

West Virginia – Part C

Indicator 11

Come Grow With Us!

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

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Introduction

A young child's early experiences matter for a lifetime. Providing quality early intervention services that make a difference requires more than only complying with federal regulations. For this reason, the U.S. Department of Education, Office of Special Education Programs (OSEP) is now requiring all states to develop a formal plan that identifies how the state will continue to grow and develop an infrastructure that assists early intervention providers to support positive outcomes for eligible infants, toddlers and their families. This plan, the State Systems Improvement Plan (SSIP), is based on: analysis of data; identification of focus areas for improvement; strategies to support improvement; and a measurable result. The SSIP becomes Indicator 11 in the State's current State Performance Plan (SPP)/Annual Performance Report (APR). The SSIP will span five years, with development of Phase I completed by April 1, 2015. Plan activities for this SSIP will continue through 2018. Future progress will be reported annually in February in conjunction with reporting on other Indicators of the SPP/APR.

West Virginia Birth to Three (WVBTT), as West Virginia's Part C early intervention system, developed a state leadership team to coordinate development of Phase I of the SSIP. The state leadership team acknowledges the important contributions and support of numerous collaborative partners and stakeholders in the development and future implementation of this five year plan. A wide variety of stakeholders contributed to the data and infrastructure analyses as well as development of the coherent improvement strategies and Theory of Action. A list of stakeholders and their methods of contribution is in Appendix A of this report.

Data Analysis

The purpose of the data analysis component of the State Systems Improvement Plan (SSIP) is to assist WVBTT to identify a child measurement to be used as the State Identified Measurable Result (SIMR). Each state's SIMR must be a child-family level outcome that reflects improved results for infants and toddlers with disabilities and their families within the State. The state must have baseline data for the SIMR and establish targets for the next five years. Data analysis further helps to identify why the state would select this area for improvement, and what improvement activities are most likely to result in positive changes for infants and toddlers. Analysis includes child specific data from the SPP/APR performance measures and other identifying characteristics.

In order to understand outcome data and develop effective improvement strategies for infants and toddlers who received Part C early intervention services in West Virginia, it is also important to understand that data as it reflects the broader situation for young children and their families in West Virginia and the potential capacity of state infrastructures to support improvement. Data analysis for the SSIP frequently interconnects with infrastructure analysis and is seen as an ongoing effort.

SPP/APR Indicator 3: Child Outcomes Data Analysis

Each state reports on three national outcome measures under Indicator 3 of the SPP/APR. SPP/APR data is reported each February, based on data for the year ended the prior June. The three outcomes are that children will:

Outcome 1: demonstrate improved social emotional skills and social relationships;

Outcome 2: acquire knowledge and skills (including language and communication); and

Outcome 3: use appropriate behaviors to meet their needs.

The Child Outcomes measurement process requires a rating of each child's functional abilities within each outcome area when the child enters the WVBTT system and again when the child exits. Each child's entry and exit ratings are compared in order to arrive at a measure of the child's trajectory of growth during participation in WVBTT.

States must report two summary statements for each Outcome. The summary statements are used to measure a state's progress from year to year and for comparison to national data. Summary Statements exclude children who are eligible under an At-Risk category only.

<i>Summary Statement 1:</i> Of those children who entered the program below age expectations in the outcome, the percent that substantially increased their rate of growth in the outcome by the time they exited.
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<i>Summary Statement 2:</i> Percent of children who were functioning within age expectations in the outcome by the time they exited.
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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 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. The completed COSFs are sent to the WVBTT State office where they are entered into an auxiliary database by data support staff in the Office of Maternal, Child and Family Health/Division of Research, Evaluation and Planning.

WVBTT state personnel export child rating data into the national Early Childhood Outcomes (ECO) calculator for initial analysis of data for children who exited during the SPP/APR reporting period. Utilizing the ECO calculator, FFY 2013 state data for each of the three outcomes for Indicator 3 was analyzed to report by five trajectory categories identified by Office of Special Education Programs (OSEP). The ECO calculator uses data for the five categories, a) through e), to calculate Summary Statements 1 and 2. (Table 1, Figure 1) A comparison of Summary Statements 1 and 2 for the years 2009-2014 is also provided. (Tables 2 and 3)

OSEP Progress Category Totals – FFY 2013 Indicator 3 Data

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

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

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

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

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

Table 1

FFY 2013 Summary Statement Data

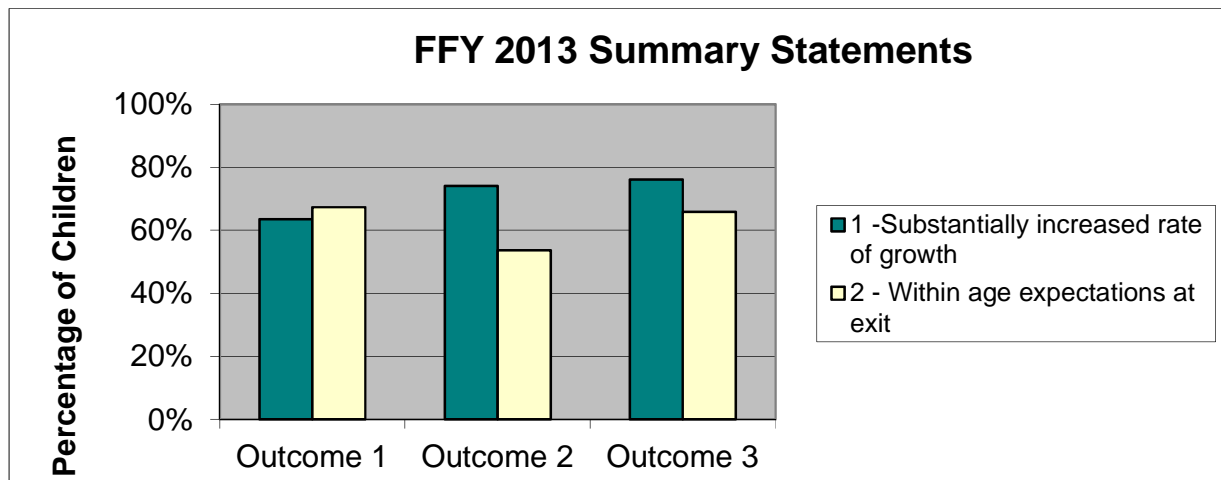


Figure 1

Summary Statement 1 Trend Data

Summary Statement 1						
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Outcome 1: Develop Positive Social-Emotional Skills	71%	66%	59%	55%	61%	64%
Outcome 2: Acquire Knowledge and Skills	79%	76%	72%	63%	71%	74%
Outcome 3: Use Actions to Meet Needs	82%	80%	75%	70%	71%	76%

Table 2

Summary Statement 2 Trend Data

Summary Statement 2						
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Outcome 1: Develop Positive Social-Emotional Skills	78%	76%	68%	65%	64%	67%
Outcome 2: Acquire Knowledge and Skills	70%	66%	56%	50%	48%	54%
Outcome 3: Use Actions to Meet Needs	80%	76%	66%	63%	63%	66%

Table 3

Discussion of trend data with stakeholders helped to understand that in the initial years of child outcome measurement (2008-2010), the process was being phased in and data was based on a small number of children. In addition to the process being new, the small number made the results less useful for comparison long term. As the measurement process was expanded statewide more children were included. WVBTT also narrowed eligibility requirements in 2009, requiring a greater percentage of delay, which would result in different child characteristics for participating children in future years. Since the Indicator 3 measurements are based on child change from entry to exit, the impact of eligibility changes, training initiatives and other variables may not be seen until future years and it may be difficult to predict the impact of such changes on the summary statement percentages. Historically, training to support professionals' understanding of functional participation based ratings may have resulted in a difference in how they rated children at exit versus how they had been rated at entry. Reliable target predictions are difficult to make due to limited years of trend data with sufficient numbers of children and consistency in measuring guidance.

FFY 2013 Indicator 3 data reflects an increase in the number of completed ratings. The number of completed ratings increased from 1068 in FFY 2012 to 1271 in FFY 2013. The rating percentage scores also improved across both summary statements of each of the three outcomes. The State SSIP team also utilized the meaningful differences calculator developed by ECO to analyze whether the improvement from FFY 2012 to FFY 2013 represented a 'meaningful difference'. Using this calculator, FFY 2013 data for Summary Statements 1 of Outcome 2 and 3, and Summary Statement 2 of Outcome 2 were considered to demonstrate a 'meaningful difference' from FFY 2012 data. This calculator also resulted in the 3% point improvements under Outcome 1, Summary Statement 1 and 2 not being considered to be a 'meaningful difference'. Also, the 3% point improvement under Outcome 3, Summary Statement 2 was not considered to be a 'meaningful difference'.

FFY 2013 Data Compared to National Data

West Virginia's stakeholder group had previously compared FFY 2012 data to national data, with findings that WVBTT Indicator 3 Summary Statement data followed patterns very similar to other states with differences in measurements that were probably not of meaningful difference. West Virginia's FFY 2013 data on the six outcome summary statements is above the national FFY 2012 measures. However, FFY 2013 national data is not yet available for comparison.

