

Come Grow with Us!

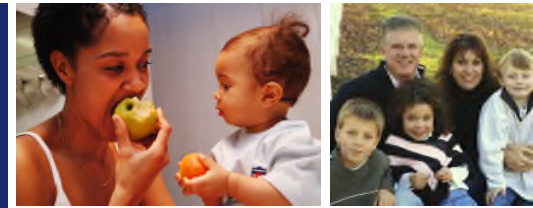
*Making a Difference for
Children and Families
Through State Systems
Improvement Planning*

WV BIRTH TO THREE

LOCAL STAKEHOLDER WEBINAR

PART 1

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

Today's Webinar

COME GROW WITH US !

West Virginia's commitment to quality services
for children and families



- Overview of State Systems Improvement Planning
- How data will be used for Results Driven Accountability
- Mission and Guiding Principles of WV Birth to Three
- Critical role of local WVBTT system in supporting data and quality practices
- Opportunities for stakeholder input

Come Grow with Us

- What happens in early childhood can matter for a lifetime.
- For this reason, the U.S. Department of Education/Office of Special Education Programs (OSEP) is requiring early intervention systems, across the nation, to develop a six year strategic plan to design, implement and evaluate strategies for insuring that all children make developmental progress.
- As a WV Birth to Three provider, you are essential in:
 - 1) Helping the state understand some of the challenges that families face; 2) Assisting us to identify how we can better support children and families; and 3) Partnering with us as we make program improvements and monitor our progress.

State Performance Plan (SPP)

- WV Birth to Three is developing a new State Performance Plan – a six year plan for the state’s activities under Part C of IDEA .
- The plan includes national indicators – some focused on compliance and others focused on outcomes for children and families.
- The first part of the plan was reporting data on the national performance indicators – this part of the plan was submitted on February 2, 2015.
- The next part of the plan is called the *State Systems Improvement Plan* (SSIP) and is due April 1, 2015.

West Virginia's Performance

First let's review how West Virginia did on the national indicators

CONGRATULATIONS TO EVERYONE !

