to age peers
- Moved nearer functioning comparable to age peers
- Made progress; no change in trajectory
- Did not make progress

1. Of those children who entered or exited the program below age expectations in each outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

2. The percent of children who were functioning within age expectations in each outcome by the time they turned 3 years of age or exited the program.

OSEP Progress Category Totals – FFY 2013 Indicator 3 Data

Data shown exclude: children with service less than 6 months, those missing entry or exit dates, children with no information about child's progress at exit, and situations where entry and exit data generated impossible progress category combinations.

Outcome 1 – Positive Social Emotional Skills	Number	Percentage
a: Children who did not improve functioning	3	0.2%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	262	21.0%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	143	11.4%
d: Children who improved functioning to reach a level comparable to same-aged peers	318	25.4%
e: Children who maintained functioning at a level comparable to same-aged peers	524	41.9%
Total	1250	100%

Outcome 2 – Acquisition of knowledge and skills (including language and communication)	Number	Percentage
a: Children who did not improve functioning	1	0.1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	281	22.5%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	297	23.8%
d: Children who improved functioning to reach a level comparable to same-aged peers	511	40.9%
e: Children who maintained functioning at a level comparable to same-aged peers	160	12.8%
Total	1250	100%

Outcome 3 – Use of appropriate behaviors to meet their needs	Number	Percentage
a: Children who did not improve functioning	0	0%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	232	18.6%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	194	15.5%
d: Children who improved functioning to reach a level comparable to same-aged peers	546	43.7%
e: Children who maintained functioning at a level comparable to same-aged peers	278	22.2%
Total	1250	100%

SUMMARY STATEMENTS	Outcome 1	Outcome 2	Outcome 3
1. Of those children who entered the program below age expectations in [outcome], the percent that substantially increased their rate of growth in [outcome] by the time they exited.	63.5%	74.1%	76.1%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	67.4%	53.7%	65.9%

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Understanding Child Outcomes Data

➢ State Systems Improvement Plan (SSIP) identifies the analyses that were completed to identify where to focus improvement activities in order to have more children making more progress.

➢ Analysis included reviewing child outcomes data by geographic area, child demographics, length of service, age at initial IFSP, etc.

➢ Children must receive at least six months of service in order to be counted in the ratings.

➢ OSEP excludes children who were eligible under "At-Risk Only" – there were 21 children in our data who were eligible under at-risk only at both entry and exit - They are not included in this data.

State Identified Measurable Result (SIMR)

➢ Based on data analysis
  ➢ research
  ➢ disaggregated data

➢ Research shows that a young child's social emotional development impacts all areas of development.

➢ Other EC initiatives are focusing on the importance of social emotional development.

➢ WVBTT COSF data shows different pattern for outcome 1.

➢ With input from stakeholders, WVBTT will focus on indicator 1 – Social Emotional Development.

➢ We want all children to make enough progress to move closer to same age peers – our 'SIMR'.

➢ In order to develop effective improvement strategies we need to understand more about the children (and their families) who are not making this progress now.

WVBTT Child Outcome Results for FFY 2013

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Outcome 1 – Categories a-e

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Category	Number of children	Percent
Category a: Children who did not improve functioning	3	2%
Category b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	262	21%
Category c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	143	11.4%
Category d: Children who improved functioning to reach a level comparable to same-aged peers	318	25.4%
Category e: Children who maintained functioning at a level comparable to same-aged peers	524	41.9%

Outcome 1 Data - Category and Age at Initial IFSP

Age at Initial IFSP	B	C	D	E
0-3 Months	8%	13%	10%	11%
4-6 Months	12%	8%	8%	13%
7-9 Months	7%	6%	8%	9%
10-12 Months	8%	6%	7%	6%
13- 24 Months	38%	37%	37%	38%
25-27 Months	18%	18%	20%	13%
28 Months	3%	4%	6%	4%
29 Months	4%	6%	4%	4%
30 Months	2%	3%	2%	1%

	B	C	D	E
Average Age at Initial IFSP (in months)	17	17	18	16

Outcome 1 Data - Length of Service by Category

Length Of Service	Category B	Category C	Category D	Category E
6 Months	2%	3%	3%	6%
7 Months	7%	7%	9%	8%
8 Months	5%	6%	9%	6%
9 Months	8%	5%	5%	7%
10-11 Months	11%	13%	22%	18%
12-23 Months	38%	39%	36%	39%
24-35 Months	28%	26%	15%	16%

	B	C	D	E
Average Length of Service (in months)	18	17	14	15

Looking Closer at Outcome 1 - Category b

Who do we think these children are?

