**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on
FFY 2020**

**West Virginia**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

The lead agency for implementation of the State's early intervention system under Part C of the Individuals with Disabilities Education Act (IDEA) is the West Virginia Department of Health and Human Resources, with administration through the Bureau for Public Health, Office of Maternal Child and Family Health, WV Birth to Three (WVBTT) in coordination with the WV Early Intervention Interagency Coordinating Council (ICC). WVBTT adopted a Mission Statement and Key Principles that guide all other program work.

Additional information related to data collection and reporting

WV Birth to Three has a statewide data system that captures much of the information needed for the Annual Performance Report.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

WVBTT has statue, policy, and procedure in place to identify the requirements of Part C of IDEA and how the requirements are to be assured. These requirements are integrated into the statewide structure and monitoring system. WVBTT seeks input from a variety of stakeholders throughout implementation. Close collaborative relationships with other programs are key to assuring effective child find and service delivery. WVBTT works closely with many programs including Newborn Screening, WV Help Me Grow, Home Visitation, preschool special education/619, Head Start, and Child Care to assure effective components of the overall system structure including child find, service delivery and program evaluation. WVBTT administers a comprehensive general supervision system that includes onsite monitoring reviews, practitioner self-assessments, and procedural safeguards including a state complaint process. The system also includes annual grant applications and enrollment agreements and an integrated data system that meets Federal data reporting requirements. The data system provides ongoing program evaluation data at the state and regional level.

This system includes eight Regional Administrative Units (RAUs) with geographic areas of responsibility. All RAUs sign an agreement with the lead agency, with assurances to abide by all policies and procedures. The RAUs have child specific responsibilities that include: accepting and facilitating referrals for all potentially eligible infants and toddlers in their region; establishing the electronic and hard copy educational record; maintaining the confidentiality of the child records; and preparing the family for and facilitating the initial evaluation/assessment process, initial eligibility determination and initial development of the Individualized Family Service Plan (IFSP). The RAUs also have interagency responsibilities that include: child find; central directory of resources; collaboration with other community partners for effective implementation of the Part C system; and linking families to resources including maintaining a central directory of resources. Each RAU receives funding to support a full time Parent Partner in order to promote specific outreach to families and connection with other family support and advocacy groups.

WV Birth to Three utilizes a Central Finance Office (CFO) structure as a component of the general supervision system. The CFO coordinates the enrollment of qualified service coordinators and direct service professionals. Only those individuals who meet the lead agency's initial and ongoing personnel standards, training and other credential requirements are enrolled in the WV Birth to Three system. The enrollment agreements used to enroll these professionals includes options to disenroll any individual who does not provide services within required policies and procedures. The CFO structure is statewide and integrates provider enrollment, child records, service authorizations and payments for provided services. When individuals are selected by families to provide identified services, the data system generates 'authorizations' that reflect specific service commitments. Enrolled service coordinators and practitioners submit billing claims directly to the CFO after providing the services as identified on the IFSP. The CFO processes claims and sends a file to the lead agency for processing of payment to the local service providers. The CFO also sends a monthly Explanation of Benefits (EOB) to each family. This feature was added as a commitment to family centered services and the importance of parent/professional partnerships. Families report maintaining copies of their service activity notes for later comparison with EOBs. EOBs demonstrate a partnership with families and provide additional information for them to judge whether or not services are meeting their needs.

The integrated data system provides an important infrastructure to support the implementation, monitoring and evaluation of the early intervention system. WVDHHR has made a substantial commitment to modernizing the data system to include: a web-based platform; management reporting functions at the local and regional level; real time access to information at the state and local level; assignment of unique child identification numbers; and opportunities for increased communication among team members. The system includes entry of Child Outcome measurement ratings in each child's electronic record. The overall components of the general supervision system provide multiple ways to assure effective implementation of the EI system including noncompliance. When noncompliance is identified, findings and corrective actions are issued for the respective service coordinator, practitioner, or RAU. Regional WVBTT staff are available to provide technical assistance as appropriate in accordance with the plans of correction. Corrective actions are monitored at the state level to assure that correction has occurred and that services are provided in accordance with Part C regulations. If corrective actions are not completed as required the State Office initiates next steps, implementing sanctions as appropriate. Sanctions may include disenrollment from the Birth to Three system if the individual/agency is not able to achieve correction of noncompliance within the required timelines, which in all cases is not more than one year from the time of identification. WVBTT also coordinates internally with the Division of Monitoring to conduct periodic onsite reviews and desk audits of RAU and service provider functions. The WVBTT state office works closely with the Bureau for Public Health and Department of Health and Human Resources to identify funding strategies that support the effective provision of early intervention services for all eligible infants and toddlers.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

WVBTT provides a coordinated system of technical assistance to support early intervention practitioners, service coordinator and RAUs. State personnel include four regional Technical Assistance (TA) Specialists who each support two of the eight RAU regions. The TA Specialists reach out to each newly enrolled service provider with introduction and information on how to access ongoing technical assistance support. TA Specialists maintain a listserv for their geographic regions and provide important updates to all enrolled providers. In addition, TA Specialists meet regularly with the RAUs to provide support and identify strategies to support enrolled practitioners.

