West Virginia – Part C

Indicator 11

Come Grow With Us!

Making a Difference for

Children and Families

Through

State Systems Improvement Planning

Phase II

West Virginia Part C

April 1, 2016

Indicator 11 of the SPP/APR

Phase II - Introduction

Phase II of West Virginia's Part C State Systems Improvement Plan (SSIP) builds upon the analyses, Theory of Action, identified focus areas and coherent improvement strategies identified in the Phase I report. With continued input from stakeholders, WV Birth to Three (WVBTT) is implementing action plans to address all coherent improvement strategies identified during Phase I. See Attachment 1 for the Theory of Action.

Phase I provided the initial analyses that contributed to understanding the broader situation for young children and families in West Virginia and to inform the types of support that WVBTT professionals may need when assisting families to promote the development of their infants and toddlers.

WV Birth to Three acknowledges the continued important contributions and support of numerous collaborative partners and stakeholders in Phase II planning. The West Virginia Early Intervention Interagency Coordinating Council (WVEIICC), with broad stakeholder membership, continues to provide general oversight and input into improvement planning. Overall planning is coordinated through the State SSIP Leadership Team in collaboration with the State Leadership Team on Social Emotional Development as well as multiple interagency and intra-agency committees and workgroups. Phase II of the SSIP adds Implementation Teams under major initiatives targeted to achieve the State Identified Measurable Result (SIMR) of increasing the percentage of infants and toddlers who achieve more than expected growth in the area of social emotional development.

The action plans included in this Phase II report include improvements that will be made to the state infrastructure to better support early intervention providers, the steps the state will take to further align and leverage other state initiatives, and the resources and expected outcomes of improvement activities. The plans also identify the supports that will be put into place to support early intervention providers to implement evidence based practices in line with coherent improvement strategies.

Data System Infrastructure

Phase I analysis identified enhancements to the statewide data system as a critical infrastructure improvement strategy. In collaboration with the Early Childhood Advisory Council and with assistance from private foundation funding, WV Birth to Three made a major financial investment during the FY 2015 to complete enhancements to the statewide data system, known as WVBTT Online. Data system enhancements provide the following additional functions to the statewide system:

- assigning a unique identifier for each child;
- allowing service providers and service coordinators to have real time viewing access for children on their caseloads;
- entry of Child Outcomes ratings into each child's electronic record;
- providing regional programs and the state office with real time data to promote effective oversight and management to assure timely service for children and families; and
- providing IFSP team members with access to Child Library and Notes pages in each child's record for promoting team communications.

As identified during Phase I analysis, WV Birth to Three needs to increase the number of children for whom both an entry and exit Child Outcome rating is completed. The addition of a Child Outcome rating page in the electronic record allows Regional Administrative Units, IFSP teams, and the State Office to have real time access to track completion of ratings.

In FFY 2014, over 30% of West Virginia's exiting toddlers had not received 6 months of service and therefore could not be included in the Annual Performance Report (APR) Indicator 3 Child Outcomes data. This has implications regarding WVBTT's potential for meeting an expected 70% benchmark for completed Child Outcome ratings. Even more importantly, the data should trigger further analysis to understand more about children and families who receive less than six months of service before exiting. The enhanced data system provides an infrastructure for these additional analyses.

WVBTT has a robust child find system with referrals through universal newborn screening programs, Help Me Grow West Virginia, primary care providers, and other partners. Effectiveness of the referral system is reflected in the continued increase in annual child count. Data analysis to date for children who received less than six months of service indicates an increased number of these children are entering the WVBTT system nearer to their third birthday. Further analysis is planned to determine if these children were referred for the first time near their third birthday (possibly as result of enhanced developmental screening at 24 and 30 months of age), or whether the children may have had previous referrals or enrollment periods with WVBTT.

WVBTT has shared this information with the WVEIICC and more detailed reports with the eight Regional Administrative Units (RAUs), to gain initial input that will direct further analysis and continue to inform improvement strategies. Further analysis and discussion of this and other data will help to engage and inform stakeholders at all levels regarding the design and implementation of future improvement strategies.

The enhanced data system will support the following continued improvement strategies:
- quarterly quality assurance reviews to monitor completion of Child Outcome entry and exit ratings;
- sharing results of various data analyses and reports with, and obtaining input from, stakeholders including local service providers and Regional Administrative Units;
- use of reports by local service providers and service coordinators to track progress and timelines for children on their caseloads for the purpose of improving service; and
- collaboration to link Part C data to Part B and other early childhood programs.

Communication Infrastructure

As identified in Phase I planning, the success of WV Birth to Three's State Systems Improvement Plan (SSIP) is dependent on engagement with key stakeholders. WVBTT is committed to ongoing communication with stakeholders. Implementation of improvement activities during the year in this focus area included:

- a survey open to all local service practitioners and service coordinators to gain feedback on: awareness of State Systems Improvement Plan, preference for learning about new activities; interest in Communities of Practice; awareness of Lunch 'n Learn webinars; comfort with assessing social emotional development and helping families promote social emotional development; interest in training on social emotional development; process of completing Child Outcome ratings, etc. There were 294 responses to the survey, with input across all disciplines of professionals.
- three webinars for WVBTT practitioners, service coordinators, and the community, to provide information and gather feedback regarding State Systems Improvement Plan (SSIP) activities;
- face to face training activities with Regional Administrative Units on use of WVBTT Online data system;
- eleven regional meetings, with over 253 participants across 10 disciplines to discuss requirements of and planned activities for the SSIP;
- gathering input from 187 local service practitioners and service coordinators regarding their preference for participating in various workgroups to design and implement future activities, where the number one request for additional information was regarding coaching families in use of EBP;
- designating a 'Come Grow with Us' section of the WVBTT website for posting information regarding all improvement activities; and
- collaborating closely with the West Virginia Early Intervention Interagency

Coordinating Council (WVEIICC) and the West Virginia Early Childhood Advisory Council on designing and implementing improvement strategies.

There was significant participation and interest from the field for the webinars, face to face meetings, and surveys. Data was of particular interest to participants. There was also a strong interest in learning more about how to help families support the social emotional development of their young children. The eleven face to face meetings across the state were used to introduce the new WVBTT Online data system, data and observations from Child Outcome measures, as well as information about the purpose of the SSIP. Data and survey results seemed to indicate that not all practitioners were aware of resources such as the Decision Tree, which are provided in monthly Child Outcome measurement webinars. These resources were shared during face to face meetings, with positive feedback from participants. Interest and enrollment for Child Outcomes webinars and Communities of Practice has increased since the regional meetings. WVBTT plans to continue routine information sharing and gathering input from the field throughout all improvement activities.

In collaboration with stakeholders, the following additional improvement activities have been identified to continue to engage and inform stakeholders during Phase II activities:

- Use feedback from local meeting surveys to identify representative stakeholders for each of the implementation teams under Phase II;
- Update and inform stakeholders of all improvement activities through statewide emails and website postings;
- Gather input and feedback through webinars and Communities of Practice;
- Provide periodic webinars to share and discuss various data related items (such as APR Indicator data, number of children who exit with less than 6 months of service, Child Outcome rating results, etc)
- Continue contract for Survey Monkey and utilize for periodic informing and information gathering; and
- Redesign the Come Grow with Us section of the WVBTT Online to be more engaging.

Other Infrastructure Improvements

WVBTT has been fortunate to be able to continue to dedicate a portion of federal Part C funds to professional development and family support activities. This becomes increasingly more difficult with the continued growth in number of children identified in need of services, and the complexity of service needs for eligible infants and toddlers.