What are their characteristics ?

What do you think was their average age at initial IFSP?

What do you think was their average length of service?

Category	Number of Children	Percentage of Children
Category b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	262	21%

Disaggregating by Primary Eligibility

Entry P. Elig	Exit P. Elig	Count
Dev Delay- Sub	Atypical Delay- 2 Areas	8
Dev Delay- Sub	At Risk	1
Dev Delay- Sub	Dev Delay- 2 Areas	7
Dev Delay- Sub	Dev Delay- Sub	53
Dev Delay- Sub	Established Condition	25
	Austism	*12*
	Cerebral Palsy	*3*
	Down Syndrome	*1*
	Hearing Impairment	*2*
	Microcephaly	*2*
	Other del or dup chrom 1-22	*1*
	Vision Impairment	*4*
Dev Delay- Sub	Same IFSP	5
Total		99

Entry P. Elig	Exit P. Elig	Count
Dev Delay- 2 Areas	Dev Delay- 2 Areas	2
Dev Delay- 2 Areas	Dev Delay- Sub	7
Dev Delay- 2 Areas	Established Condition	3
	Autism	*1*
	Vision Impairment	*1*
	Other severe sensory imp	*1*
Total		12

Entry P. Elig	Exit P. Elig	Count
Atypical Delay- 2 Areas	Atypical Delay- 2 Areas	6
Atypical Delay- 2 Areas	Dev Delay- 2 Areas	4
Atypical Delay- 2 Areas	Dev Delay- Sub	8
Atypical Delay- 2 Areas	Established Condition	6
	Autism	*2*
	Vision Impairment	*2*
	Other Congenital Disorder	*1*
	Other Nervous System	*1*
Atypical Delay- 2 Areas	Same IFSP	4
Total		28

Entry P. Elig	Exit P. Elig	Count
Established Condition	Atypical Delay- 2 Areas	1
Established Condition	Dev Delay- Sub	2
Established Condition	Established Condition	21
autism- pervasive personality disorder	*pervasive personality disorder*	*1*
blindness	*vision imp*	*1*
cerebrovascular accident	*cerebrovascular accident*	*1*
cleft pallate	*vision imp/other deletion or duplication of*	*1*
down syndrome	*down syndrome*	*2*
hearing imp	*hearing imp*	*2*
hearing imp	*hearing imp/ visual imp*	*1*
hearing imp	*other unknown*	*1*
Intraventricular hemorrhage	*Intraventricular hemorrhage*	*1*
Leukodystrophies	*Leukodystophies*	*1*
microcephaly	*microcephaly/ other unknown*	*1*
microcephaly	*other unknown*	*1*
other inborn error of metabolism	*other unknown*	*1*
other unknown	*cerebral palsy*	*1*
other unknown	*vision imp*	*1*
vision imp	*other nervous system/other unknown*	*1*
vision imp	*vision imp*	*3*
Established Condition	Same IFSP	1
Total		25

Entry P. Elig	Exit P. Elig	Count
At Risk	Atypical Delay- 2 Areas	1
At Risk	Dev Delay- 2 Areas	2
At Risk	Dev Delay- Sub	2
At Risk	Established Condition	4
	Cerebral Palsy	*1*
	Vision Impairment	*3*
Total		9

Outcome 1 Data for Children in Category "b" who received at least 12 months of service - by eligibility type at entry and exit

Entered Under Substantial Delay

Of the 99 children who entered with primary eligibility of Substantial Developmental Delay (at least 40% in one area), 25 exited BTT with Established Condition Diagnoses including:

12 children with ASD;

3 with Cerebral Palsy;

4 with Vision Impairment;

2 with Hearing Impairment;

2 with Microcephaly;

1 with other chromosome disorder; and

1 with Down Syndrome

Of 21 children who entered and exited with established conditions:

3 had primary eligibility under Hearing impairment;

5 had primary eligibility under Vision Impairment; and

Other primary eligibilities included Inborn Errors of Metabolism, Intraventricular Hemorrhage, and cerebral palsy.