Other processes in place to provide high quality technical assistance include multiple Communities of Practice designed specifically for the various disciplines of professionals enrolled in WVBTT. The CoP are scheduled on the state training calendar and open to all enrolled professionals in the disciplines. Other CoP are targeted to specific topical areas and may include professionals across disciplines. CoP members identify their unique needs and design strategies to effectively address those needs. WVBTT uses other strategies to help professionals stay in touch with the latest information including statewide email broadcasts and posted Tips of the Week. WVBTT also has posted Teaching Tips with videos to alert enrolled practitioners to important topics. Technical assistance is always offered to professionals as a component of any corrective action.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

WVBTT implements a Comprehensive 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. WVBTT recruits and enrolls professionals who meet the state's highest standard for each discipline. Professional credentials are reviewed by the CFO to assure that all enrolled professionals meet the initial and annual re-enrollment requirements including educational status, licensing and required training. Only those professionals who meet the requirements and sign initial and annual agreements with WVBTT to follow all requirements of Part C of IDEA are enrolled and made available to provide services for children and families. Newly enrolled professionals are contacted by state TA Specialists and offered the opportunity to be matched with an experienced provider.

WVBTT offers numerous webinar training modules on an on-going basis, to assist newly enrolling and seasoned professionals in understanding key components in the provision of high quality EI services such as: Creating Participation Based IFSP Outcomes; Making Home Visiting Meaningful; Child Outcomes; Assistive Technology; and Transition. WVBTT also offers webinar training in the areas of child welfare, early literacy, autism, and teaming. WVBTT continues to offer guest lecture series on topics related to community resources, social emotional development, and self- care. During the past year, the WVBTT State staff, along with Implementation Team members have been transferring much of the professional development content through Articulate, to be posted on the WV STARS Learning Management system. During the past year, WV Birth to Three found that an additional LMS is needed. WVBTT has purchased Canvas and is preparing this LMS to receive on demand and facilitated sessions. Canvas will make the sessions available to providers based on demand and increase access to the sessions. Many sessions are designed with a post-test to identify the participants learned knowledge and how they will use the information to enhance or change their practice and to identify what other trainings may be of interest. This data will be used to revise sessions and design additional training.

WVBTT State personnel are members of interagency professional development committees that are addressing the integration of professional development activities across early childhood programs. During the period, WVBTT facilitated several state level Implementation Teams that focused on design of professional development opportunities for the implementation of the Early Start Denver Model for supporting toddlers on the Autism spectrum and their families, the Pyramid Model for Promoting Social Emotional Development in Infants and Toddlers and Family Guided Routines Based Interventions as identified in the State Systems Improvement Plan (SSIP). The Authentic Assessment Team finalized the WV Birth to Three Assessment Tool List and that list is now posted on the website. Authentic Assessment training curriculum is now in design . The Hearing Implementation Team completed a Resource Guide for Families of Children with Hearing Loss, and the Vision Implementation Team completed a Resource Guide for Families of Children with Vision Loss. Stakeholders in these groups include parents, higher education, local service providers, and state representatives. Decisions around policy, guidance and training are impacted by input from the groups.

WVBTT State personnel are members of other state level collaborative groups designed to promote the knowledge, skills and competencies of professionals serving young children, including the Association for Positive Behavior Support and the WV Infant Mental Health Association (ITMH). WVBTT has established relationships with Institutions of Higher Education, with faculty presentations on topical content as well as collaborative events such as the annual Camp Gizmo provides a unique opportunity for professionals, parents, and students to come together to problem solve effective solutions for young children who need accommodations and assistive technology in order to effectively 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 pre-service students. Students have the opportunity to handle a variety of assistive technology that they otherwise would probably not be able ot access. They work on an interdisciplinary basis with other professionals in order to understand the needs of young children and their families. During the past two years, Camp Gizmo has been put on hold due to Covid 19 - but we are hopeful that this collaborative effort will return in the near future.

WVBTT's professional development system also includes the unique collaboration amount Part C, 619, Child Care and Head Start to identify and fund coordinated professional development opportunities through the Early Childhood Training Connections and Resources (WVECTCR). Through this collaboration, WVBTT has access to an integrated online system to design and host online courses and webinar training. Members of the WVBTT State staff and WVBTT trainers have been working on new course designs.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

**Number of Parent Members:**

27

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

West Virginia's Interagency Coordinating Council is comprised of thirty-three members. Of those thirty-three members, six members are designated specifically for parents of children with disabilities. However, of the remaining twenty-seven members, several members represent other agencies, advocacy agencies, etc. Of those twenty-seven other members, fourteen members have children with developmental disabilities and two ICC members have extended family members with developmental disabilities. This makes West Virginia's ICC particularly in tune to understanding parent involvement. West Virginia also had several parent members participating in developing the Hearing Handbook and Vision Handbooks for parents. There were also parents involved in most every implementation team during the period.