Disaggregating Data – Looking for Root Causes

Comparing Entry and Exit Patterns Across the Three Outcomes

Stakeholder groups compared the patterns of entry and exit ratings across Outcomes 1, 2, and 3 (Figures 2-4) as generated from the ECO calculator. This analysis looked at the percentage of children who fell within each rating number on the 1-7 COSF scale. The entry and exit patterns for each of the three Outcomes for FFY 2013 were very similar to the patterns for FFY 2012. In both FFY 2012 and FFY 2013, the entry pattern for Outcome 1 was different from the patterns

for Outcomes 2 and 3. Outcomes 2 and 3 showed a bell shaped curve with few children rating in 1 or 2 category, and lower percentage of children rating in the 6-7 category (age level). As was the case for FFY 2012 data, the FFY 2013 data reflects a higher percentage of children being rated with age equivalent social emotional skills at entry. This data at first seems somewhat counter intuitive given the demographic characteristics and risk factors for children in West Virginia. Stakeholders raised hypotheses such as: perhaps the age equivalent ratings were for children who entered the system near birth when discrepancies would not be as evident; or practitioners were not gathering information in a way that effectively identified social emotional development; or practitioners may not understand social emotional development as well.

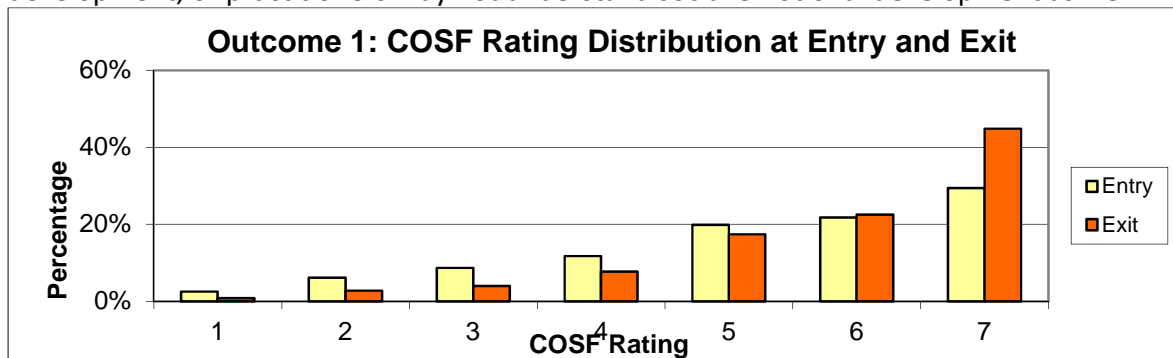


Figure 2

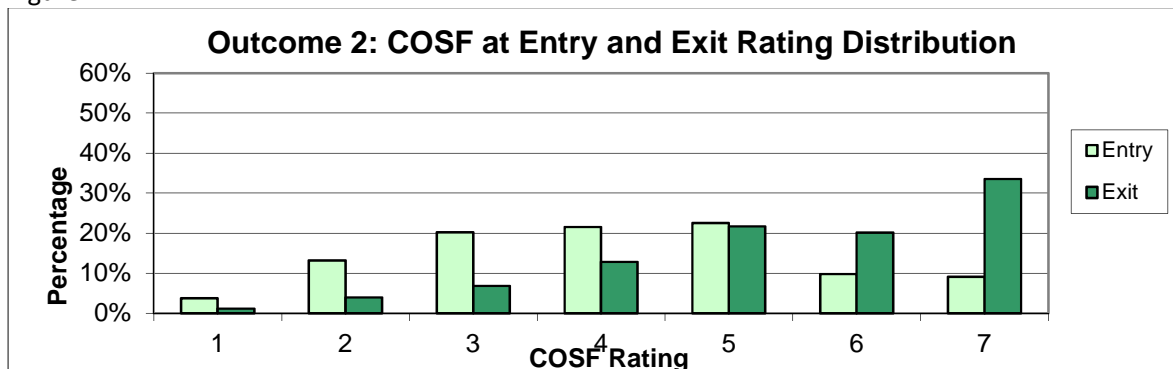


Figure 3

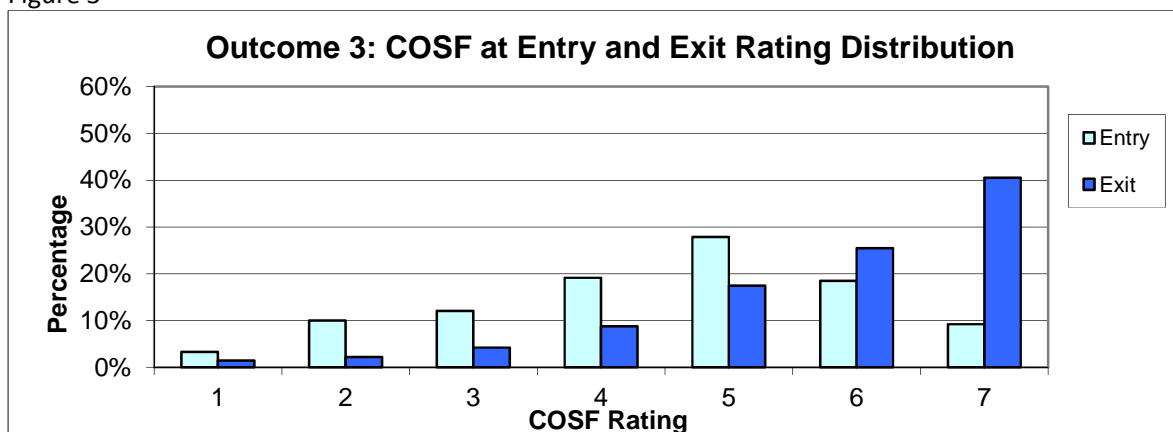


Figure 4

Based on the pattern differences of Outcome 1 as well as the improvement in FFY 2013 Outcome 1 Summary Statements not registering as a ‘meaningful difference’, the State SSIP Leadership team targeted Outcome 1 for further disaggregation. The WVBTT state office was able to complete this disaggregation due to the way the original data was gathered for the ECO calculator. To prepare the file for the ECO calculator, the WVBTT CQI Coordinator extracted data elements from the WVBTT statewide data system for all children who exited during the FFY 2013 period. Included in these data elements were: child ID, date of birth, date of initial IFSP, reason for exit, and termination date. The CQI Coordinator used the data elements to calculate age at initial IFSP and length of service. The child outcome ratings from the auxiliary database were then imported into the file with the data elements from the WVBTT state data system, for all children with 6 months or more of service. While only certain data elements are exported to the ECO calculator, it was important to include additional data from the WVBTT data system for future disaggregation of the results from the ECO calculator.

The ECO Child Outcomes data was disaggregated for each of the five categories (a through e) of Outcome 1 by the following variables:

- Age at initial IFSP
- Average age at initial IFSP (figure 5)
- Length of service
- Average length of service (figure 6)

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

Figure 5

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

Figure 6

This data was shared with the broad ICC stakeholder group and over 180 local practitioners and service coordinators who registered for webinar presentations. Particular consideration was given to trying to understand more about the children in Outcome 1, category (b), those children who made some progress but not enough to move closer to their same age peers. Polls used during the local stakeholder webinars and ICC meetings, allowed participants to share opinions about what they thought the average age at initial IFSP and average length of service was for the children in Outcome 1, category (b). Most stakeholders estimated the average at initial IFSP for children in category b would have been 28-30 months.

Disaggregated data indicated that the average age at initial IFSP for children in Outcome 1, category (b) was 17 months. This proved to not be significantly different from the average age at entry for children with ratings in categories c (17), d (18), or e (16).

Participants also contributed opinions about average length of service for children in Outcome 1, category (b). Average length of service was 18 months. This data was surprising to most participants with 56% estimating average length of service in the 6-9 month, while 39% estimated length of service in the 12-23 month ranges. Average length of service also proved to not be significantly different for category (b) children compared to categories c (17), d (14), or e (15).

Disaggregating by Local/Regional Programs

The State SSIP Leadership team input data for each of the eight regional program areas into the ECO calculator, with resulting data for categories a-e and Summary Statements for Outcomes 1, 2, and 3. Three of the eight regional program areas have less than 100 completed ratings (somewhat due to smaller population numbers), which makes comparison to other regions difficult. No significant distinctions were seen among the eight programs for number of children in category (b) or by average length of service or average age at entry.

Disaggregating by Primary Eligibility

Still looking for characteristics that might explain more about why children in Outcome 1, category (b) were not making enough progress to move toward their same age peers, the State SSIP Leadership team decided to analyze the data by primary eligibility category. This disaggregation focused on children in Outcome 1, category (b) who received at least 12 months of service. There were a total of 173 children who met these criteria. The WVBTT/Title V epidemiologist was able to match outcome measures for these children against their primary eligibilities at both entry and exit, as recorded in the WV Birth to Three data system. The following information reflects the results from this analysis. Below are highlighted results.