Several other infrastructure improvements (i.e. implementation teams, mentoring, coaching) that are being put into place to support the delivery of evidence based practices are described in more detail under Component 2 of this plan.

Integration with Other EC Initiatives

West Virginia does not have a Race to the Top-Early Learning Challenge grant. And with no improvement grants specifically available to Part C systems, WVBTT tries to integrate improvement activities with other programs and initiatives when available. WVBTT continues to collaborate closely with the Research and Evaluation Division of the Office of Maternal, Child and Family Health, MIECHV Home Visitation, Project LAUNCH, Preschool Special Education, Child Care, HeadStart, the Infant Toddler Mental Health Association, and the Early Childhood Advisory Council.

Federal funding for most of these programs and initiatives also identify social emotional development as a key component of early childhood development. Risk factors including poverty, substance abuse, disability, domestic violence, and other parental stressors are known to impede the development of children's positive social emotional development and nurturing relationships with primary caregivers.

Through a collaborative work plan and funding, Part C, Part B Preschool, Head Start, Child Care, and Home Visitation contract with River Valley Child Development Services to coordinate the West Virginia Early Childhood Training Connections and Resources (WVECTCR). WVECTCR has purchased access to the Blackboard framework for course development. Three WVBTT representatives were included in the cohort of fifteen individuals trained to develop coursework through the Blackboard structure. Blackboard will be an important infrastructure addition to support professional development options. Funding for the Blackboard purchase was provided initially through the ECCS grant funding.

Integration of activities includes participation in cross sector professional development planning, personnel standards, building linkages with higher education, in-service content based on evidence-based practices, and recruitment and retention. West Virginia has completed and will be releasing revised Core Knowledge and Competencies for Early Childhood Professionals in April, 2016. This has been a collaborative achievement across all early childhood partners.

State Identified Measurable Result (SIMR) and Child Outcome Measurements

WV BTT is committed to the importance of families actively participating in the decisions about their children's outcome ratings. Early intervention teams, including families, complete child outcome ratings at initial and annual IFSP meetings and at a child's exit. Teams use the nationally developed Child Outcomes Summary Form (COSF) to record their decisions, which are based on results of assessments, observations, and family input regarding a child's functional participation across settings.

Attachment 2 includes the Child Outcome category tables for the outcome measures as reported in the FFY 2014 APR. Tables 1 and 2 below reflect the trend data for WV Birth to Three for Indicator 3 Child Outcome measurements.

Summary Statement 1 Trend Data

	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Outcome 1: Develop Positive Social-Emotional Skills	59.2%	54.8%	61.9%	63.5%	61.4%
Outcome 2: Acquire Knowledge and Skills	72.2%	62.6%	70.7%	74.1%	73.9%
Outcome 3: Use Actions to Meet Needs	75.0%	70.3%	71.1%	76.1%	76.4%

Table 1

Summary Statement 2 Trend Data

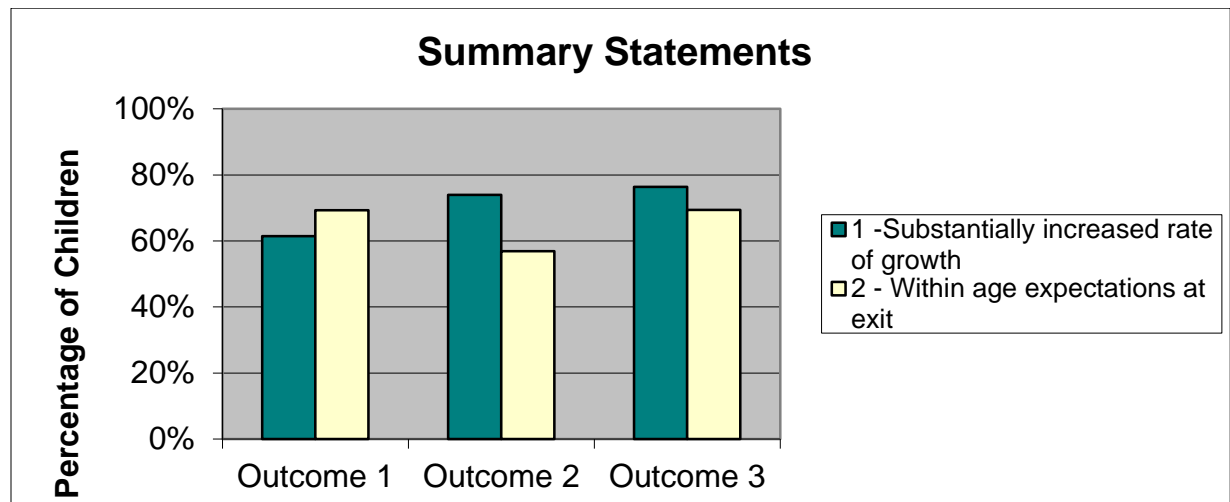|	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Outcome 1: Develop Positive Social-Emotional Skills	67.7%	64.8%	65.0%	67.4%	69.3%
Outcome 2: Acquire Knowledge and Skills	56.4%	49.8%	48.9%	53.7%	73.9%
Outcome 3: Use Actions to Meet Needs	65.8%	63.3%	63.5%	65.9%	76.4%

Table 2

Table 3

The total number of complete entry and exit ratings continues to increase each year, from 1271 in FFY 2013 to 1520 in FFY 2014 (including children in At-Risk eligibility category). As noted earlier, West Virginia has a significant number of children who exit with less than six months of service and therefore are not included in the count. With many factors interacting in the way categories and summary statements are calculated, it is a bit complex to predict exactly how child measurements will affect the resulting Summary Statements. Analysis of the data continues to indicate that children are being rated higher in the area of social emotional development, Outcome 1 at entry compared to their ratings in the other two outcome areas (see Table 3). In discussions with practitioners across the state, this may be due partially to limitations of their understanding and assessment of social emotional development, or the child's younger age at entry. Another contributing factor is that the entry rating is done at the child's initial eligibility/IFSP meeting, when the IFSP team has had limited time to develop a relationship with the family. Since the concerns that triggered the child's referral to WV Birth to Three are typically more closely related to Outcomes 2 or 3, it may be easier for teams and families to have early discussions about the child's participation in those areas. Additionally, if the child has observable delays in the other outcome areas, the team may find that rating a child near age level in Outcome 1 is reinforcing to the parent.

All of these potential issues with the way the rating for Outcome 1 is completed are being addressed through the numerous improvement activities of the SSIP. However, it remains to be seen how results of those efforts will be reflected in Summary Statement ratings of Outcome 1. FFY 2014 data showed a decline in the percentage result for Summary Statement 1 of Outcome 1, but an increase in Summary Statement 2 of Outcome 1. The goal is that all children will make progress in the area of social emotional development. That progress may be reflected in either Summary Statement 1 or Summary Statement 2 if they make enough progress to reach same age peers.

As the SIMR is currently understood, the state is required to use a single factor (for example, either Summary Statement 1 or Summary Statement 2) as the measurement for evaluating progress toward the SIMR. Data is indicating that Outcome 1, Positive Social Emotional Development, may be more variable than the measures for the other two outcome areas and therefore more difficult to demonstrate continued increases in percentage scores. With numerous factors that affect the ratings, and the resulting calculations for the Summary Statements, it becomes difficult to predict the cause and effect for the end result scores.