Only one child in this reporting period entered and exited with a diagnosis of Autism. This data will likely look different in future years as more children are being diagnosed at a younger age and prior to referral to WVBTT.

Exiting with Established Condition

Of 13 other children who entered under another category of Developmental Delay and exited with an Established Condition:

3 exited with primary eligibility of Autism;

6 exited with primary eligibility of Vision Impairment;

1 exited with primary eligibility of Cerebral Palsy; and

3 exited with other Nervous System diagnoses.

SOME IMPROVEMENT PRACTICES ARE UNIVERSAL TO ALL CHILDREN

➢ Evaluation/assessment tools that are sensitive to measuring social emotional development;

➢ Comfort level of practitioners in addressing social emotional development;

➢ Understanding that social emotional development effects all areas of development;

➢ Coaching families on use of strategies to promote social emotional development;

➢ Comfort level with COSF ratings; and

➢ Outreach to parents through variety of channels to understand importance of social emotional development.

Our data indicates that sometimes we need to give additional consideration in how we:

➢ Address the unique S/E needs of children with HI, VI, and autism spectrum disorder

➢ Utilize expertise of vision specialists and deaf educators for children with vision and/or hearing loss

As we look at all the components of our SSIP, the ultimate change we are working toward (our 'SIMR') is that more children will make sufficient progress to move closer to their same age peers.

➢ Since children are learning in the context of their everyday lives, our work really has to focus on the families and caregivers.

➢ This means we have to understand how our engagement with families will benefit a child's social emotional development.

➢ OSEP asks states to identify in their SSIP, how their improvement strategies are likely to result in the chosen SIMR.

➢ We have to select strategies that have an evidence based and related to the needs of children and families in WV.

You are important partners in helping to integrate quality practices starting with your first contacts with families -

➢ Helping families understand their important role and how BTT can support them.

➢ Gathering information in a way that helps families understand their child's and family's needs for support across settings/activities.

➢ Integrating the concept of functional participation-based child outcomes from referral, assessment, and IFSP.

➢ Establishing positive relationships with families, other team members and community partners.

➢ Coaching families to know how to help their child develop and learn.

WVBTT STATE IDENTIFIED MEASURABLE RESULT (SIMR)

"Of the children who enter WVBTT below age expectations in Outcome 1, a higher percentage will substantially increase their rate of growth by the time they exit the program."

WVBTT's state system improvement plan will be posted soon on the website, through the *Come Grow With Us* link on the bulletin board.

The 'Theory of Action' highlights the major steps the state will take to support improvements.

Theory of Action

WVBTT, with input from stakeholders, will be developing action plans with more details for each of the major improvement areas.

Actions plans will include tools to measure the quality of implementation.

Today's webinar will touch on two of the improvement areas:

- ➢ Integrating Strengthening Families Framework; and
- ➢ Enhancing the WVBTT Data System.

WVBTT SSIP THEORY OF ACTION

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Improvement Area	A. If WVBTT …	B. Then …	C. Then …	D. Then…	E. Then…
1. Data System	Enhances the statewide data system to capture Child Outcomes data and assign a unique child identifier	Practitioners, SCs, and Lead Agency will be able to view real time data to know that COSFs have been completed	More comprehensive data will be available for monitoring and evaluating child outcomes and improvement efforts at local and state level	Completed child outcome measures will be available for more children exiting WVBTT	More infants and toddlers exiting WVBTT will make enough improvement in their social emotional skills to move closer to their same age peers
2. Communication	Implements a broad communication plan to routinely share detailed child outcome results data and SSIP activities with stakeholders at all levels	RAUs, Practitioners, SCs and Community Partners will be more informed and invested in improvement strategies	Practitioners' interest and participation in trainings and system evaluation related to SE development will increase	Practitioners will better understand evidence based practices to support S/E development and how to evaluate implementation	
3. Interagency Collaboration	Collaborates with EC and other partners to design and implement a public awareness campaign emphasizing the importance of and ways to support social emotional development	EC and Community partners will be more aware of the importance of supporting young children's social emotional development	EC and Community partners will incorporate information on social emotional development in outreach activities to increase families' access to resources and tools to promote social emotional development	Families will have resources and better know how to support social emotional development	
4. Professional Development	Designs and implements a comprehensive training and technical assistance plan focused on increasing the knowledge and skills of ISCs, SC and Practitioners on evidenced based practices for promoting social emotional development including targeted strategies for children with vision loss, hearing loss, and autism	ISCs, Practitioners, and SCs will understand: a) how/why social emotional development impacts all areas of development; b)how to evaluate social emotional development; and c) how to coach families in effective strategies	Practitioners will use effective evaluation and assessment practices and tools for evaluating social emotional development and rating of all children's functional abilities	Practitioners will be better able to support and coach families in the use of effective strategies to promote social emotional development for all infants and toddlers	
5. Professional Development	Incorporates Strengthening Families framework into all aspects of the BTT system including standard forms, policies, and professional development activities	Strengthening Families framework strategies will be reflected in statewide intake, assessment, and IFSP processes	ISCs, Practitioners and SCs will incorporate Strengthening Families Protective Factors strategies in their work with families	Families will be linked to needed resources to support protective factors that allow them to be better able to support their children's development	