Eligibility Categories for Children in Outcome 1, Category (b)

- Of the 99 children who entered with primary eligibility of Substantial Developmental Delay (at least 40% in one area), 25 exited BTT with Established Condition Diagnoses including:
 - 12 children with ASD
 - 3 with Cerebral Palsy
 - 4 with Vision Impairment
 - 2 with Hearing Impairment
 - 2 with Microcephaly
 - 1 with other chromosome disorder
 - 1 with Down Syndrome

- These children may have had other diagnoses at exit also, but the data analysis only captured their primary
- 5 children in the group of 99 received only the 12 months of service because they exited at the end of their initial IFSP
- Of 21 children who entered and exited with established conditions;
 - 3 had primary eligibility under Hearing impairment
 - 5 had primary eligibility under Vision Impairment
 - Other primary eligibilities included Inborn Errors of Metabolism, Intraventricular Hemorrhage, and cerebral palsy
 - Only one child in this reporting period entered and exited with a diagnosis of Autism. This data will likely look different in future years as more children are being diagnosed at a younger age and prior to referral to WVBTT
- Of 13 other children who entered under another category of Developmental Delay and exited with an Established Condition;
 - 3 exited with primary eligibility of Autism
 - 6 exited with primary eligibility of Vision Impairment
 - 1 exited with primary eligibility of Cerebral Palsy
 - 3 exited with other Nervous System diagnoses

Immediate results of this analysis indicate that many of the children who did not make enough progress to move closer to their same age peers in Outcome 1 were experiencing vision and/or hearing loss and/or autism. This data only reflects the diagnosis that was selected as the primary under an Established Condition eligibility category. Other children in this group have medical conditions that are likely to result in sensory impairments that may not have been listed as primary.

Additional Root Cause Analysis Related to Indicator 3 Data

The disaggregation of SPP/APR data has identified potential root causes related to the impact of sensory impairments on social emotional development, which could be expected to impact other outcome areas as well. In addition to the data analysis described above, WVBTT also gathered information from stakeholders regarding potential barriers or root causes of children not making enough progress to move closer to their same age peers. Written feedback was gathered from the broad ICC stakeholder group during face to face meetings and taken into consideration along with evaluation data from COSF webinars. Potential concerns and hypotheses include: assessments not sufficiently addressing social emotional development; assessment tools not being sensitive enough to gather appropriate information to support social emotional development; practitioner emphasis on other areas of development; uncertainty on how to support families regarding social emotional development; family challenges that may distract from supporting child's development; practitioners not realizing that they could benefit from learning more about how to support social emotional development; and lack of understanding by practitioners and families regarding the impact of social emotional development on other areas of development. Designing methods of gathering additional data into these root causes is included in SSIP improvement activities.

Data was also shared with the WV Department of Education SenseAbilities Project (IDEA deaf/blind project), which works closely with local Part C teams and the state WVBTT office. Immediate response was agreement that focusing on the social emotional development of young children with sensory loss would also significantly impact their progress in other outcome areas. Based on the observation of practice, this stakeholder also acknowledged that professionals with expertise in these sensory areas may not be focused as much on social emotional development.

Broad Data Analysis

WV Birth to Three (WVBTT) uses multiple data sources in order to focus broadly on development of infants and toddlers and demographics for young children and their families in West Virginia. Understanding this broader information has been important for the ongoing development and implementation of improvement activities for infants and toddlers including those with disabilities. WVBTT has many closely aligned collaborative partnerships that reflect an understanding of how various state demographics can impact development of young children, and in particular the social emotional development of these children. Collaborative groups have used their understanding of research and state demographics to write grants and develop initiatives around social emotional development, domestic violence, and positive parenting.

The SSIP offers an opportunity to revisit and utilize this information to understand that infant toddler development occurs within the context of the child's environment and the importance of positive relationships between children and parents, and parents and professionals.

Research and Literature Reviews

The WVBTT State SSIP Leadership team conducted a literature and research review related to factors influencing early development for infants and toddlers. The following highlights are among those considered as important to inform SSIP improvement strategies:

Data Source: Early Brain and Child Development – a Program of the American Academy of Pediatrics: "Development occurs from ongoing and cumulative interactions between experience, biology and behavior. If early childhood experiences are protective and personal, adaptive or healthy coping skills are more likely. If early experiences are insecure or impersonal, maladaptive or unhealthy coping skills are more likely." In this information, the AAP cites negative child stressors including disability, child abuse, abuse/neglect/chronic fear, and other traumas such as accidents and violence. Parent stressors such as substance abuse, domestic violence, mental illness, single parenting and poverty are also recognized as having major impact on a young child's development.

Data Source: Developing Child: Harvard University – "Cognitive, emotional, and social capacities are inextricably intertwined throughout the life course. Emotional well-being and social competence provide a strong foundation for emerging cognitive abilities, and together they are the bricks and mortar of brain architecture. The emotional and physical health, social skills, and

cognitive-linguistic capacities that emerge in the early years are all important for success in school, the workplace, and in the larger community. In the absence of responsive caregiving, or if responses are unreliable or inappropriate, the brain's architecture does not form as expected, which can lead to disparities in learning and behavior. Ultimately, genes and experiences work together to construct brain architecture."

Data Source: Dr. Jack Shonkoff, Online Interview with David Boulton - "The active ingredient in the environment that's having an influence on development is the quality of the relationships that children have with the important people in their lives. That's what it's all about." "I think our understanding of the relation between cognitive development and emotional development has really accelerated and is continuing to accelerate. And we have some amazingly compelling neuroscience that shows us how emotional experiences, the quality of the relationships that children have with the important people in their lives, that those relationships and the interactions that go with those relationships and the feelings that go with those relationships actually influence the emerging architecture of the brain. They sculpt the wiring of the brain. There is no part of the brain, whether it be the way the brain thinks or the way the brain feels, there's no part of it that isn't influenced by these interactions and how they affect the brain circuits being established. And that happens from the very beginning. So not only are these experiences influencing brain development, but they also very much have an influence on the more traditional intellectual things that we pay attention to."

Data Source: Excerpt from California Department of Education Social Emotional Domain – "Young children who exhibit healthy social, emotional, and behavioral adjustment are more likely to have good academic performance in elementary school (Cohen and others 2005; Zero to Three 2004). The sharp distinction between cognition and emotion that has historically been made may be more of an artifact of scholarship than it is representative of the way these processes occur in the brain (Barrett and others 2007). This recent research strengthens the view that early childhood programs support later positive learning outcomes in all domains by maintaining a focus on the promotion of healthy social emotional development" (National Scientific Council on the Developing Child 2004; Raver 2002; Shonkoff 2004).

Data Source: U.S. Department of Education Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings – The stated purpose of this policy statement is to support families, early childhood programs and States by providing recommendations for preventing and severely limiting expulsion and suspension practices in early childhood settings. The following is an excerpt from the policy statement: 'Ensuring that the early childhood workforce is adequately trained, supported, and prepared to help all children excel is a key strategy in limiting and eventually eliminating early expulsion and suspension. Unfortunately, many teachers and providers do not have sufficient training and support to meet this goal. The 2012 National Survey of Early Care and Education indicates that only about 20% of teachers and providers serving children under five reported receiving specific training on facilitating children's social and emotional growth in the past year. Other studies have found that early learning teachers report that coping with challenging behavior is their most pressing training need. Aside from not having adequate support in fostering social-emotional development, it may be difficult

to distinguish behaviors that are inappropriate from those that are developmentally age appropriate. Early childhood experts posit that developmentally inappropriate behavioral expectations may lead to inappropriate labeling of child behavior as challenging or problematic.”

Data Source: Zero to Three – Putting Infants and Toddlers on the Path to School Readiness – This recently released publication highlights the importance of early experiences in shaping young children’s life-long learning and includes many recommendations related to enhancing the social emotional development of infants and toddlers.

Other State Specific Data Sources That Informed the Broad Analysis

Data Source: WV Home Visitation Needs Assessment Data: West Virginia’s application for Home Visitation funding under MEICHV Title V funding provided a detailed picture of the challenges facing young children and families, as well as the important role for evidence based home visitation programs in addressing these challenges. To date, West Virginia has been awarded a development and two expansion grants under MEICHV to address these risk factors. Benchmarks for the MEICHV Home Visiting Programs include screening for developmental delay and specifically for social emotional development. Social emotional development is among the selected benchmarks due to recognized impact of multiple risk factors on the social emotional development of young children. As will be described in more detail under Component #2 of this Indicator, WV Home Visitation programs and WV Birth to Three routinely use data to support collaborative improvement activities.

Data Source: Governor’s Early Childhood Task Force Report – Governor Earl Ray Tomblin appointed an Early Childhood Task Force to provide recommendations for strengthening the State’s early childhood system. The Task Force gathered input from several hundred citizens regarding priority focus areas to improve outcomes for West Virginia’s children birth through age five. The Task Force also developed indicators that reflect positive outcomes for young children. Among these indicator statements are: ‘Young children exhibit positive social behaviors when interacting with their peers and with adults’, “Early childhood programs promote universal practices for social emotional development”, and “Early childhood programs promote a Strengthening Families Protective Factors Framework”.

Data Source: Early Childhood Advisory Council (ECAC) and the West Virginia Infant Toddler Mental Health Association: The work plan of the Early Childhood Advisory Council, of which Part C is a member, identifies early childhood social emotional development/early childhood mental health as a priority focus area. With support through ECAC and the Title V Early Childhood Comprehensive Systems (ECCS) grant, West Virginia has established the WV Infant Toddler Mental Health Association which will oversee an endorsement process for professionals working with young children. Priorities for the WV Infant Toddler Mental Health Association include ‘Providing training and information on infant mental health and the importance of social emotional development’.