West Virginia will continue to analyze the results of movement in both Summary Statements under Indicator 3 in order to better understand the measurement and to provide guidance for continued the focus of continued improvement strategies. It continues to be important to use not only the Child Outcome Summary Statements as a measurement of progress, but also to consider other measures of change for practitioners and families that will reflect increased ability to support positive social emotional development for infants and toddlers.

Component 2: Supporting Early Intervention Programs and Providers to Implement Evidence Based Practices

WV Birth to Three coordinated Phase I planning through an SSIP State Leadership team in collaboration with the WVEIICC and other early childhood programs and stakeholders. The SSIP Phase I report provides information as to the research basis and data analyses that highlighted the importance of positive relationships between children and parents, and parents and professionals and the implications for professionals working with families in West Virginia.

As documented in Phase I analysis, while improvement activities should promote the social emotional development of all infants and toddlers, specific consideration needs to be given to the knowledge and skills needed to understand the characteristics and needs of families as well as infants and toddlers with vision and/or hearing loss and autism.

For Phase II work, an additional leadership team was developed: State Leadership Team for Social Emotional Development (SE Leadership). Membership for this team was targeted to assure expertise needed to design a plan to improve social emotional outcomes for infants and toddlers, which would address the data analysis and Theory of Action developed during Phase I.

The WVBTT Comprehensive System of Personnel Development (CSPD) Coordinator serves as lead for the State Leadership Team for Social Emotional Development. As presented in Diagram 1, membership includes the following:

- WVBTT Enrolled Practitioner/Service Provider;
- Higher Education faculty from the Special Education program of West Virginia University, with expertise in coaching and evaluation;
- Higher Education faculty from the Special Education program of Marshall University, with expertise in autism (also facilitates the WVBTT Autism Initiative);
- MIECHV Home Visitation Director;
- WVEIICC members;
- Center for Excellence in Disabilities (CED), Positive Support Coordinator;
- Contracted Trainers for WVBTT;
- WV Department of Education, SenseAbilities Project Coordinator;
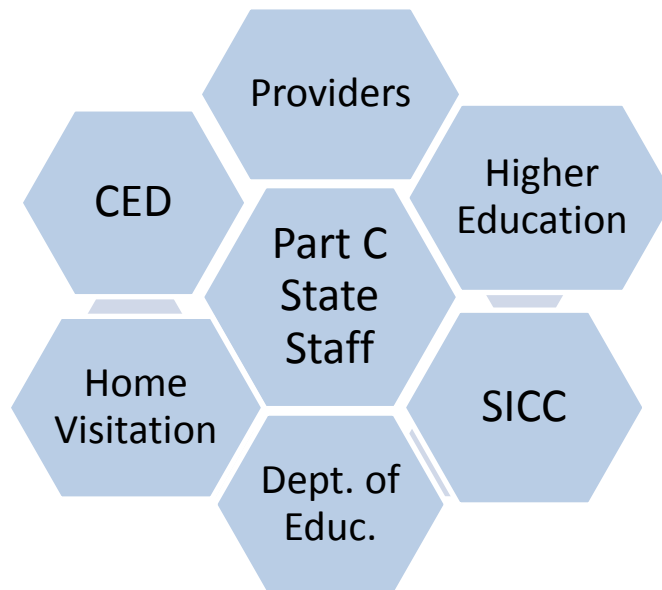- WVBTT Director

Diagram 1 State Leadership Team on Social Emotional Development

SE Leadership Team members were provided with an orientation and review of WVBTT Mission and Key Principles, SSIP requirements, and results of West Virginia's Phase I work including the Theory of Action.

WVBTT also applied to join the State Collaborative on Social Emotional Development facilitated through the National Center on Systemic Improvement (NCSI). WVBTT provided additional support for members of the West Virginia's SE Leadership team to attend the joint meeting of states in Chicago, Illinois on September 29-30, 2015.

This joint meeting provided an important opportunity for team members to become acquainted with research and national resources as well as strategies and issues across states. Through this partnership West Virginia's SE Leadership team will have access to an on-line learning community through NING, targeted webinars on research in social emotional development, designing professional development systems, funding and data use, as well as individual technical assistance to support the State's efforts.

Following the NCSI cross state meeting, the WV SE Leadership team held a two day retreat with all members present, to outline a plan for developing improvement activities aligned with the Theory of Action, primarily around professional development. The team's review included past and current initiatives of WVBTT and other partners and key components to a comprehensive professional development system. The team also reviewed data and feedback from practitioner surveys and local Come Grow with Us meetings.

The largest emphasis in West Virginia's Phase II SSIP is focused on supports to help early intervention service providers to implement evidence based practices to assist families in promoting their children's social emotional development. As the SE

Leadership team reviewed current supports, there was acknowledgement that WVBTT provides numerous training opportunities across a variety of topics relevant to helping early intervention providers understand social emotional development and has added numerous Communities of Practice during the past year to further support engagement.

However, this review further supported information from Phase I, and identified potential areas of need specific to the area of social emotional development including: the need for more information about evaluating social emotional development; explaining social emotional development to families; confidence in completing the Child Outcome ratings including age anchoring and relationship to child's participation in multiple settings; and understanding the impact of sensory loss and/or Autism Spectrum Disorder on social emotional development.

Identified barriers to implementing evidence based practices included:

- Continual flow of professionals new to early intervention in order to meet demands of increasing child count;
- New professionals frequently come clinical backgrounds that did not include home visiting or working with families;
- Lack of understanding about the types of trainings and supports that are available for professionals;
- Lower participation/enrollment in available trainings;
- Lack of exposure to family centered practices in pre-service; and
- Lack of mentoring and/or coaching to support professionals in the field.

In considering action plans to address these needs, the SE Leadership team reviewed West Virginia's participation as a TACSEI state and framework provided by the Pyramid Model work.   The proposed improvement strategies support a tiered professional development system that provides universal content across priority areas, but also begins to build an infrastructure to promote capacity to implement evidence based practices with fidelity. Critical to this infrastructure are the components of coaching and mentoring.

As reflected in the Learning Pyramid below, when considering the type of learning that is necessary to change practice, current WVBTT professional development efforts are mostly passive, and just starting to move into the active range. The improvement activities identified in this Phase II plan focus on not only adding content knowledge, but

also building an infrastructure that includes coaching and mentoring which are critical to affecting real change in practice.

In addition to topical information related to relationship based early intervention, evaluating social emotional development, and understanding how sensory issues affect social emotional development; the SE Leadership team identified two major CSPD components that would further support the effective implementation of evidence based practices.

The additional components suggested are:
- developing a structure to provide discipline specific mentoring; and
- piloting a coaching model that can later be scaled up statewide.

Improvement activities include developing a statewide mentoring system which will initially focus on supporting newly enrolling professionals, with later expansion to offer support to any enrolled practitioner or service coordinator. Mentors will be selected from leaders within each discipline. Suggestions for incentives were discussed by the SE Leadership team, with further input through the members of the WVEIICC. All mentors should reflect expertise in their particular discipline as well as a commitment to the Mission and Key Principles of WVBTT. A training and support structure will be developed for the mentors. The mentors will be included in the first group of professionals to participate in the coaching pilot.

The SE Leadership team has selected a coaching model and a team leader for implementing the pilot. The coaching pilot will be coordinated with the West Virginia University (WVU) Special Education program to include coding of videotapes by

graduate students. The SE Leadership team chose Pyramid Model practices as the evidence based practices to support through the coaching pilot. WVBTT will revise the *Universal Practices to Support Social Emotional Development* course content as the core training. The pilot will also use the Family Coaching Checklist to measure change in early intervention professionals' practice.