**IT TAKES EVERYONE WORKING TOGETHER
TO ACHIEVE THESE OUTCOMES!**



WV Birth to Three Performance Data -APR

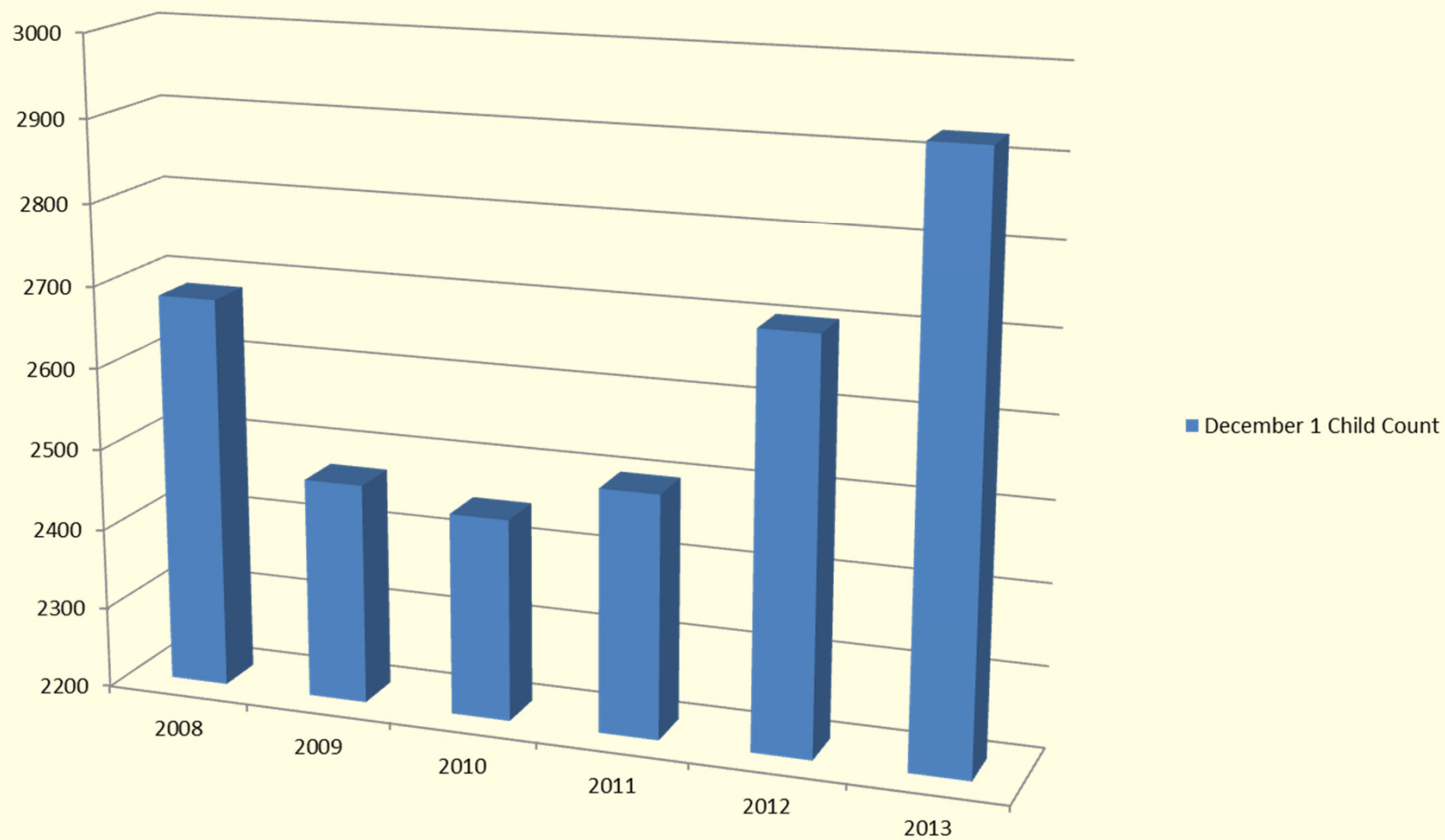
INDICATOR	FFY 2010 DATA	FFY 2011 DATA	FFY 2012 DATA	FFY 2013 DATA
1. Timely provision of early intervention services	98.47%	98.1%	98%	98.7%
2. Infants and toddlers served in natural environments	100%	100%	100%	99.97%
3. Early Childhood Outcomes Data	See Attached Table	See Attached Table	See Attached 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	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%	98.6%
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%	99.16%