Data Source: TACSEI/State Pyramid Partnership Leadership Team: This team is made up of individuals representing early childhood and partners who are committed to promoting positive social emotional outcomes for all children in West Virginia birth through five years of age. This group has recognized the need for, and is implementing, a comprehensive approach to professional development that sustains the use of evidence based practices at the community level including child care centers, classrooms, homes, and other early childhood programs. Over the past year more, than 180 professionals who support infants and toddlers and their families have received introductory training on social emotional development and were provided an opportunity to participate in more intensive support through an online course related to effectively implementing universal practices with families. These professionals provided feedback at various stages of the trainings, which is data that was used to inform where West Virginia's SSIP efforts should focus, both for the State Identified Measurable Result (SIMR) and the selection of improvement strategies.

Data Source: Zero to Three State Baby Facts: Zero to Three provides state specific fact sheets with descriptions of current circumstances for young children and their families. West Virginia's Fact Sheet reflects the following data: 12.9% of babies born premature; 9.2% born low birthweight; 28% of children who are maltreated are under age 3; 23% of children under age 3 experience residential mobility; 44% of children living with their grandparents are under age six; and over 50% of children under age 3 live in low-income families.

Data Source: Kids Count: 27% of children under the age of six live in families with incomes below the federal poverty level; 26% of children under age six live in low income working families; 13% of children under age eighteen live in extreme poverty; 1 in 4 West Virginia women smoke while pregnant.

Addressing Quality and Compliance Related to Child Outcomes Data

An initial data quality concern is focused on increasing the number of children for whom complete entry and exit data is available. While the number of completed Child Outcome measurements for FFY 2013 (1271) was a 19% increase over the previous year (1068), factors that continue to impact completeness include: a) tracking of COSFs from completion to data entry; b) clarifying who is responsible for assuring that ratings are completed at entry and exit; c) having a reliable database for capturing the completed ratings; and, d) inability to enter COSF ratings into the statewide child data system.

Completing analysis of the FFY 2013 Child Outcomes data was initially delayed due to loss of state staff and an unexpected problem with the Child Outcomes supplemental database. Upon pulling data from the supplemental database for FFY 2013 analysis, it became apparent that there had been a significant loss of data from the system. Through a time consuming and laborious process, COSF forms were recovered from child records and re-entered into an Excel spreadsheet. Data from the Excel spreadsheet was then input into the ECO Child Outcomes calculator. WVBTT has taken steps to eliminate the future loss of data in the supplemental child outcomes database by moving all current Child Outcomes data entry to an Excel spreadsheet.

This is only an interim solution until the full modernization of the WVBTT Online data system is completed in the fall of 2015.

Strategies are being implemented to address many of the issues around gathering and tracking child outcome measures in the WVBTT data system. The WV Department of Health and Human Resources/WVBTT has invested significant resources toward modernizing the current statewide WVBTT data system. The current system is being transitioned to WVBTT Online, a web based system that will allow assignment of a unique identifier that will follow children from initial referral through any transfer, exit, and return. The system will also provide immediate access for team members to assure that entry, annual and exit COSF ratings have been completed and data entered into each child's record. A new IFSP form will be implemented prior to the roll out of WVBTT Online and the COSF rating will become a page of the IFSP, which will further assure that the rating is completed. IFSP information will be entered into the WVBTT Online system at the RAU level, by trained data entry personnel. The WVBTT State Office will have view only access to the child records, which will improve timely monitoring and assurance of compliance with completing entry and exit COSF ratings. Each child's record will also include a team communication page to promote team collaboration which could assist addressing family needs in a timely fashion.

Another major variable that is impacting the number of completed COSF ratings is the high mobility of children and families in West Virginia. Families are frequently moving/exiting the system before a child completes 6 months of service and then often re-entering the system later in a different location. Even though these children did not have measurements in the FFY 2013 data, in consideration of improvement strategies, it is important to understand more about why these children did not receive at least six months of service and to understand if there are regional and/or demographic characteristics that could inform strategies to engage with the families. Analysis indicates that there were a total of 972 children who received less than 6 months of service. A further look indicates the number of children and their age at initial IFSP (these children all exited in less than six months from this initial age).

Children Who Received Less Than 6 Months of Service By Age at Initial IFSP and by Region

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

At other times teams may also lose contact with families and have difficulty completing COSFs for children who have received at least six months of service. WVBTT has always been committed to families being instrumental partners in completion of the child outcome

measurements. Teams, including families, complete the Child Outcomes Summary Form (COSF) at initial and annual IFSP meetings, and at a child's exit. As reflected in WVBTT's 618 data report, sometimes families have been inaccessible prior to their exit from the system. WVBTT may need to address a remaining policy question relating to completing exit COSF ratings when families are not available to participate in the ratings. There can be a lapse in time between when a child/family is no longer available (unable to contact, move, etc.) and when the team has completed all steps required before a record can be closed. Current WVBTT policy has not required the team to complete the exit COSF rating in situations where the family is not available to participate in the rating and a substantial period of time has transpired since the team last saw the child. Taking into consideration the instances where families were not available for exit ratings, WVBTT estimated that complete child outcomes data should have been available for 1,695 children.

The high mobility rate in West Virginia (23% for children under age 6) and loss of contact with families is also a major issue expressed by other programs serving children and families. West Virginia's MIECHV home visitation programs have recently identified lost contact with families as a topic of their local Continuous Quality Improvement (CQI) efforts. Regional partners, including WVBTT Regional Administrative Units will be invited to participate in local CQI teams to develop strategies specific to their communities. WVBTT is also addressing this issue through other improvement strategies included in the SSIP such as integrating the Strengthening Families Framework.

Data Analysis Conclusions

With consideration to the results of FFY 2013 Indicator 3 data analysis, broad data analysis including research and literature review that recognizes the importance of social emotional development on all areas of development, and the direction of other collaborative early childhood initiatives, WVBTT stakeholders support focusing improvement activities toward the social emotional development of infants and toddlers, specifically with improvement in the number of children who make enough progress in this outcome area to move closer to their same age peers. Thus, the State Identified Measurable Result (SIMR) will be an increase in Indicator 3, Outcome 1, Summary Statement 1. Selection of coherent improvement strategies will acknowledge evidence based practices for supporting families of young children to understand what impacts a young child's social emotional development, and understanding the protective factors that families need to support their children.

Analysis of State Infrastructure to Support Improvement and Build Capacity

The State SSIP Leadership team uses a variety of resources and tools from national technical assistance centers to organize and conduct the various analyses and development of the SSIP with input from a variety of stakeholders. These tools have included: *Review of Implementation Science resources*, *Local Contributing Factors for C3*; *Data Quality Profiles*; *Pattern Checking Tools*; *SSIP Subgroup Analysis Templates*; *Analyzing Child Outcomes Data for Program Improvement* (DaSy and ECTA); *Broad Data Analysis Templates*; *Meaningful Differences Calculator*; *Other State Initiatives Worksheet*; *SSIP Phase I Writing Guide*; and, *ECTA System Framework for Building High Quality Early Intervention and Preschool Special Education Programs*.

The State SSIP Leadership team established a general plan for addressing the required components of the systems improvement planning process. This included assuring that the West Virginia Early Intervention Interagency Coordinating Council (ICC) was informed as draft materials became available as well as identifying other primary stakeholders. During the 2014 ICC retreat, WVBTT state staff reviewed draft SSIP requirements and available tools for infrastructure analysis. During that retreat, the ICC also reviewed the national Mission and Key Principles, and Quality Practices that Promote Child Outcomes documents. The ICC decided to establish Mission and Key Principles statements for WV Birth to Three that would be used to inform all future improvement activities. The ICC also came to consensus on a name, *Come Grow with Us*, for West Virginia's systems improvement work.

WVBTT has a comprehensive general supervision system that assures all required components of Part C of IDEA, and includes effective working relationships with other early childhood and health systems. As evidenced throughout the SSIP, WVBTT has and will continue to work closely with these other systems in relationship to the SIMR. These partnerships continue to be critical throughout the implementation and evaluation of improvement activities.

Following is a brief description of how components of the infrastructure are designed and have the capacity to support systems improvement related to West Virginia's SIMR.

Governance

Lead Agency: As the lead agency for Part C, the West Virginia Department of Health and Human Resources (WVDHHR) is committed to the importance of an effective early intervention system that has the capacity for early identification of infants and toddlers in need of services, followed by provision of services that result in positive outcomes for children and families. Administration of WVBTT through the Bureau for Public Health and Office of Maternal, Child and Family Health, provides unique strengths for collaborating to assure identification of children in need of services as well as effective service delivery. Newborn and developmental screening initiatives supported across DHHR including Birth Score Screening, Newborn Hearing Screening, Health

Check, and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, child care, and Help Me Grow are resulting in increased numbers of infants and toddlers being identified at earlier ages. The December, 2013 count reflected that WVBTT was serving 4.76% of the population in the single day count and over 9% in the aggregate count. The recently submitted 2014 child count reflects continued growth with a single day count of 5% and aggregate count of 10% of the population under three years of age.

Audits conducted by Health Check (EPSDT) and CHIP show a significant increase in the % of primary care providers who are using standardized developmental screening tools versus previous surveillance. Bright Futures standards for medical homes require standardized screening at 9, 18, and 24 months with autism specific screens at 18 and 30 months. These effective methods for screening should continue to result in early identification of children in need of early intervention services. This is a system strength. The resulting increase in the number of children identified at this age also presents a challenge to the system to assure sufficient financial resources and have appropriately trained and prepared professionals to address the unique needs of individual children.