Following are the action plans and evaluation measures for continued progress under each Coherent Improvement Strategy as revised for Phase II. For each Coherent Improvement Strategy there are identified Outcomes, Activities to Achieve Outcomes, Steps to Achieve Activities, and Evaluation strategies for confirming that activities occurred as planned. Coherent Improvement Strategies have been revised from Phase I and are as follows:

1. *Enhance the current WVBTT data system to provide for unique child identifier, and entry of initial and exit COSF ratings into each child's electronic record in order to increase the number of children who have complete COSF ratings.*
2. *Implement an ongoing comprehensive communication plan to inform and engage RAU/ISCs, Practitioners and SCs in **Come Grow with Us** improvement activities of the SSIP.*
3. *Design and implement a comprehensive professional development system focused on increasing the knowledge and skills of ISCs, SC, and Practitioners to provide evidenced based practices for promoting social emotional development including targeted strategies for children with vision loss, hearing loss, and autism.*
4. *Collaborate with EC partners to provide resources on social emotional development to help families know how to promote their children's social emotional development.*
5. *Integrate Strengthening Families Framework into WV Birth to Three system structures.*

Note: Coherent Improvement Strategies #4 and #5 from Phase I have been incorporated under Improvement Strategy # 3 and the previous Improvement Strategy # 8 has been incorporated into other strategies as appropriate.

The action plans provide a framework for providing and evaluating improvement activities. The improvement activities address priorities identified through Phase I research and analyses and ongoing input from enrolled professionals regarding their identified needs for support in promoting social emotional development.

These plans recognize that infants and toddlers learn within the context of their daily interactions with their family and other primary caregivers. The focus of the WVBTT Professional Development system must be on building the skills of professionals to help families understand and support the development of their young children. The professional development system must consider and promote relationship based early intervention at all levels.

Evaluation

The WV Birth to Three State office, in collaboration with the Research and Evaluation Division of the Office of Maternal, Child and Family Health will coordinate evaluation measurement and processes for SSIP Phase II activities.

WV Birth to Three, with input from multiple data sources and stakeholders, has identified initial evaluation measurements and procedures for measuring progress toward each of the major outcomes of the SSIP. These outcomes are aligned with the Coherent Improvements Strategies, which were developed to address the major focus areas of the Theory of Action. Multiple stakeholders have been involved in providing information and feedback that led to the identification of evaluation questions and measurements.

Each major outcome area includes the use of Implementation Teams and Communication plans with feedback loops, which will assure that stakeholders are included throughout the process of implementation and evaluation.

The State SSIP Leadership Team is using several national resources to assist and guide the planning, implementation and evaluation processes. Among the resources that have been critical to the Leadership Team's work are the *'Planning Guide to Statewide Implementation, Scaling Up, and Sustainability of Recommended Practices – Reaching Potential Through Recommended Practices'*. Multiple other sources such as the SSIP Phase II Process Guide have been useful in preparing this document. The State SSIP Leadership team will prepare a packet for each of the initiative specific Implementation teams, outlining the roles and responsibilities of the Implementation teams and guidance materials they will use to assure ongoing stakeholder participation. Many of the resources for the Implementation Teams are pulled from the NIRN Active Implementation Hub.

The state Part C system has limited resources to dedicate to evaluation, and so has attempted to maximize linkages with Universities and other state agencies and offices. The State SSIP Leadership team anticipates that as improvement strategies evolve evaluation measures will also be adjusted.

Technical Assistance

WV Birth to Three plans to continue to participate in the Cross State Collaboratives with the National Center on Systemic Improvement (NCSI) and DaSy. Since much of the improvement work centers around professional development, WVBTT will coordinate technical assistance needs from other national technical assistance centers through NCSI. In addition to the multiple areas of assistance already being addressed, WVBTT will be requesting assistance with ongoing evaluation and strategies for organizing and presenting the multiple improvement and evaluation data sources.

Coherent Improvement Strategy #1: *Enhance the current WVBTT data system to provide for unique child identifier, and entry of initial and exit COSF ratings into each child's electronic record in order to increase the number of children who have complete COSF ratings.*

Intended Outcomes for this Improvement Strategy Related to the Theory of Action

Type of Outcome	Outcome Description
Short term (infrastructure)	Practitioners, SCs, RAUs and Lead Agency will be able to view real time COSF data and use to assure all children receive ratings
Short term (infrastructure)	More comprehensive data will be available for monitoring and evaluating child outcomes and improvement efforts at local and state level
Short term (practice)	Practitioners will understand the importance of timely, accurate child outcome ratings for individual child progress monitoring, program improvements and systems evaluation.

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
Modernize data system including moving to web based format, with unique child id, child outcome entry, child library and team notes pages	State SSIP Leadership to serve as Implementation team Contract to modernize and maintain statewide data system Weekly design work to incorporate all desired components Gather input from Regional Administrative Units to support data design	Funding for modernizations Contractor DaSy Data System Framework	WVBTT Director CQI Coordinator WVBTT Data Coordinator	Complete Fall, FFY 2015	Office of Maternal, Child and Family Health Research Division Early Childhood Advisory Council Private Foundation

Activity to Achieve Outcomes	Steps to Achieve Activity	Resources	Responsible Person	Timeline	Involvement With Other Agencies
Incorporate reporting functions that are accessible to individual ISCs, OSCs, Practitioners, Regional Administrative Units and State Office	Gather input from stakeholders regarding desired reporting functions Design reports to provide information necessary for State reporting of APR Indicator data	WVBTT state office staff Data System Contractor	Part C Coordinator CQI Coordinator	FFY 2015	ECAC Data Committee WV MIECHV Program on shared data interests WV Department of Education
Encourage all enrolled professionals to engage in use of new data system	Design application materials for requesting access to new data system Advertise and promote benefits of accessing new data system Develop guidance for use of new system	WVBTT state office staff Contractor Enrollment Unit	Part C Coordinator CQI Coordinator	FFY 2015	
Increase sharing of data with stakeholders	Provide reports on current status of child outcomes completion, child and family demographic characteristics, and child progress across the three child outcome areas Provide information on some aspect of data every 6 months in addition to routine meetings	WVBTT state office staff Input and suggestions from Regional Administrative Units, WVEIICC	WVBTT Director WVBTT CQI Coordinator WVBTT Data Coordinator	Ongoing	
Investigate options for linking WVBTT data system with Part B and/or other early childhood systems	Coordinate with ECAC Data Committee to investigate options for coordination and/or linkage between early childhood systems. Coordinate with ECAC Data Committee on investigation of early childhood governance structure	Additional funding for communication module to link with other data systems Contractor DaSy State Collaborative	WVBTT Director WVBTT CQI Coordinator WVBTT Data Coordinator	Begin spring 2016	Early Childhood Advisory Council WV Department of Education

Evaluation of Improvement Activities

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline
Enhanced Data system is in place with desired components of unique Child ID, Child Outcomes, Child Library and Team Notes, and Reporting Functions	Release of data system and data manual	Fall, FFY 2015
Enhanced data system includes reporting functions that are used by ISCs, OSCs, Practitioners, RAUs, and State Office	Observation of report structures that provide reports ,searches, and ticklers for each stakeholder group Survey results that indicate stakeholder use of various report/searches	Document online system includes reports/searches – 4/16 Surveys 2x/year
Enrolled professionals have completed application to access new data system	Reports on number of enrolled professionals across stakeholder groups who are enrolled and have applied to access new data system	2/16 and ongoing
State continues to share data relevant to improvement strategies	Documentation of questions and comments received during periodic presentations of data reports to WVEIICC, community partners and WVBTT practitioners	Ongoing

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Improvement Strategy 2: *Implement an ongoing comprehensive communication plan to inform and engage RAU/ISCs, Practitioners and SCs in 'Come Grow with Us' improvement activities of the SSIP.*

Intended Outcomes for this Improvement Strategy Related to the Theory of Action

Type of Outcome		Outcome Description
1.Short term	(infrastructure)	Stakeholders will be engaged in and provide input for SSIP improvement activities.
2. Short term	(infrastructure)	Information about SSIP activities is easily accessible to stakeholders.