National Data – Indicators 5 and 6

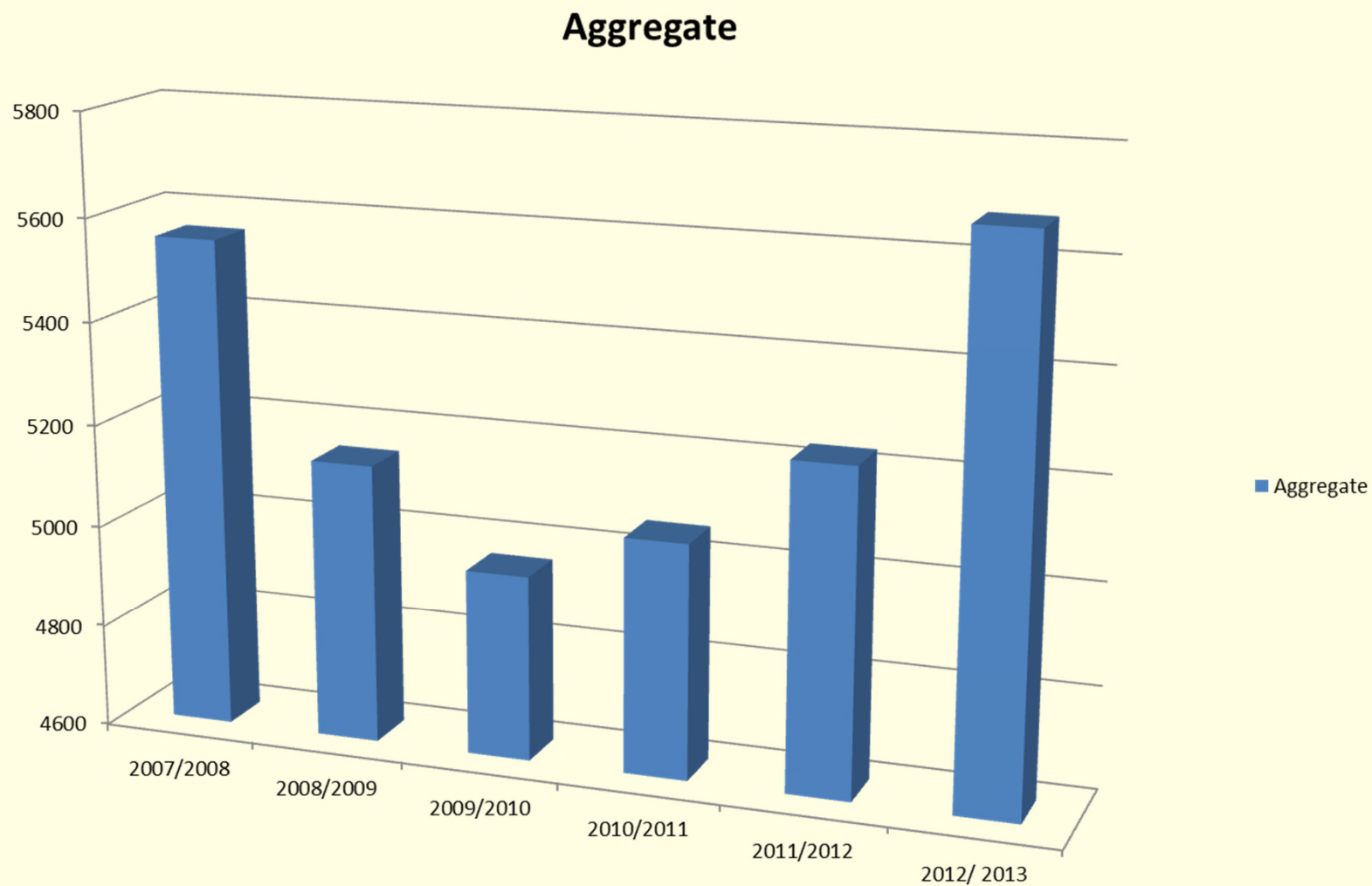
- **WV ranks 4th highest in percentage of children served under the age of 1 (2.36%)**
 - an increase from 1.98% and 7th ranked last year
- **WV ranks 5th highest in percentage of children served age birth to through 2 (4.76%)**
 - an increase from 4.42% and 7th ranked last year
- **Official point in time child counts are taken on December 1 of each year**
- **Our own quarterly count showed over 3,000 children in June, 2015**
- **We expect the final December, 2014 count to be over 3,000 children – thus over 6,000 children in the 12 month aggregate count**

Indicator 6

December 1 Child Count



Aggregate Child Count for 12 Months



***CONGRATULATIONS AGAIN
ON ACHIEVING THESE OUTCOMES
FOR CHILDREN AND FAMILIES !***





State Systemic Improvement Plan (SSIP)

SSIP Activities by Phase

Year 1 - FFY 2013 Report April 2015	Year 2 - FFY 2014 Report due February 2016	Years 3-6 FFY 2015-18 due February 2017-2020
Phase I Analysis	Phase II Plan	Phase III Evaluation
<ul style="list-style-type: none"> • Data Analysis • Identification of the Focus for Improvement (SIMR) • Infrastructure to Support Improvement and Build Capacity • Theory of Action 	<ul style="list-style-type: none"> • Infrastructure Development • Support for EIS Program/LEA in Implementing Evidence-Based Practices • Evaluation Plan 	<ul style="list-style-type: none"> • Results of Ongoing Evaluation • Extent of Progress • Revisions to the SPP

SSIP – Come Grow with Us!

SSIP COMPONENTS

- Analysis of various data sources
- Analyze current 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 child outcome area to target for more growth
- ***State Identified Measureable Result - SIMR***
- Identify evidence-based practices and other improvements that will help achieve that growth
- What supports will be needed?



SSIP – Phase 1 – Where We Are So Far

- Informing stakeholders about the SSIP process and gathering input
 - State Coordinating Council - ICC
 - RAUs
 - Local Stakeholders – Providers and Partners

- Analyzing child outcomes data and our infrastructure



WVBTT Mission and Key Principles



WEST VIRGINIA BIRTH TO THREE

MISSION

WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, supports, and resources to enhance children's learning and development.