Home Visiting and Early Childhood Comprehensive Systems: WVBTT's close collaboration with the State's (MIECHV) program and the Early Childhood Comprehensive Systems (ECCS) grants, also located in the OMCFH, is another system strength. The Part C Coordinator is a member of the Home Visitation Advisory Council, and the ICC has recently elected to add the MIECHV Director position for at-large membership. The two programs collaborate on grant submissions and improvement planning. Training provided by both programs is open to Part C and HV professionals. MIECHV and ECCS funding supports various initiatives including train the trainer for ASQ:3 and ASQ:SE, local collaborative problem solving meetings with early childhood partners; annual HV conference; Strengthening Families Framework; ECAC; and Help Me Grow.

WVBTT is fortunate to be supported through two very effective coordinating groups, the West Virginia Early Intervention Interagency Coordinating Council (ICC) and the Early Childhood Advisory Council (ECAC). West Virginia has a history of broad collaboration across early childhood programs.

ICC: The ICC includes members required by Part C of IDEA, with families and service providers being important for informing improvements for infants and toddlers with disabilities and their families. The ICC expanded membership for intra and interagency partners also contributes to a very active membership that provides input and advice to WVBTT and identifies potential linkages with other resources and initiatives that can support identified areas for improvement. The ICC will provide input, feedback, and guidance throughout implementation of SSIP activities. The ICC will have an active role with development of strategies to engage families and practitioners in cross systems improvement activities.

ECAC: Passage of the Head Start Act resulted in formal designation of West Virginia's Early Childhood Advisory Council (ECAC). The Part C Coordinator is a Governor appointed member of ECAC. Even though Head Start funding of the Council has ended, ECAC continues to play an

important role in cross systems collaboration and brings forward a voice for the early childhood community. Current committees of the ECAC with work plans that will assist in supporting and building capacity at the local level related to the SIMR include: Professional Development, Infant Toddler Mental Health Association, the Pyramid Model Partnership, Health, Data, Public Awareness, and the State Wellness Council under the new Project LAUNCH SAMSHA grant.

The Professional Development committee of ECAC, co-chaired by WVBTT, has revised *Core Knowledge and Core Competencies for Early Childhood Professionals* to be inclusive of professionals working with young children and families across home and center based settings, including an emphasis on social emotional development. Infant Toddler Early Learning Standards are incorporated across early childhood programs including Part C, HeadStart, Child Care and Home Visitation. Other activities include linkage with higher education to increase awareness of core competency needs of early childhood professionals and integration of coursework into pre-service and in-service programs.

State Part C staff are members of the advisory committee for the newly formed West Virginia Infant Toddler Mental Health Association (WVITMHA), a subcommittee of ECAC. The WVITMHA has purchased the Michigan Competency Guidelines and Endorsement System. Over the next few years the WVITMHA will be designing and implementing a credential process in West Virginia for professionals serving infants and toddlers and their families who want to be recognized for their expertise in social emotional development. WVBTT will coordinate with partners around the strategies and timelines for how the endorsement process can be incorporated into Part C personnel standards. The WVITMHA is developing an engaging website to serve as a hub of information not only about WVITMHA activities, but as outreach to the general public about the importance and promotion of social emotional development of infants and toddlers. Activities of the WVITMHA are being supported in part with funding through ECCS grant funding.

The Public Awareness committee of ECAC conducts outreach on the importance of early brain development and the impact of experiences for infants and toddlers. ECAC contracted for the development of the *First Thousand Days*, a video production emphasizing the importance of development in the first three years of life. The video includes families who receive services from early childhood programs in West Virginia, talking about why the services were important to them. This production was broadcast by West Virginia Public Television and is available on wvpublic.org, along with linkages to child development resources and West Virginia's early childhood programs.

The Data Committee of ECAC has a goal of linking data systems across early childhood and longitudinally with other systems including the West Virginia Department of Education. The Part C Coordinator and epidemiologist are members of the ECAC data committee. ECAC is currently identifying financial resources to assist with a planning process to develop recommendations around interagency early childhood data governance and a strategic plan for linking data systems. These resources may include some support for enhancing the WVBTT system as a first step to link the population of children in Part C with other early childhood or education systems.

WVBTT will seek technical assistance from national technical assistance centers, DaSy and IDC, when the ECAC Data committee is ready to address the planning process.

WVBTT Data System: West Virginia's Part C data system integrates practitioner enrollment, electronic child records, IFSP service authorizations, practitioner payments and fund recovery. With individual enrollment of all service providers, WVBTT has the means of communicating and distributing information as well as coordinating any training required for initial or annual enrollment. As previously described, WVBTT is currently enhancing the capacity of the Part C statewide data system for improved support of the integrated components of the Part C system including child outcomes measurement. State personnel will also have additional means of communicating directly to teams through the online system. All practitioners will actively participate with the online system which should also increase their awareness of announcements and opportunities for engagement across system improvement initiatives.

Technical Assistance: WVBTT provides a coordinated system of technical assistance to support early intervention practitioners, service coordinators and Regional Administrative Units (RAUs). State personnel include four regional Technical Assistance (TA) Specialists who each support two of the eight RAU regions. The TA Specialists are members of the State SSIP team and have been actively involved in all planning, analysis and organizational aspects of the SSIP work. Members of the State SSIP team, including TA Specialists, will attend any newly organized topical training, community of practice or other activity that is targeted as an improvement activity in the SSIP in order to assure familiarity with the topic and provision of technical assistance. Technical assistance is available through electronic strategies such as posted Tips of the Week, regional and statewide email lists, and one on one contact.

Monitoring and Accountability: WVBTT administers a comprehensive general supervision system that includes onsite monitoring reviews, practitioner self-assessments, procedural safeguards, annual grant applications and enrollment agreements, and an integrated data system that provides information for federal reporting and ongoing program evaluation at the state and local level. Enhancements to the WVBTT Online data system will provide real time access for viewing of child outcome entries by designated RAU staff, practitioners, service coordinators, and the state office to assure the timely completion of Child Outcomes ratings. Improvement activities including quality checklists will be implemented into the self-assessment monitoring process. The Division of Research, Evaluation and Monitoring currently provides staff for onsite monitoring and will assist with distribution and tracking of self-assessment checklists for quality improvement.

Professional Development: WV Birth to Three (WVBTT) implements a Coordinated System of Professional Development (CSPD) for Part C that includes personnel standards and competencies, recruitment and retention, and ongoing professional development strategies. WVBTT coordinates professional development activities for Part C professionals with other early childhood, state and community partners as well as higher education pre-service and in-service programs. Coordination with higher education is an area that has been targeted for improvement over the past year, with several successful linkages.

WVBTT facilitates collaborative groups that focus on the needs of professionals supporting children with specific diagnoses and their families. These include the State Leadership Team for Autism which is facilitated by Dr. Jennifer McFarland, through the support of Marshall University. The workgroup includes WVBTT state staff, local service providers and other higher education representatives from West Virginia University and the Center for Excellence in Disabilities (CED). This group is coordinating a series of webinar presentations on topics related to the health and developmental needs of infants and toddlers with Autism Spectrum Disorder (ASD). The group is also reviewing all current research related to evidence based practices for supporting infants and toddlers with ASD with plans to prepare a white paper and guidance for the field. Results of SSIP data analysis have been and will continue to be shared with this group which will serve as the primary lead for guidance on SSIP improvement strategies that will increase the ability of local practitioners to support the social emotional development of infants and toddlers with ASD.

WVBTT is collaborating with the WV Department of Education to facilitate a statewide Community of Practice focused on improvements to the system for children who are deaf or have hearing loss, birth to age 18. Members of the Community of Practice include higher-ed prep programs in audiology and speech, early intervention service providers, deaf educators for infants and toddlers and school age children, parents, Hands and Voices, and Part C and Part B state staff. This group is addressing a variety of issues across the lifespan including access to diagnostics, parent supports, and appropriate instructional strategies. WVBTT SPP/APR data has been shared with the Department of Education/Office of Special Education partners in this group who are very interested in assisting with strategies to expand the understanding of professionals about how hearing loss may impact a child's social emotional development. They provided confirmation that focusing on social emotional development for infants and toddlers with hearing and/or vision loss would have a positive impact on all areas of development. WVBTT will present SPP/APR data findings at the next committee meeting in May. WVBTT will work with committee partners to identify professionals with needed expertise and coordinate a topical speaker series for WVBTT enrolled practitioners. WVBTT will work with the Dept. of Education to host a meeting of enrolled deaf educators to discuss BTT data findings and plans for focusing resources and training on strategies to evaluate and promote social emotional development for infants and toddlers with hearing loss. There is not currently a similar statewide group focused on the needs of children with vision impairments.

WVBTT also has established relationships with institutions of higher education through Camp Gizmo. Camp Gizmo provides a unique opportunity for parents, students, practitioners and higher education to come and problem solve effective solutions for children who need accommodations and assistive technology in order to successfully participate in home, school and community settings. Three of the major universities in the state are now making Camp Gizmo a summer learning opportunity for students. Students work together on an interdisciplinary basis with other professionals and families to understand the needs of children and families. Children who attend Camp Gizmo are children with the characteristics of those identified through the Outcome 1, category (b) data analyses. Camp Gizmo offers a unique

opportunity to increase the awareness and knowledge base of families, and interdisciplinary students and professionals regarding how social emotional development impacts all areas of a child's development as well as specific strategies that can support social emotional development for these children. The Camp Gizmo planning team, which includes WVBTT state staff and trainers, will take the lead in integrating data and information related to social emotional development.