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
'Brand' all SSIP improvement activities	State SSIP Leadership Team to serve as Implementation Team, with input from WVEIICC stakeholders	WVBTT state staff design 'brand'	State SSIP Leadership Team	Fall, FFY 2015	OMCFH
	ICC suggested 'branding' is used to label all improvement activities – *'Come Grow with Us'*	Feedback from WVEIICC			
Update WVBTT website with section dedicated to SSIP activities	Label section of website as 'Come Grow with Us', where information, presentations, reports for SSIP activities will be posted. Set up tracking system for "hits" on websites.	WVBTT website Office of Maternal, Child and Family Health webmaster	WVBTT state staff and webmaster	Fall, FFY 2015 4/16	WVEIICC
Assure stakeholder input into planning and carrying out improvement activities	Develop Implementation Teams and Communication plans for each Coherent Improvement Strategy Clearly define roles of the Implementation Teams to include input on design, communication and evaluation of activities	Implementation Science National Implementation Research Network (NIRN)	State SSIP Leadership Team Leads for each Improvement Strategy	Began 11/15 Added 4/16	Agencies/programs represented on Social Emotional Leadership Team

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
Share information with families on SSIP activities	Collaborate with Parent Partners at RAUs to assist with short articles to share information about 'Come Grow with Us' activities in their quarterly newsletters, in family friendly language	Regional Administrative Unit Parent Partners	WVBTT State Team, RAU Directors, Parent Partners		Regional Administrative Units

Evaluating Strategies

How Will We Know the Activity Happened According to the Plan? (performance indicator)	Measurement/Data Collection Methods	Timeline
Increased numbers of stakeholders accessing the 'Come Grow with Us' and WVEIICC websites	Observe website, SSIP notice materials, track hits to WVBTT website, Come Grow with Us section, number and dates of articles in Parent Partner newsletters Track "hits" on WVBTT and WVEIICC websites Track numbers of practitioners who attend 'Come Grow with Us' webinars	Quarterly reports to State SSIP Leadership Team
Stakeholders are familiar with 'Come Grow with Us' branding	Survey enrolled practitioners/service coordinators to learn if they are knowledgeable of SSIP and improvement activities Track number and dates of articles in parent partner newsletters	Baseline early, annual Survey monkey
Implementation Teams reflect broad stakeholder representation	Documentation of membership within Implementation Teams	Began 11/15 with SE Leadership Team, and continue for each new Leadership Team
Increased enrollment in Come Grow with Us(CGWU) webinars	Number of individuals and professionals enrolled in CGWU webinars	Annual Comparison

Improvement Strategy 3: *Design and implement a comprehensive professional development system focused on increasing the knowledge and skills of ISCs, SC, and Practitioners to provide evidenced based practices for promoting social emotional development including targeted strategies for children with vision loss, hearing loss, and autism*

Type of Outcome	Outcome Description
Short term (infrastructure)	Coaching pilot designed and implemented to evaluate the use of coaching/reflection as a model for moving research to practice in providing relationship based early intervention in home settings.
Short term (infrastructure)	Pilot mentoring process to introduce and support newly enrolled practitioners to their roles in the WV Birth to Three system.
Intermediate (infrastructure)	Plan is developed and implemented for identifying a cadre of trainers, mentors and coaches that includes; expectations for each role, and a process for training and coaching the selected individuals.
Short term(practice)	ISCs, OSCs, and Practitioners have an understanding of: a) the importance of early relationships and everyday learning opportunities in supporting infant/toddler development; b) typical/atypical social emotional development and the importance of social emotional development as the foundation for all other learning; and c) the use of coaching as an effective practice to support families in promoting their children's development.
Intermediate (practice)	WVBTT practitioners have improved skills in evaluating social emotional development and rating children under the social emotional outcome on the Child Outcome Summary Form (COSF).
Intermediate(practice)	ISCs, OSCs and Practitioners will have improved skills in the development of meaningful, functional, and measureable IFSP outcomes and strategies to support the child's social-emotional development through positive interactions.
Intermediate(practice)	WVBTT practitioners implement relationship based early intervention practices with fidelity including coaching to support families in achieving their goals for their child and family.
Intermediate (infrastructure)	WVBTT designs and implements a process to scale up and sustain the enhanced professional development system of training, mentoring and coaching to increase knowledge of and implementation fidelity in evidence based practices for promoting social emotional development.

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
Provide access to evidence based practices for promoting social emotional development through universal information, and linkage to training and resources on relationship based practices	Develop an Implementation Team and Communication strategies for sharing information and progress on activity and reporting barriers to the State SSIP Leadership Team Create an inviting space within the "Come Grow with Us" link on the WVBTT website on social emotional development and relationship based practices. Research and post links to information, resources, on line webinars, or training opportunities on social emotional development and relationship based practices to post on "Come Grow with Us" site. Update assessment tool list with current resources on evaluating social emotional development, including for children with sensory impairments. Design a guest webinar series on social emotional development and relationship based practices (parent to child, parent to provider, provider to provider, RAU to community programs).	OMCFH webmaster NCSI ECTA Performance Checklists and Practice Guides for DEC recommended practices CSEFEL modules EHS National Resource Center Zero to Three BTT trainers WV Dept of Education modules on Social Emotional Development Review of resources mentioned in links above to determine if such a resource already exists in hard copy or video version	*Mel Woodcock lead,* *Sheila Zickefoose co-lead* Input and Assistance from Implementation Team members	4/16 7/16 7/16 9/16 Begin 9/16 11/16	Cross agency participation on Implementation Teams WV Infant Toddler Mental Health Association Project LAUNCH Collaborate with Parent Partners in each of the Regional Administrative Units

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
	Revise course on Universal Practices of the Pyramid Model and rename as 'Practices to Promote Social Emotional Development'. Develop or identify informational materials such as brochure/flyer to help families understand importance of social emotional development and what helps to promote a child's social emotional development.				
Provide access to evidenced based practices through the dissemination of information, linkages to resources and training on supporting toddlers on the Autism Spectrum.	Design and provide a series of webinars on key considerations for supporting toddlers with Autism, including social/emotional development. Create section in the 'Come Grow with Us' on website to post links to autism specific targeted trainings and resources Develop a series of Blackboard courses on key considerations for supporting toddlers with Autism using recorded webinar series, with post-tests (Intro, Evidence Based Practices, Supporting Families) Develop plan for funding Train the Trainer in use of Early Denver Model	Expertise in topic area ASD advisory team OMCFH webmaster State WVBTT staff working with ASD Advisory	*Jennifer McFarland Whisman, PhD, Marshall University Autism Training Center* Input and assistance from Implementation Team members	7/16 9/16 FFY16	Marshall University, Autism Training Center Collaborative members of ASD Advisory group