Data System	Enhances the statewide data system to capture Child Outcomes data and assign a unique child identifier.
Communication	Implements a broad communication plan to routinely share detailed child outcome results data and SSIP activities with stakeholders at all levels.
Interagency Collaboration	Collaborates with EC and other partners to design and implement a public awareness campaign emphasizing the importance of and ways to support social emotional development .
Professional Development	Designs and implements a comprehensive training and technical assistance plan focused on increasing the knowledge and skills of ISCs, SC and Practitioners on evidenced based practices for promoting social emotional development including targeted strategies for children with vision loss, hearing loss, and autism.
Strengthening Families	Incorporates Strengthening Families Framework into all aspects of the BTT system including standard forms, policies, and professional development activities.

Strengthening Families Framework

Protective factors are conditions in families and communities that when present, increase the health and well- being of children and families.

They are the attributes that serve as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow then to parent effectively, even under stress.

The Center for the Study of Social Policy

WWW.STRENGTHENINGFAMILIES.NET

STRENGTHENING FAMILIES PROTECTIVE FACTORS

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Knowledge of parenting
& child development

Parental resilience

Social connections

Social and emotional
competence of children

Concrete support in
times of need

Stronger Families

Better Child Outcomes
(including less chance of abuse and neglect)

Getting Completed Data for More Children

A large number of children exit WVBTT before receiving six months of service.

Age at initial IFSP for children who received less than 6 months

Age in Months	RAU 1	RAU 2	RAU 3	RAU 4	RAU 5	RAU 6	RAU 7	RAU 8	Total
0-11	51	30	22	33	15	19	47	16	233
12-23	43	23	27	33	16	15	39	14	210
24-29	25	17	26	27	11	11	21	17	155
30-36	62	39	54	60	28	26	51	54	374
Total	**181**	**109**	**129**	**153**	**70**	**71**	**158**	**101**	**972**

Enhancements to WVBTT Data System

➤ Moving to a secure Web-based platform;

➤ Will be known as 'WVBTT Online';

➤ Each child will have unique identifier that will stay with them throughout their participation in BTT;

➤ Child outcome ratings will be in the child's electronic record;

➤ Service Coordinators and Practitioners will have read only access to designated pages of child records based on their active authorizations;

➤ Ability for ISC, SC and Practitioners to upload reports to child record;

➤ Each child's record will have team communication page;

➤ Caseload and timeline reports; and

➤ State level real time access.

WVBTT Online

RAUs will begin using WVBTT Online in mid-September.

Available to OSCs and practitioners in late October.

Each individual must complete WVBTT online access application form in order to have access (availability of forms will be announced).

Application will include additional confidentiality statements.

WE WANT TO KEEP YOU INFORMED!

COME GROW WITH US

- **POSTINGS ON BTT WEBSITE**
- **COMMUNITIES OF PRACTICE**
- **SURVEY MONKEY**
- **E-MAIL REMINDERS**
- **TIPS OF THE WEEK**
- **WEBINARS**
- **TA LIST SERVS**

FOR QUESTIONS OR COMMENTS, EMAIL DHHRWVBTT@WV.GOV