WVBTT has a direct relationship with all enrolled professionals across disciplines through initial and annual re-enrollment requirements including required training. This enrollment process provides WVBTT with a means of directly seeking input and providing information to all enrolled providers. The integrated practitioner enrollment system provides a statewide email communication component, which draws from email addresses listed by Payee/Practitioners. In the current system, a larger Payee agency may elect to use one agency email address for each of the professionals enrolled with WVBTT. In the new WVBTT Online system, each individual practitioner and service coordinator will be required to enroll with a unique ID and email address that will be used to facilitate their authorization and access to electronic records. With this enhancement, WVBTT will have active email addresses for each enrolled practitioner. The enrollment process also allows WVBTT to plan for any future changes in required training, based on input from stakeholders and data analysis throughout the implementation of improvement activities.

WVBTT offers fifteen (15) facilitated webinar training modules on an on-going basis to assist new enrolling and seasoned professionals in understanding key components in the provision of high quality early intervention services such as: Beginning the Partnership with Families; Creating Participation-based IFSP Outcomes; Keys to Coaching; Making Home Visiting Meaningful; Essential Elements of Child Outcome Measurement; Assistive Technology; and Transition. In addition to the ongoing webinars, WVBTT utilizes partners for special topical presentations such as: The Role of the Deaf Educator; Sensory Impairment-Implications and Early Identification; Series on Universal Practices on Supporting Children with Autism Spectrum Disorders.

During 2014, WVBTT offered an online course to support practitioners' ability to help families understand how to use universal practices to promote social emotional development. The course was introduced through one-day overview sessions in six locations across the state. These sessions were open to professionals across all early childhood programs. Over 102 professionals attended the one-day overviews. Those who attended the introductory sessions were invited to participate in a six month online course, with monthly coaching follow up calls. To assist participating individuals in meeting annual professional development requirements, continuing education units were offered with a major university as well as STARS credit through the state training and registry system. Thirty professionals registered for the online course but only 16 professionals completed the full course. A number of reasons were cited in regards to inability to complete the course, release time being the biggest issue cited.

Other Collaborative Efforts

WV Birth to Three, Home Visitation, Preschool Special Education, HeadStart, Child Care and other partners are currently focusing on promoting social emotional development for young children through several different initiatives. Grants and funding for these initiatives from the federal level identify social emotional development as a key component of early childhood development. Collaborative partners have also chosen this area of development for focused initiatives based on the research cited previously and based on the demographic risk factors for West Virginia's youngest children. Risk factors including poverty, substance abuse, disability, domestic violence, and other parental stressors that 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, HeadStart, 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 will be included in the cohort of 15 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.

WV Birth to Three has in place most components of a quality professional development system, and demonstrates particular strength with collaboration with other early childhood partners. Components of the current system include participation in cross sector professional development planning, personnel standards, some linkages with higher education, in-service content based on evidence-based practices, and recruitment and retention. Areas that have been identified for improvement include continued improved linkage with higher education, and formalized professional development planning that includes needs assessment, data collection and analysis that can be used for ongoing system improvement.

In addition to initiatives that have already been mentioned, West Virginia was recently awarded a Project LAUNCH grant, which is a SAMSHA grant. The priorities for West Virginia's Project LAUNCH are:

- Increase screening, assessment and referral to appropriate services for young children and their families
- Expand use of culturally-relevant, evidence-based prevention and wellness promotion practices (EBPs) in a range of settings
- Increase integration of behavioral health into primary care settings
- Increase coordination and collaboration across local, state, tribal and federal agencies serving young children and families
- Increase workforce knowledge of children's social and emotional development and preparation to deliver high quality care

The grant includes state and local well child councils, with WVBTT representation on both. The target area for the grant is a community on the west side of Charleston, in Kanawha County. A portion of grant funds are targeted to expanding professionals use of evidence based Pyramid model practices to support social emotional development and challenging behaviors, in home and center-based settings. The local child wellness council, recently formed in March, 2015 will provide input into the selection of sites where more intensive training and coaching will be provided. The state Pyramid Partnership team will coordinate the design and implementation of strategies to achieve this project goal.

Project LAUNCH will also support the implementation of the Strengthening Families Framework into early childhood, education, health and other community structures in the targeted area.

Domestic Violence Training Initiatives: the WV Domestic Violence Coalition developed and provided training for WV Birth to Three practitioners and service coordinators through face to face meetings in each of the eight regions as well as statewide webinars. An advisory group including WVBTT trainers, and state and regional representatives was engaged to advise and assist the project. This training provided content to help WVBTT professionals recognize and respond appropriately to potential domestic violence, understand the impact that domestic violence has on the social emotional development of young children, and identify ways to link caregivers to resources and tools to support their children's development. This statewide series was supported through funding from the Claude Worthington Benedum Foundation.

Positive Community Norms: Positive Community Norms (PCN) is being used in West Virginia to address attitudes around home visiting and messaging. TEAM for West Virginia Children/Prevent Child Abuse West Virginia, in collaboration with the Center for Health and Safety Culture at Montana State University, have developed initiatives for West Virginia using scientific positive community norms approach for the purposes of:

- Growing positive parenting norms supporting safe, stable nurturing relationships;
- Creating safe sleeping environments and behaviors; and
- Reducing Shaken-Baby Syndrome

The PCN project is being expanded as part of Project LAUNCH target area, to include parent surveys which will provide an understanding of parents' beliefs, perception and their behaviors.

Summary of Data and Infrastructure Analyses Results and Possible Contributing Factors Gathered During Face to Face and Written Comments – For Consideration in the Development of Coherent Improvement Strategies
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- Disaggregated data for Outcome 1 did not reflect difference in measurements for categories (a) through (e) by the variables of length of service or average age at initial IFSP.
- Data for Outcome 1, category (b) reflected a high number of children with vision and/or hearing loss, autism and other established conditions.

- Many of the children for whom we do not yet have complete data due to mobility and inability to contact, have characteristics that reflect multiple family challenges. Improvement strategies should consider these children and families as well since the goal is to have ratings for all children who exit.
- Stakeholder input regarding potential root causes for children not making enough progress to move closer to same age peers included:
 - hypotheses about the depth of practitioners' understanding of factors that influence a child's social emotional development
 - hypotheses about assessment tools not being sensitive and/or appropriate for gathering the information about child's social emotional development and family needs for supporting the child
 - hypotheses that practitioners and families may not realize how social emotional development impacts all other areas of development
 - hypotheses that practitioners and families may focus more on other areas of development, feeling that social emotional is not an area of concern unless there are challenging behaviors
 - hypotheses that even practitioners who focus on aspects of development for children with hearing, vision and/or ASD may overlook the impact of the disability on the area of social emotional development
 - hypotheses about how family risk factors and stressors impact their ability to support their children's development
 - hypotheses about practitioners' knowledge and comfort level with coaching families in how to support their child's social emotional development
 - hypotheses that social emotional development and relationship based intervention are typically not part of pre-service programs for allied service professionals such as speech and language pathologists, occupational therapists and physical therapists
- There are currently numerous initiatives focused on social emotional development of infants and toddlers, including those designed by WVBTT and in collaboration with partners.
- What methods are being used to measure change in practitioner knowledge and skills? What methods are being used to measure change in family understanding and/or use of strategies?
- How can we use what we know about Implementation Science to design improvement activities that meet the needs of practitioners and ultimately families? How can we engage practitioners in the SSIP process and specifically in learning more about evidence based practices to help families support the social emotional development of their infants and toddlers?
- How can we maximize and leverage resources to accomplish identified improvement strategies?
- WVBTT has many professional development opportunities available which could support more practitioners if practitioners took advantage of the opportunities. Understanding more about how to engage and meet practitioners' needs will be important.

Summary of Data and Infrastructure Analyses Leading to the State Identified Measurable Result (SIMR)

The following findings support the selected State Identified Measurable Result (SIMR):

- SPP/APR Indicator 3 data comparison across the three outcomes reflects improvement in raw scores for Summary Statements of Outcomes 1, 2, and 3. However, progress in Outcome 1, Summary Statements 1 and 2 did not meet the criteria to be considered 'meaningful' improvement.
- The pattern of entry ratings for Outcome 1 is different from Outcomes 2 and 3 with more children being rated as age level at entry.
- Demographic data for children and families in West Virginia reflect potential barriers for positive social emotional development and parent-child engagement.
- West Virginia's early childhood community has previously recognized early social emotional development as an area of focus through various improvement plans and initiatives including but not limited to: the State Pyramid Model Partnership group; MIECHV benchmarks; Governor's Early Childhood Task Force Recommendations for Early Childhood System Improvements; Project LAUNCH.

State Identified Measurable Result (SIMR) – And Targets

With input from stakeholder groups, WV Birth to Three has selected improved social emotional outcomes for infants and toddlers as the area of focus for state systems improvement activity. As required by SSIP guidelines, the State must report baseline data for the SIMR for FFY 2013 and targets for FFY 2014-2018. Due to this factor, the options for defining and measuring the SIMR are limited to some component of the Indicator 3 measurements.