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Time- lines	Involvement with Other Agencies
Provide access to evidenced based practices through the dissemination of information, linkages to resources and training on promoting social emotional development for infants and toddlers with vision and/or hearing concerns.	Develop Implementation Team and Communication Plan. Implementation Team will report any barriers in implementing activities to the State SSIP Leadership Team Develop statewide training for VI and HI enrolled professionals on Evidence Based Practices for promoting social emotional outcomes and strategies for children with sensory loss Design a guest webinar series on social emotional development and relationship based practices for infants and toddlers with sensory loss. Develop discipline specific Tip Sheets to guide the individual team members on assessments and intervention when serving infant and toddlers with a sensory loss. Provide information on early warning signals for potential sensory loss.	WV Department of Education videography and webmaster resources Linkages to WV Department of Education SenseAbilities Project resources WVBTT webmaster	*Annette Carey WV Department of Education – Lead* Input and assistance from Implementation Team members Support from WV Birth to Three state office		Implementation teams to include membership across EC programs Integrated with activities of the WV Deaf Blind grant and WV Community of Practice for Young Children with Hearing Impairments

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person/s	Timelines	Involvement with Other Agencies
Pilot and make recommendation for feasibility of coaching model to support practitioners in use of evidence based practices in working with families in home settings to promote their children's social emotional development	Develop Implementation Team and Communication Plan Research Coaching Models Construct evaluation design (timeline, data to be collected, methods to be used for data collection and sharing, coding definitions) Design process for identifying coaches and Identify and obtain consent from practitioners and families for participation Train coaches on coaching model and feedback Train students on data collection and collect baseline data Design and implement course on Pyramid Model Implement coaching model Collect intervention (coaching) data Determine fidelity of implementation Determine inter-observer agreement	Pyramid Model Family Coaching Checklist West Virginia University, Special Education Program	*Christan Coogle, PhD* With assistance from Implementation team and in collaboration with West Virginia University	Begin planning 2/16 Begin pilot 9/16	Implementation teams to include membership across EC programs Collaboration with Special Education graduate program at WVU

Strategies to Achieve Outcomes	Steps to Achieve Outcomes	Resources	Responsible Person	Time-line	Involvement with Other Agencies
Provide training, resources and coaching on the use of authentic /routines based assessment practices	Develop Implementation Team and Communication Plan Research evidence based practices on authentic assessment practices. Design an authentic assessment link on the WVBTT website. Research and update approved assessment tool list for posting on authentic assessment link on the website. Design an assessment template that addresses the need to gather information for eligibility determination and the importance of understanding the child's functional abilities within daily activities and routines Identify discipline specific champions for authentic assessment practices Design examples of assessment reports across disciplines that reflect authentic assessment practices. Design and implement training on authentic assessment practices Design and Implement training on Functional Behavior Assessment (FBA) and Positive Behavior Support Plans (WV PBS Endorsement).	WVU Center for Excellence in Disabilities (CED) Positive Behavior Supports Program - Lashanna Brunson NCSI and other National TA Centers Sharing Other State Resources	*Mel Woodcock and Missy Casses* *Co Leads* Input and assistance from Implementation Team members	Draft template ready for review 7/16 Training design by 8/16 Begin training by 9/16 FBA training draft by 12/16 FBA and PBS training begins by 1/17	Implementation teams to include membership across EC programs Coordination with WV Association of Positive Behavior Support West Virginia University

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Activity to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person	Time-line	Involvement of Other Agencies
Design and implement a Pilot Mentoring Program for Newly Enrolling Practitioners	Develop Implementation Team and Communication Plan, informing State SSIP Leadership team of any barriers in completing activities Design and implement a "Welcome to WV Birth to Three Process" for TA that includes resources for getting started, who to call with questions and link to mentor Revise and implement on-line Principles of Practice course Design training for potential mentors Recruit and train practitioners to become mentors Provide on-going support to mentors Roll out and evaluate mentorship program	Research on mentoring designs NCSI and other National TA Centers	*Mel Woodcock, Wendy Miller, Co-Leads* Input and assistance from Implementation Team members	Begin initial planning with Implementation team in 5/16 Timelines for other activities will be finalized 5/16	Collaborative membership in Implementation Team

Strategies to Achieve Outcomes	Steps to Achieve Outcomes	Resources	Responsible Person	Time-line	Involvement with Other Agencies
Revise Child Outcome training and materials to support quality Child Outcome ratings	Develop Implementation Team and Communication Plan, with Implementation Team informing State SSIP Leadership team of any barriers in achieving activities. Review current COSF trainings and strengthen foundational knowledge necessary to complete the COSF ratings. Design a self-assessment checklist to increase implementation fidelity of COSF ratings. Design and implement a Community of Practice for implementation fidelity through reflective facilitation, and review of COSF examples with rubric.	DaSy COSF modules NCSI CoP with other states Other state examples and strategies Rubric for evaluating Quality of COSF completion	*Mel Woodcock and Missy Casses* *Co Leads*	Forms and training revised 8/16 CoP ongoing	Collaborative membership in Implementation Team

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Improvement Strategy #4: *Collaborate with EC partners to provide resources on social emotional development to help families know how to promote their children's social emotional development.*

Intended Outcomes for this Improvement Strategy Related to the Theory of Action

Type of Outcome	Outcome Description
Short term (practice)	Families in WV Birth to Three know how to support their children's social emotional development

Activities to Achieve Outcomes	Steps to Achieve Activity	Resources	Responsible Person	Time-line	Involvement with Other Agencies
Provide information in family friendly language to help families understand how they can promote positive social emotional development for their infants and toddlers	WVBTT will collaborate with the ICC and other EC partners to incorporate messages about social emotional development into family newsletters and other outreach. Coordinate with Early Childhood Advisory Council for distribution of Learn the Signs Act Early family focused developmental materials – branded with Help Me Grow, WV logo to provide families with ongoing linkage to resources Post links on WVBTT website to DEC Family Practice Guides and collaborate with Parent Partners in Regional Administrative Units to include excerpts/links in RAU newsletters to families Collaborate with WV Infant Toddler Mental Health Association (WVITMHA)for outreach messages to families about social emotional development Practitioners will provide families with research based information on promoting social emotional development in a manner that meets the family's learning style and cultural or linguistic needs.	Learn the Signs Act Early Materials DEC Family Practice Guides WVITMH Association outreach activities for Children's Mental Health	*Pam Roush, Lead*	Throughout year 4/16 7/16 5/16 ongoing	Collaborative membership in Implementation Team Collaboration with Parent Partners in RAUs WV Infant Toddler Mental Health Association MIECHV and ECAC

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Improvement Strategy #5: *Integrate Strengthening Families Framework into WV Birth to Three system.*

<u>**Intended Outcomes for this Improvement Strategy Related to the Theory of Action**</u>

Type of Outcome	Outcome Description
Short term (infrastructure)	Strengthening Families Framework strategies are be integrated into the WVBTT forms utilized from referral through IFSP development.
Intermediate term (practice)	Family Assessment/Intakes will reflect family priorities within daily routines.
Short term (infrastructure)	Families have access to information about resources and supports in a variety of ways.