KEY PRINCIPLES

1. Infants and toddlers learn best within trusting relationships and through participation in every day experiences.
2. All families, with responsive and individualized supports and resources, can enhance their children's learning and development.
3. The primary role of practitioners and service coordinators is to partner with and coach family members and caregivers in meeting children's needs.
4. The early intervention process reflects the preferences, learning styles, cultural beliefs, and changing needs of each child and family.
5. The needs and priorities of children and families are the basis of functional and measurable Individualized Family Service Plan (IFSP) outcomes.
6. Teams communicate and collaborate effectively to meet the changing needs of the child and family.
7. Approaches to support children and families are founded on evidence based practices, best available research, and relevant laws and regulations.

Mission Supports Child and Family Outcomes



The mission and key principles of West Virginia Birth to Three support the following national Part C outcomes for children and families

FAMILY OUTCOMES

As a result of individualized supports and services families will:

- Know their rights;
- Effectively communicate their child's needs; and
- Help their child develop and learn.

CHILD OUTCOMES

Children will demonstrate improved:

- Positive social emotional skills and social relationships;
- Acquisition of knowledge and skills (including language and communication); and
- Use of appropriate behaviors to meet their needs.

Adapted by the WV Early Intervention Interagency Coordinating Council from original work of the national OSEP TA Community of Practice –Part C Settings – Workgroup on Principles and Practices in Natural Environments, 2008.

SSIP Phase 1 – Gathering ‘Data’

Do families and providers understand why we do Child outcome measurements?

- Required by federal regulations of Part C/IDEA;
- Used by US Department of Education to evaluate states;
- To promote positive outcomes for all children;
- To move all children's function closer to their same aged peers;
- To support a child's learning and participation across many different settings;
- To help families understand their child's development; and
- To guide intervention strategies.

SSIP Phase I – Gathering ‘Data’

How comfortable are teams with deciding child outcome ratings?

- When is it most difficult to come to consensus on a rating?
- Where could practitioners use more help?
- How many practitioners participate in the COSF webinars and/or communities of practice?

SSIP – Aligning Our Work with Other Initiatives

What other initiatives are working on evidence-based practices that we could align with?

- Pyramid model – supporting social emotional development;
- Strengthening Families Framework; and
- Family coaching.

SSIP – Thinking Ahead to Evaluation

- As we think about practices that will make a difference, we also have to think about how we will know if we made a difference.
- What data will we (and OSEP) be using to evaluate the effectiveness of our improvement strategies in the future?
- We will need data related to the specific improvement strategies and whether strategies are being implemented with fidelity.
- The ultimate measurements of our progress will be the changes we see in child and family outcomes.

How OSEP Uses Child Outcome Data

- Annually OSEP issues a 'determination rating' for each state's Part C and Part B systems .
- Historically WV Part C has received 'Meets requirements'.
- In the past, 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 the submission of the Feb. 2015 SPP/APR, OSEP will make determinations based on both compliance and results indicators.
- Results focus will be mostly on indicator 3 – child outcomes.
- Are we completing measurements for all children?
- Are children making progress toward same age peers?

How OSEP Uses Child Outcome Data

- OSEP will compare our state child outcome data to that of other states.
- 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?

Data Validity and Completeness

One of our first improvement strategies:

- Assure the validity/quality of the Child Outcomes Data;
- One quality measure that OSEP will look at is the 'completeness' of our data; and
- 'Completeness' refers to the percentage of exiting children for whom we have both entry and exit data.

Number of Children with Complete 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 Entry COSF Ratings

- 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 6 months service.

Reporting Child Outcomes to OSEP

THREE CHILD OUTCOMES

Children will demonstrate improved:

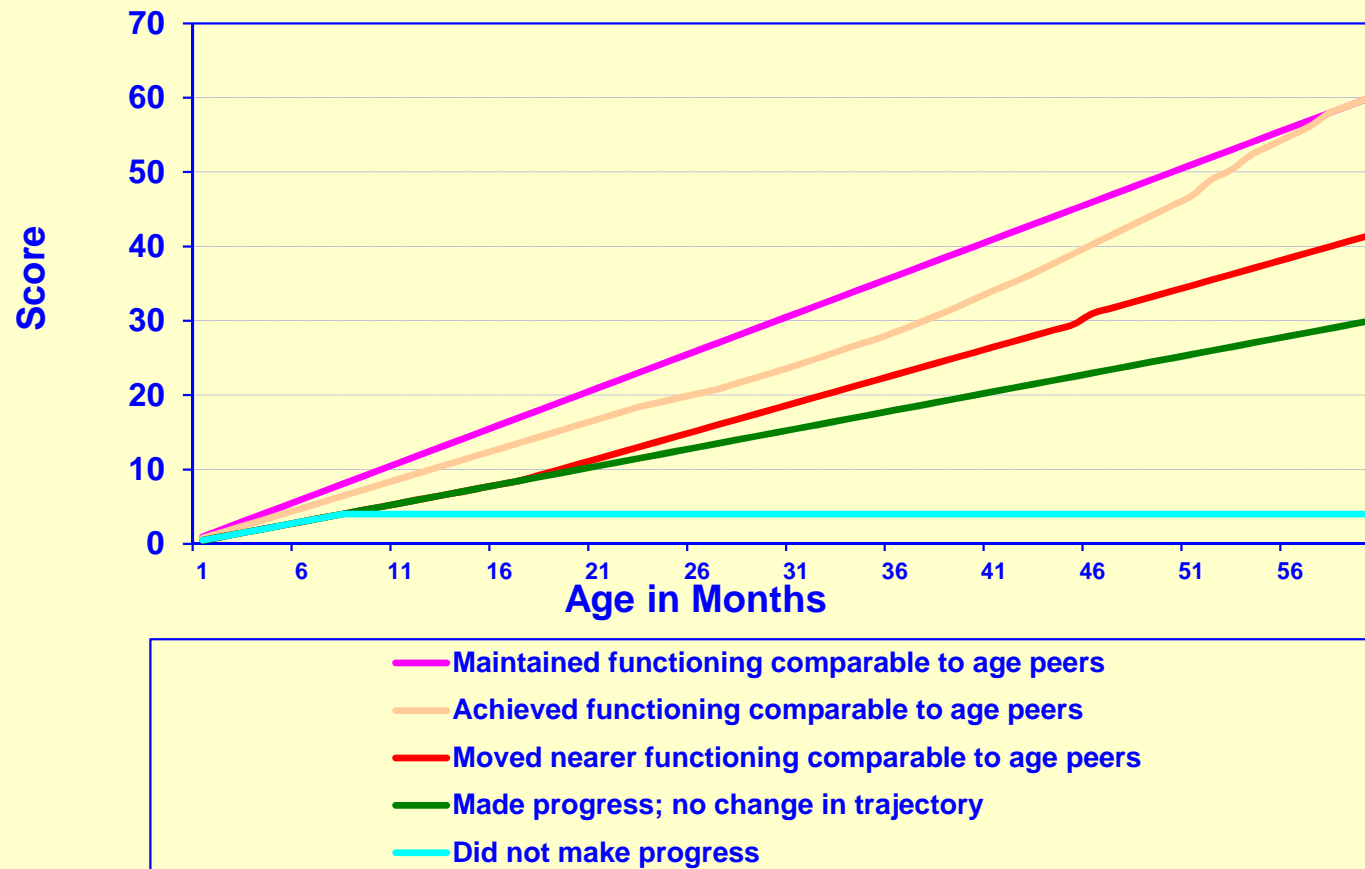
1. Positive social emotional skills and social relationships;
2. Acquisition of knowledge and skills (including language and communication); and
3. Use of appropriate behaviors to meet their needs.

FIVE 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.