The goal for all children should be to increase their social emotional development in order to move closer to or equivalent to their same age peers. After analyzing the FFY 2013 data for Outcome 1, it became obvious that many of the children who are not moving closer to their same age peers have medical diagnosis that offer special challenges. These diagnoses may be in addition to other challenges faced by many families in West Virginia.

West Virginia's improvement strategies will be designed to assist families to help their children make as much progress as possible. WV Birth to Three will use Outcome 1, Summary Statement 1 as the measure of our progress toward this goal.

The specific measurement for improvement in social emotional development will be Indicator 3, Outcome 1, Summary Statement 1. The baseline for that measurement for FFY 2013 is 63.5%.

State Identified Measureable Result Baseline Data	
SIMR Baseline FFY 2013	63.5%

With many factors 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. Based on past experience, patterns have been affected with increased training efforts and while exit ratings may have been more accurate than previous entry ratings, the result did not always reflect an upward movement in the Summary Statements. National data has also trended downward as the number of children included in the measurements increase. It will be important to use not only the SIMR 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.

The SIMR targets for FFY2014 – FFY 2018 are designed to reflect a meaningful difference over the baseline measurement of FFY 2013.

State Identified Measurable Result (SIMR) Targets FFY 2014-2018				
FFY2014	FFY2015	FFY2016	FFY2017	FFY2018
63.8	64.2	65	65.5	66

Selection of Coherent Improvement Strategies

WV Birth to Three uses comprehensive information derived from data and infrastructure analyses to focus the identification of evidence based practices that are designed to lead to increased numbers of infants and toddlers making sufficient progress in social emotional development to move closer to their same age peers. Improvement strategies are addressing data quality issues and actions that the state WVBTT office can take in collaboration with partners, to support ISCs, practitioners, and service coordinators to coach families of infants and toddlers so they are prepared to support the social emotional development of their children.

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.*

Discussion and Activities: This enhancement will assist IFSP teams and the state to track and monitor the completion of entry and exit COSF ratings for all children who receive at least 6 months of service. Increasing the number of children who have completed entry and exit COSF ratings is a priority area. Currently it is difficult to confirm that entry and exit ratings have been completed since COSF ratings are entered into a separate auxiliary database.

Local IFSP teams and the state office do not have timely access to determine if ratings have been completed and documented. By enhancing the WVBTT data system to capture COSF ratings, IFSP teams and the state office will be able to track and monitor the completion of ratings to increase data quality and accountability.

These data system enhancements will also result in all children having a unique identification number (ID) during their participation in WVBTT. Currently children have an assigned ID while they are receiving services in any of the eight regional program areas. However, if a child exits and re-enters in the same region or another, the child receives a new ID. The system enhancement will provide an ID that remains with the child throughout any transfer, exit, or re-entry. Having a true unique ID is a necessary first step in discussions with the WV Department of Education, and in conjunction with the Early Childhood Advisory Council, to target the linkage of Part C data to Part B and eventually to connect to other early childhood data systems.

WVBTT Online enhancements, testing, and transition is scheduled to be completed by September, 2015. Initial planning for linkage with other systems is scheduled to begin during 2015-2016.

Resources and Coordination: The lead agency has committed resources to the enhancement of the WVBTT data system. In collaboration with the Early Childhood Advisory Council, WVBTT will investigate options for other collaborative funding to support initial and future modification to support linkage with Part B. WVBTT, contractors, and the ECAC Data committee, are familiar with and utilize the DaSy data system framework and CEDS as guidelines for system modernization work. WVBTT will also seek technical assistance from DaSy and IDC to assist in the planning phase with state partners.

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.*

Discussion and Activities: The success of any significant change activity is dependent on engagement of key stakeholders. During this first phase of the SSIP work, WVBTT collaborated with the ICC to anchor Mission and Key Principle statements and a 'branding' or 'theme' for the systems improvement work. 'Come Grow with Us' signifies West Virginia's commitment to quality services for infants and toddlers and their families. Communication with key stakeholders for the initial sharing and analysis of child outcomes data utilized this branding and messaging to share the real intent of systems improvement work and encourage the engagement of stakeholders. Response from participants of Come Grow with Us webinars, with an overview of the SSIP process and sharing of child outcomes data, has been very positive. Over 180 local practitioners and service coordinators registered for two webinar presentations. RAU staff also attended informing webinars targeted to them. Participants have expressed interest in continuing these conversations. Everyone is interested in how to support the development and outcomes for infants and toddlers and their families.

Since there is still more general informing and sharing of data to do, WVBTT will use methods preferred by stakeholder surveys to date. The overwhelming majority of respondents preferred receiving information through facilitated webinars, with requested evening hours. Based on feedback from participants, the State SSIP team will facilitate bi-monthly *Come Grow with Us* webinars to continue to share more in depth data and general information about SSIP activities. To increase the ability of participants to attend, each topical session will be offered

twice, one during the day and one in the evening. The State SSIP team will schedule topics based on plan timelines and priorities identified by stakeholders.

In addition, a section of the WVBTT website will be dedicated to the SSIP activities, where updates will be posted monthly. Other communication tools will include WVBTT's statewide email system for enrolled ISCs, practitioners and SCs, and regional email list notifications from the WVBTT Regional Technical Assistance Specialists. WVBTT will use a variety of methods, including Survey Monkey, for gathering broad input from practitioners regarding their perspective of the COSF rating process, barriers, and priority areas for support. This initial survey will go out by May, 2015. Survey Monkey will be used at other times of the year to gather additional data around implementation. A variety of opportunities will be provided for input and feedback throughout the year to maintain avenues of communication and engagement. Feedback will be used to inform communication strategies. The State SSIP team will design a process for forwarding and compiling any questions about SSIP activities in order to assure timely responses as appropriate.

As improvement activities are implemented, communication will continue to be critical. The WV Birth to Three State SSIP team will work with the ICC and its representative membership to develop a Communication Committee and implement ongoing communication strategies for each aspect of improvement activities implementation including timing and frequency of the messages, and methods of delivering. As implementation activities are rolled out, the Communication Committee will assist with establishing feedback strategies and products to track key activities.

Improvement Strategy 3: *Convene a WV Birth to Three Professional Development Committee on Promoting Social Emotional Development to organize comprehensive strategies around supporting the use of evidence based practices to assist families to promote their children's social emotional development.*

Discussion and Activities: WVBTT has many collaborative and BTT specific professional development initiatives that are designed and based on evidence based practices. Topical webinars, discipline specific and topical Communities of Practice, and technical assistance outreach are important resources for early intervention professionals. The time is right to develop a strategic plan regarding how to most effectively use current resources and identify additional strategies and resources that will best support WV Birth to Three professionals and achievement toward assuring that infants and toddlers with developmental delays make enough progress in their social emotional development to move closer to their same age peers.

WVBTT will continue the very effective state Autism Spectrum Disorder (ASD) Professional Development committee facilitated by Dr. Jennifer MacFarland from Marshall University. Excitement is strong also for an additional Professional Development committee focused specifically on social emotional development. There will be strong linkages and collaboration between the two groups.

WVBTT Professional Development Committee members will be convened by May, 2015. The committee will include WVBTT state staff, professionals with expertise in the field of infant toddler social emotional development, vision, hearing impairments, Institutions of Higher Education, representatives from the WV School for the Deaf and Blind, and the WVU Center for Excellence in Disabilities. The WVBTT CSPD Coordinator will co-chair this committee.

Charges to the committee: Utilize feedback and input from local practitioners in all activities; develop needs assessment to gather input from practitioners to be administered within three months; identify tools that are most effective for evaluating/assessing social emotional development for infants and toddlers including those with sensory impairments; develop trainings and support strategies for effective evaluation/assessment of social emotional development; review the Universal Practices for Promoting Social Emotional Development online course that BTT field tested last year and determine most appropriate strategy for maximizing delivery of the course in 2015-2016; design a course second online course on targeted strategies to promote social emotional development; and design a process for gathering data on impact of trainings. This committee will also identify guest presenters with the knowledge/expertise to conduct a series of webinars on topics of universal knowledge including: a) early brain development; b) relationship based practices; c) Importance of Creating Nurturing, Stable Home Environments, and d) Connecting Families to Needed Resources in Time of Concrete Need.

WVBTT will continue to partner with the WV Department of Education and the Autism Training Center around the professional development needs of professionals supporting children with hearing impairments and autism spectrum disorders. The facilitator of the Deaf/Hard of Hearing Community of Practice, Dr. Jennifer MacFarland of Marshall University, and other key representatives will be invited to participate in the WVBTT Professional Development Committee for Promoting Social Emotional Development.

Improvement Strategy 4: *Continue to provide and encourage participation in COSF webinars, including: 'Child Outcomes Summary Form' and 'Creating Participation Based IFSP Outcomes' and 'Essential Elements for Completing the Child Outcome Summary Form' webinars.*

Discussion and Activities: WVBTT webinars and Communities of Practice are a resource for practitioners and can assist them in understanding how to age anchor children's functional participation. Feedback from practitioners indicates that some teams continue to focus on scores from assessments as the primary information source for determining a child's rating on the COSF.