Activities to Achieve Outcomes	Steps to Achieve Activities	Resources	Responsible Person	Time-line	Involvement with Other Agencies
Provide training and coaching to Interim Service Coordinators on the use of routines based interview as part of the Intake/Family Assessment Process.	Design training on routines based interview, which can be delivered as a Train the Trainer for RAU Directors (reference WV Mission and Key Principles, FGRBI - Juliann Woods) Welcome card to all families at referral Design and implement self –assessment checklist to increase implementation fidelity of the family guided routines based interview. Design and implement a Family Assessment Quality Rubric Provide training on revised Intake/Family Assessment form and Routines Based Interviewing Design and implement a Community of Practice for implementation fidelity through reflective facilitation, use of self-assessment checklist to evaluate quality of Family Assessments and through case study methodology (scenarios, video vignettes, role play).	WV Mission and Key Principles Family Guided Routines Based Interview –Juliann Woods DEC Recommended Practices Relationship of Quality Practices to Child and Family Outcomes Other Agencies' Intake Formats Positive Parenting Norms Toolkit for West Virginia Home Visitors WVEIICC designed welcome card	*Mel Woodcock and Missy Casses – Leads* *Assistance from Implementation Team*	Begin July, 2016 Trainings in place by September, 2016	Collaborative membership in Implementation Team including representative from MIECHV HV programs Collaboration with Parent Partners in RAUs Collaborate with MIECHV Home Visitation program around current family assessment benchmarks

	Provide coaching to support RAU Directors in training and coaching newly enrolling ISC (Relationship based and routines based early intervention, building partnerships with families, leading the MDT evaluation/assessment team, creating participation based IFSP, facilitating the IFSP meeting, explaining the COS process) Collaborate with Team for WV Children to provide training and information to Interim Service Coordinators on how Positive Parenting Norms supports home visitation				
Families will be linked to needed resources to support protective factors that allow them to be better able to support their children's development	ISCs, Practitioners and SCs will link families to community resources in time of need based on their unique circumstances. Parent Partners in each RAU will provide a variety of resources for parents seeking parent to parent opportunities or other linkages. ISCs, Practitioners and SCs will link families to the Parent Partner in their region when a request for Parent to Parent support occurs and no other community option is available to the family.	Surveys of families and professionals to identify frequency of linkages to resources Reports from Parent Partners regarding number of referrals from OSCs and Practitioners	*WVBTT Regional Technical Assistance staff, in collaboration with Regional Administrative Units*	Start date 4/16, ongoing	Coordination with Circle of Parents and other Family Support groups Linkage with local MIECHV programs monthly parent meetings

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

State WVBTT office will provide access to information on community resources through dissemination of information, linkages to resources and training	Provide monthly Lunch and Learn webinar sessions on statewide resources for families. Create a Service Coordination page on the WVBTT website. Record sessions for posting on WVBTT website. Offer one Tip of the Week per month on a statewide community resource.	Community resource agencies GoToMeeting Infrastructure OMCFH webmaster for posting recorded sessions BTT team members	*WV Birth to Three state staff Debra Judy, Stephanie Young*	Monthly Lunch and Learn begin posting 9/16 Service Coordin-ation page 10/16 Posting	Collaboration with various service agencies and programs for webinar presentations Collaboration with MIECHV Programs

Attachment 1 – West Virginia Birth to Three Theory of Action

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	
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	More infants and toddlers exiting WVBTT will make enough improvement in their social emotional skills to move closer to their same age peers
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	

OSEP Progress Category Totals

Outcome 1	Number	Percentage
a: Children who did not improve functioning	5	0.3%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	322	21.4%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	140	9.3%
d: Children who improved functioning to reach a level comparable to same-aged peers	378	25.1%
e: Children who maintained functioning at a level comparable to same-aged peers	661	43.9%
Total	1506	100%

Outcome 2	Number	Percentage
a: Children who did not improve functioning	2	0.1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	331	22.0%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	323	21.4%
d: Children who improved functioning to reach a level comparable to same-aged peers	614	40.8%
e: Children who maintained functioning at a level comparable to same-aged peers	236	15.7%
Total	1506	100%

Outcome 3	Number	Percentage
a: Children who did not improve functioning	2	0.1%
b: Children who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	268	17.8%
c: Children who improved functioning to a level nearer to same-aged peers but did not reach it	193	12.8%
d: Children who improved functioning to reach a level comparable to same-aged peers	684	45.4%
e: Children who maintained functioning at a level comparable to same-aged peers	359	23.8%
Total	1506	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.	61.3%	73.8%	76.5%
2. Percent of children who were functioning within age expectations in [outcome], by the time they exited.	69.0%	56.4%	69.3%

Attachment 3 - WV Birth to Three SSIP Evaluation Plan

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Has Been Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and/or completion dates)
System -Short Term	Practitioners, SCs, and Lead Agency will be able to view real time data to know that COSFs have been completed	Are Child Outcome ratings being entered timely? Are ISCs, OSCs and Practitioners using the new online system?	The statewide data system has migrated to web-based Child Outcome ratings are being entered timely Professionals have applied to access the new system	Documentation of data system went live QA reviews to document entry of COSFs for children with initial IFSPs, and entry of annual and exit COSFs Data shared with Regional Administrative Units and stakeholders	Complete initial QA review 4/16 and every quarter there after Reports back to the Implementation Team and State SSIP Leadership team
System -Short Term	More comprehensive data will be available for monitoring and evaluating child outcomes and improvement efforts at local and state level	Is data on child outcomes being used to guide improvement work? Do Stakeholders find Child Outcome data reports useful?	More children who receive at least 6 months of service will have completed entry and exit outcome measures when exiting Stakeholders report using data to make changes in practice or seeking additional technical assistance	Reports are generated and shared with stakeholders at least 2x annually Surveys to practitioners and service coordinators about usefulness of data reports	Begins 4/16 and ongoing Reports back to the Implementation Team and State SSIP Leadership team
Practice - Intermediate	Practitioners will understand the importance of timely, accurate child outcome ratings for individual child progress monitoring, program improvements and systems evaluation.	Will enhanced attention to Child Outcome ratings help practitioners understand the importance of accurate ratings that consider child's participation across variety of settings?	More practitioners will enroll in COSF webinars and Communities of Practice More children exiting WVBTT with at least six months of service will move closer to their same age peers in social emotional development	Registration and participation data from trainings Indicator 3 Outcome 1 data	Review results of training registrations at least 2x/annually

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
System – Short Term	Stakeholders will be engaged in and provide input for SSIP improvement activities.	Does branding activities with 'Come Grow with Us' result in stakeholders being more aware and create interest?	In the percentage of practitioners who respond to surveys Attendance at local meetings will reflect interest Increased numbers of ISCs, OSCs and Practitioners will participate in Come Grow with Us improvement activities	Response rates from surveys Meeting attendance Registration and enrollment in trainings and Communities of Practice	2/16 and ongoing Data reported to State Leadership team and WVEIICC at least 2x/annually
System – Short Term	Information about SSIP activities is easily accessible to stakeholders.	Do stakeholders report being knowledgeable of where to find updates for SSIP activities?	Accessing website information	Number of hits on website	2/16 and ongoing Data reported to State Leadership team and WVEIICC at least 2x/annually