Trajectories for Categories a-e

Illustration of Five Possible Paths





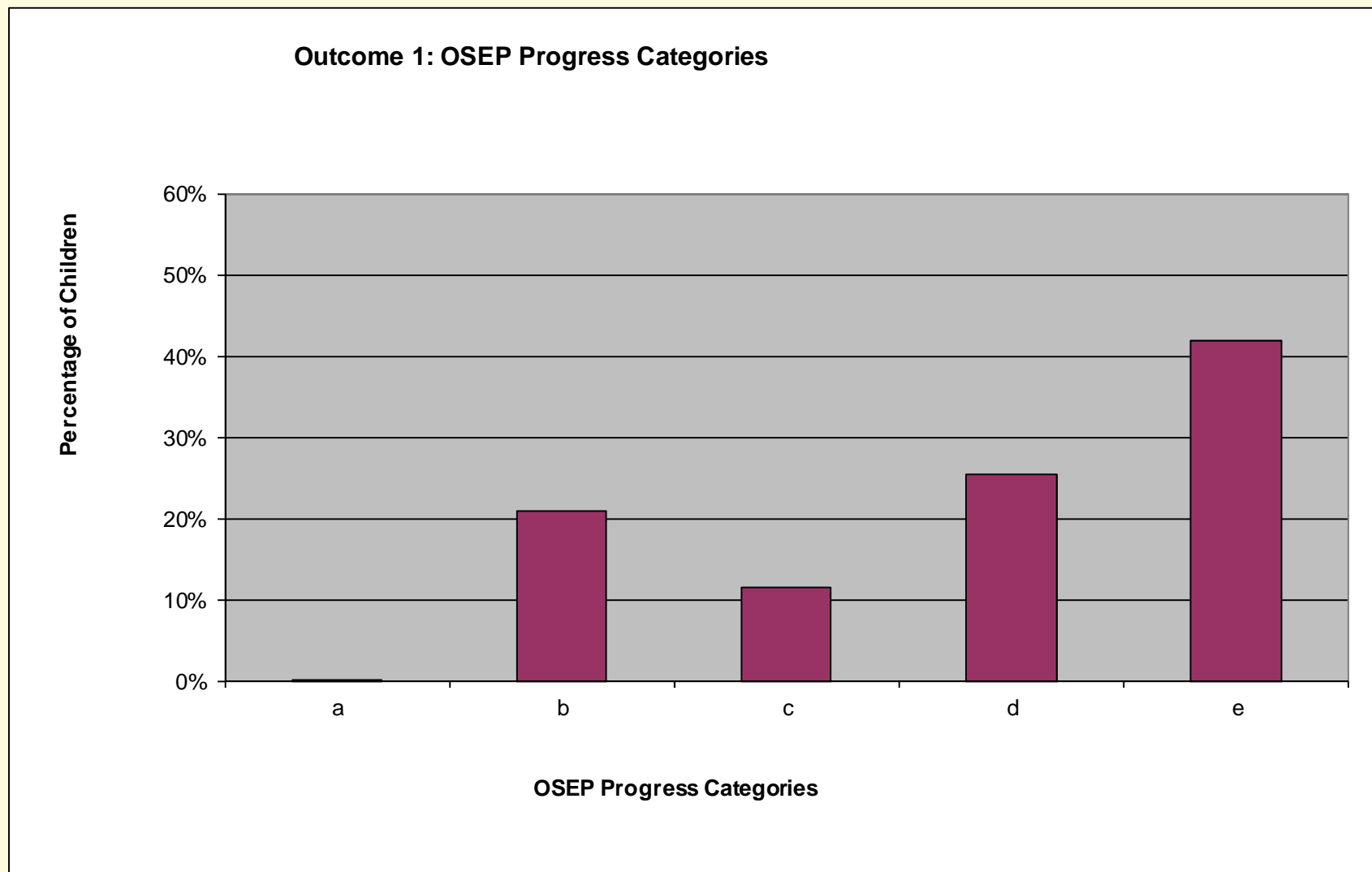
Summary Statements

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.

WVBTT FFY 2013 Child Outcomes Data

Outcome 1	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	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	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%

Outcome 1 – Social Emotional - Categories



Understanding Child Outcomes Data

- Analyze 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.

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

Length of Service Data 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

Thinking About Effective Practices

- We want to align child outcomes throughout all parts of our BTT system.
- What are our messages to families about Birth to Three?
- How can we promote family protective factors and engagement strategies with families at each step in the process – beginning at referral?
- Identify evidence-based practices that likely result in improved child and family outcomes.

You Have an Important Role

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 needs for support across settings/activities;
- Integrating the concept of functional participation-based child outcomes from referral, assessment, and IFSP;
- Preparing families with information they need to be partners in their first interactions with providers;
- Establishing positive relationships with families, other team members and community partners; and
- Coaching families to know how to help their child develop and learn.

Ways You Can Provide Input and Be Involved

Opportunities for stakeholder input going forward:

- Parent materials;
- Intake, assessment, IFSP forms;
- Self-assessment checklists aligned with quality practices; and
- Supports for implementing evidence-based practices.

Let's Stay in Touch!

WE WANT TO KEEP YOU INFORMED!

COME GROW WITH US

- **POSTINGS ON BTT WEBSITE**
 - **EMAIL REMINDERS**
 - **TIPS OF THE WEEK**
 - **WEBINARS**
 - **TA LIST SERVS**

**FOR QUESTIONS OR COMMENTS, EMAIL
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