In WVBTT the Developmental Specialist and at exit, either the Developmental Specialist or Service Coordinator, serve in the role of the COSF facilitator for the team's completion of the COSF. The Child Outcomes Summary Form webinar is required of all Developmental Specialists and Service Coordinators but has been optional for other practitioners. Even though hundreds of practitioners have attended the webinar training, it is anticipated that the increased awareness of the importance of child progress measurement in the three national child outcome areas, the

sharing of data, and the ongoing communication strategies will encourage practitioners across disciplines to participate in the COSF webinars. WVBTT may also consider whether to make the current COSF webinars required for all practitioner enrollments.

WVBTT will use the recently purchased Survey Monkey to gather input from practitioners in order to better understand any challenges and questions regarding completion of COSF ratings and make changes in procedures or policy if warranted. Feedback will also inform the COSF webinars and Communities of Practice.

Improvement Strategy 5: *Provide training and technical assistance to expand the use of Pyramid Model evidence based practices in home settings.*

Discussion and Activities: The Pyramid Partnership State team, facilitated by the WV Birth to Three CSPD Coordinator, will partner to achieve the outcomes of Project LAUNCH by coordinating the training and support for practitioners and early childhood partners in the Project's identified geographic area to implement universal and targeted practices of the Pyramid model. This initiative will be funded under Project LAUNCH for five years. By the end of the five year period West Virginia will have a master cadre of trainers and coaches who will continue activities to expand use of the Pyramid Model. West Virginia Demonstration Professionals, other early intervention and early childhood partners will be invited to the trainings. Initial strategies for supporting the professional development system in this geographic region include:

- In-service trainings, webinars and coaching to help professionals and families use the Pyramid Model evidence based practices to support positive social emotional development;
- Demonstration sites where the Pyramid Model is being implemented with fidelity;
- Demonstration home-based professionals who are assisting families to use pyramid model strategies with their children in home settings;
- Professionals who are conducting ongoing screening of children's social emotional development.

The curriculum will be modeled on the 'Implementing the Pyramid Model with Families in Homes' training that was developed for West Virginia. The training will provide the professionals with:

- Information on social emotional development of infants and toddlers within the context of relationships with caregivers;
- Strategies for strengthening partnerships with families to promote responsive, nurturing caregiving and high quality home environments;
- Tools to identify when there are concerns about a caregiver's capacity to support the child's social emotional development and when children may be at-risk of delays in social emotional development;
- Tools for developing functional, individualized social-emotional goals for families;

- Methods for supporting caregiver implementation of strategies to promote social-emotional competence within daily routines;
- Ways to identify and implement strategies for monitoring progress of social emotional goals with parents and caregivers;
- Strategies for working with families to develop a behavior support plan focused on teaching new skills and preventing or mediating challenging behaviors;
- Coaching strategies for supporting families in the use of behavior support plan; and
- Practices for monitoring progress of behavior support plan with families.

Practitioners and demonstration sites for this intensive support will be recruited in collaboration with the newly formed Project LAUNCH Local Child Wellness Council. West Virginia University will be assisting with evaluation of Project LAUNCH, including this priority area. Tools for measuring practitioner and family growth are a component of the Pyramid Model implementation. What the state has not been able to accomplish to date is a centralized data system to track changes in practice. Through this targeted initiative, WVBTT will coordinate with partners to develop a data tracking system to demonstrate practitioner and family growth related to using universal practices to promote social emotional development. While this initiative will support a limited number of professionals in the geographic focus area, these professionals serve children in other areas, and with data to document success, partners will be in a position to seek additional funding to provide the infrastructure needed to expand Pyramid Model practices.

In addition to the targeted activities of Project LAUNCH, WV Birth to Three will continue to offer on-going training and support for all enrolled practitioners through webinars supplemented with ongoing support through Communities of Practice.

Improvement Strategy 6: *Collaborate with EC partners to develop a comprehensive outreach program to increase families' awareness of how to promote children's social emotional development.*

Discussion and Activities: The *First Thousand Days* documentary is a wonderful example of how West Virginia families want to support their children's development. Resources such as this documentary, and the Positive Community Norms (PCN) initiatives, promote opportunities for families to hear positive messages about how they can help their children.

WVBTT will collaborate with the Public Outreach committee of ECAC and the ICC to develop messages and strategies for disseminating information to families. A section of WVBTT's current website will be dedicated to highlighting resources related to social emotional development of infants and toddlers and the importance of supportive nurturing relationships. A link to the WVBTT website will be included in the upcoming Home Visitation website being developed through the Positive Community Norms initiative. The HV website will be targeted to families with messages from other families about how home visiting programs were a resource to them.

The West Virginia Infant/Toddler Mental Health Association is in the process of establishing a website, central clearinghouse for materials and resources related to social emotional development. WVBTT will collaborate closely with WVITMHA and provide reciprocal linkages between our websites.

WVBTT will collaborate with the ICC and other EC partners to incorporate messages about social emotional development into family newsletters and other outreach.

Improvement Strategy 7: *Integrate Strengthening Families Framework into WV Birth to Three system structures.*

Discussion and Activities: The Governor’s Early Childhood Task Force has recommended Integration of Strengthening Families Framework into all early childhood programs. The Center for the Studies of Social Policy’s (CSSP) Strengthening Families Framework is research-based and grounded in practice but can be used in a number of ways by programs and systems that serve children and families. Strengthening Families is already being used in multiple child and family service settings in the State. The Strengthening Families Framework will help ISCs, practitioners, and SCs understand protective factors that assist families to be able to support the development of their children. The demographic characteristics and challenges of WV families highlight the need for supporting protective factors.

WVBTT is in the process of revising forms to infuse Strengthening Families approaches into initial conversations in order to build positive relationships with families and linkage to needed services. Establishing positive relationships with families at initial referral and intake are the first steps in engaging with families and establishing working partnerships. The WVBTT state team is also Identifying effective family interview/assessment tools that can help families identify their support needs.

WV BTT will continue to provide monthly “Lunch and Learn” webinars that focus on statewide community resources that can assist families in times of immediate need, and provide information on linkages to financial, medical and other programs. WV BTT also has an on-going Community of Practice for Service Coordinators to provide information, resources and support in regards to their roles and responsibilities within the WVBTT system.

Improvement Strategy 8: *Develop and implement Quality Checklists to be used by ISCs, Practitioners and SCs to evaluate completeness and quality of the Intake and IFSP processes.*

Discussion and activities: WVBTT has standard forms that are used statewide for initial information gathering and the IFSP. State team members are currently redesigning the intake forms to integrate Strengthening Families framework practices, with input and feedback from RAU administrators and ISCs. Forms have been revised previously to support encouraged practices, but practices don’t always change as a result. By having ISCs Practitioners and SCs assist with developing Quality Checklists, and incorporating use of the checklists as a component of the *Come Grow with Us* system improvement activities, professionals will have immediate

opportunities to compare practice to the quality checklists. The checklists will also be used as part of the monitoring self-assessment process. WVBTT will develop a process for gathering baseline data through record reviews prior to implementing the checklists.

Theory of Action

The visual presentation of West Virginia's Theory of Action is identified in Appendix B.

The Theory of Action is a high level view of the actions that WV Birth to Three will take that are likely to result in certain changes for the local system capacity, which in turn will result in the desired outcome for children. The details of the improvement strategies are explained under the Coherent Improvement Strategies section of this report and are connected to the major State actions identified in the visual Theory of Action.

The desired result for which improvement activities are being targeted, or West Virginia's State Identified Measurable Result (SIMR), is that children who receive services from WV Birth to Three will make enough progress in their social emotional development to move closer to their same age peers. Decisions about the SIMR were based on analysis of past Child Outcome data for children exiting WV Birth to Three with at least six months of service.

There are multiple theories and probably multiple reasons as to why children may not make enough progress to move closer to their same age peers. The Theory of Action takes into account what is known about child and family characteristics, service delivery, and supportive structures and ultimately identifies a hypothesis regarding the impacts of certain actions. The Theory of action outlines the high level investments or actions of the State WV Birth to Three system that are connected to detailed improvement strategies.

The Theory of Action addresses the major areas of the system where WVBTT can take action that will result in improved social emotional outcomes for infants and toddlers.

Data System: The data system improvement area addresses the need for complete data for exiting children as well as the ability to evaluate and track the completion of entry and exit ratings.

Communication Plan: As outlined in the improvement strategies, an effective communication plan will be critical to engaging stakeholders and achieving other system improvement efforts.

Interagency Collaboration: Outreach efforts to families and other community partners will be enhanced and expanded by collaboration with partners.

Professional Development: WVBTT has numerous professional development initiatives. Some are dedicated specifically to professionals working in WVBTT and many are collaborative with other early childhood partners. These collaborative efforts are strengths of the system. An area of

focus for the WVBTT professional development system is developing mechanisms to gather data and evaluate the effectiveness of professional development efforts. This will be even more critical in order to measure the effectiveness of SSIP improvement activities. The professional development activities outlined in the Coherent Improvements section detail the topics and content of improvement activities to be included initially. A dedicated professional development committee will provide oversight of the implementation activities and development of processes for gathering data in order to evaluate and revise strategies as necessary.

The other focus area for professional development includes integrating Strengthening Families Framework strategies into all aspects of the WVBTT system in order to promote positive partnerships and engagement with families. This area was given special attention due to significant concern about the number of children and families who leave the system with less than six months of service and/or who are lost to follow up.