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
System – Short Term	A coaching pilot is designed and implemented to evaluate the use of coaching/reflection as a model for moving research to practice in providing relationship based early intervention.	Will practitioners who receive coaching during the pilot demonstrate increased use of evidence based practices when supporting families?	Coaching model selected Written plan and timelines for pilot coaching process Implementation Team will use NIRN templates to assign tasks, track completion and establish communication protocols	Practitioner pre/post data Fidelity of implementation data Inter-observer agreement on all data Social validity data	Begins April, 2016 through April, 2017 – Reports to the Implementation Team and SE Leadership team
System – Short Term	Pilot mentoring process to introduce and support newly enrolled practitioners and service coordinators to their roles in the WV Birth to Three early intervention system.	Will newly enrolling practitioners and service coordinators better understand their role as early intervention service providers and the purpose of WV Birth to Three services and supports?	The mentoring process supports practitioners in the areas of: Mission Statement and Key Principles of the WV Birth to Three and expectations of relationship based early intervention. Recipients of mentoring will report positive impact on understanding their role as early intervention providers.	Number of practitioners and service coordinators who take advantage of the mentoring that is offered. Survey of recipients regarding impact of mentoring	Begins April, 2016 through April, 2017 Reports to the Implementation Team and SE Leadership team
System - Intermediate	Plan is developed and implemented for identifying a cadre of trainers, mentors and coaches.	Does the PD System plan include all the required components needed to scale up and sustain a comprehensive PD system?	A written plan exists for identifying a cadre of trainers, mentors and coaches that includes; expectations for each role, and a process for training and coaching the selected individuals.	SE Leadership will review and confirm that plan for scale up includes all necessary components	April, 2017 (after completion of coaching and mentoring pilots)
System – Short Term	Families in WV Birth to Three know how to support their children's social emotional development	Did families find written materials and website information helpful to promoting their children's social emotional development?	Families report that they better understand how to promote their child's social emotional development	Question added to exit survey Opportunity for parent feedback on website location with the resources	Add options for gathering input by 9/16 Provide reports to Implementation team and WVEIICC stakeholders

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Practice – Short Term	ISCs, OSCs, and Practitioners have an understanding of: A. the importance of early relationships and everyday learning opportunities in supporting infant/toddler development; B. typical/atypical social emotional development and the importance of social emotional development as the foundation for all other learning; and C. the use of coaching as an effective practice to support families in promoting their child's development.	Do ISCs, OSCs and Practitioners who participate in training, understand the foundational knowledge related to: A. the importance of early positive relationships and the opportunities for promoting development through everyday routines and activities; B. of typical/atypical social emotional development and the importance of social emotional development as the foundation for all other learning; and C. and awareness of the use of coaching as an effective practice to support families in promoting their child's development. Will there be a difference in knowledge level between professionals who received ; A training only; B mentoring; C. Coaching	Percentage of ISCs, OSCs, and Practitioners who pass a basic test of knowledge in each of three subject area Percentage of ISCs, OSCs, and Practitioners who report that universal resources increased their understanding of how the topic area, including for children with sensory impairments and autism.	Response to pre/post knowledge tests for each core training topic Percent response to evaluations Percent response to annual survey through survey monkey Measurements regarding differences in support types will be phased in as mentoring and coaching become available.	Baseline and initial progress data will be gathered through Pre-Post tests beginning April-June, 2016 Measures will be gathered for the individuals who participate in mentoring and coaching pilots for later comparison to others Add measurement for all revised and future trainings as new trainings come online Reports to the Implementation Team and SE Leadership team
System - Intermediate	WVBTT designs and implements a process to scale up and sustain the enhanced professional development system of training, mentoring and coaching to increase knowledge of and implementation fidelity in evidence based practices for promoting social emotional development.	Does the plan include all the required components necessary to implement a comprehensive professional development system?	Written Professional Development Plan with components of mentoring and coaching Implementation teams and communication plans for each major activity area	State SSIP Leadership team will confirm written plan with required components WVBTT state office will gather and document completion	Begins April, 2017

WVDHHR/WVBTT/WV PART C INDICATOR 11 SSIP PHASE II

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Practice – Intermediate	WVBTT practitioners have improved skills in evaluating social emotional development and rating children under the Social Emotional outcome on the Child Outcome Summary Form.	Do practitioners who participate in authentic assessment training demonstrate foundational knowledge in evaluating social emotional development, including for children with sensory impairments and autism? Do Practitioners who participate in COSF training have the skills to age anchor and appropriately rate children's functional abilities in the three national outcome areas?	Quality Practice Profiles and rubrics are in place Written assessment reports will include components as identified in the quality rubric, including the Impact of vision or hearing impairment on social emotional development An increased number of Practitioners meet the benchmark on identified Practice Profiles (Rubrics) for Authentic Assessment and COSF rating practices	Document completion Gather baseline data on Practice Profiles Number of assessments reviewed with Authentic Assessment Rubric that met the quality standard Number of self-assessments completed with Rubric that met the quality standard	PDSA cycles with Implementation Team for development of profiles and rubric and sharing of measurement results Begin 7/16
Practice - Intermediate	ISCs, OSCs and Practitioners will have improved skills in the development of meaningful, functional, and measureable IFSP outcomes and strategies to support the child's social-emotional development through positive interactions.	Do practitioners who participate in IFSP training demonstrate foundational knowledge in IFSP outcome development including for children with sensory impairments and autism?	Written IFSPs will include components as identified in the IFSP Rubric, including for children with vision or hearing impairment, on social emotional development An increased number of IFSPs meet benchmark on the IFSP Practice Profile (Rubric) Practitioners report increased competence in creating IFSP outcomes.	Number of IFSPs that meet benchmarks on the IFSP Rubric – through annual review Percentage of IFSP self-assessments completed that meet the quality standard	Begins 7/16 Reports to the Implementation Team and SE Leadership team
Practice – Intermediate	WVBTT practitioners implement relationship based intervention practices with fidelity including coaching to support families in achieving their goals for their child and family.	Do practitioners who receive coaching implement practices from the Family Coaching Checklist with fidelity?	80%of practitioners implement the targeted practices from the Family Coaching Checklist with fidelity	Self-assessments by practitioners who receive coaching support	Begin 4/17 Reports to the Implementation Team and SE Leadership team

Type of Outcome	Outcome Description	Evaluation Questions	How Will We Know the Intended Outcome Was Achieved? (performance indicator)	Measurement/Data Collection Methods	Timeline (projected initiation and completion dates)
Family – Intermediate	Families in WV Birth to Three know how to support their children's social emotional development	Did families find written materials and website information helpful to promoting their children's social emotional development?	Families report that they better understand how to promote their child's social emotional development	Family survey at exit from WVBTT – revised to include question specific to social emotional development % of families who report they better understand how to promote their children's social emotional development Provide opportunity for parent feedback on website location with the resources – gather data	Begin 7/17 Reports back to State SSIP Leadership team 2x/year
System - Intermediate	Strengthening Families Framework strategies are integrated into WV Birth to Three forms utilized for referral through IFSP	Will fewer families be lost between intake and eligibility? Will families report feeling supported during initial interactions?	Referral, Family Assessment /Intake and IFSP forms are revised to incorporate Strengthening Families Framework components Families have positive responses about their interactions from referral through initial eligibility meeting	Satisfaction survey to families after initial IFSP – randomly select in each region	Survey draft 10/16 Begin surveys 11/16
System - Intermediate	Family Assessment/Intakes will reflect family priorities within daily routines	Does training and coaching on authentic family assessment and strengthening Families framework result in Family Assessments that address priorities related to their child and needed resources?	Family Assessments meet benchmarks on the quality rubric	Results from self-assessment checklist	Review of self-assessments start 11/16