During each ICC meeting, parents from the WV ICC were actively involved in reviewing and analyzing data, helping to set targets for each of the Indicators, providing input toward improvement strategies and evaluating progress in WV Birth to Three

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

During each ICC meeting the lead agency provided information about improvement strategies including steps that were used and how parents could be involved. These strategies included ways to get input from parents across each of the Regional Administrative Units (RAUs). There is a specific Parent Partner position on the ICC that is held by a Parent Partner from an RAU. Each of the Implementation teams also have parent members, whose input is greatly appreciated.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

WV Birth to Three provided updates to the process of soliciting targets at least every other month, with opportunities for stakeholders to provide input and evaluated the progress of suggested activities.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

WV Birth to Three provides the results of target setting, data analysis and development of improvement strategies along with evaluation to the public through webinar updates throughout the year and through postings on several sites on the WVBTT website.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

WV Birth to Three has posted the local results of the FFY 2019 data for each of the early intervention programs at http://www.wvdhhr.org/birth23/lawandregs/2019\_APR\_Local\_Reporting\_Data.pdf. The State also posted a complete copy of the FFY 2019 SPP/APR at this address: https://sites.ed.gov/idea/idea-files/2021-spp-apr-and-state-determination-letters-part-c-west-virginia/

## Intro - Prior FFY Required Actions

**Response to actions required in FFY 2019 SPP/APR**

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 96.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.26% | 98.54% | 98.68% | 98.56% | 98.55% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 700 | 814 | 98.55% | 100% | 99.63% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

111

**Provide reasons for delay, if applicable.**

The OT thought that she was supposed to complete an evaluation and then found out that another OT had completed it. There was confusion about who was supposed to provide the OT service.
WVBTT was unable to determine why the Service Coordination service was provided late.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

West Virginia's definition of 'timely service' is to have the first service delivered within 30 days of the family's written consent on the IFSP.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Measurement was taken for all initial IFSPs and all annual IFSPs with new services during September, 2020

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

WV Birth to Three generated a report from the WVBTT Online data system to identify all children who had an initial IFSP during the period of time reviewed. September had a similar number of initial IFSPs as other periods of time during the year. The data review was for all children in all Regional Administrative Units, assuring that data for the period was accurate for a full reporting period. Additional analysis was completed for all IFSPs for which any service was not delivered within the required 30 day period.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

In FFY 2019, under Indicator 1 there were four children who had initial services that did not meet the 30 day timeline. In accordance with OSEP memo 09-02, WVBTT reviewed these findings and found that two of the children had late Service Coordination services delivered by the same Service Coordinator. WVBTT was able to confirm that correction was made for these two children and they did receive late service coordination services. However, the Service Coordinator was an independent service coordinator and was already disenrolled from WV Birth to Three at the time of the review for this report. WV Birth to Three was not able to determine any potential systemic issue because the service coordinator in question was no longer enrolled in the WVBTT system when the FFY 2019 data analysis was completed. There were also no findings issued against the Service Coordinator since she was no longer enrolled. WVBTT was also not able to confirm the reason for the original delays in service since the Service Coordinator had already exited the WVBTT system when the review occurred.

Two other children had a late visit from two different direct service professionals. In one situation, the late visit was due to the practitioner's illness and in the other situation, the late visit was due to illness in the practitioner's family.

WVBTT informed the ill practitioner of the importance of providing timely services. Consistent with OSEP Memo 09-02, WV Birth to Three also confirmed that the practitioner : (1) was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of claims data collected from a future date; and (2) had corrected the individual case of noncompliance, by providing the service to the child as soon as the illness had passed.

For the second practitioner, whose family member became ill and caused the service to be delayed, WV Birth to Three informed the practitioner of the importance of providing timely services. Consistent with OSEP Memo 09-02, WV Birth to Three also confirmed that the practitioner : (1) was correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of claims data collected from a future date; and (2) had corrected the individual case of noncompliance by providing the service as soon as the practitioner's family member was well.
No findings were issued for this period.

## 1 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 1 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.58% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 99.39% | 99.39% | 99.39% | 99.39% | 99.00% |
| Data | 100.00% | 99.91% | 99.97% | 99.97% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 99.90% | 99.90% | 99.90% | 99.90% | 99.90% | 99.90% |

**Targets: Description of Stakeholder Input**

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 3,645 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 3,645 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,645 | 3,645 | 100.00% | 99.90% | 100.00% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

 B. Acquisition and use of knowledge and skills (including early language/communication); and

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

YES

**Targets: Description of Stakeholder Input**

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Will your separate report be just the at-risk infants and toddlers or aggregated performance data on all of the infants and toddlers it serves under Part C?**

Aggregated Performance

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2012 | Target>= | 61.90% | 62.00% | 62.00% | 62.00% | 61.80% |
| **A1** | 61.70% | Data | 60.26% | 62.12% | 60.49% | 61.45% | 64.15% |
| **A1 ALL** | 2018 | Target>= |  |  |  | 62.00% | 61.00% |
| **A1 ALL** | 61.37% | Data |  |  |  | 61.37% | 64.14% |
| **A2** | 2012 | Target>= | 64.40% | 65.00% | 65.00% | 66.00% | 65.00% |
| **A2** | 64.20% | Data | 69.82% | 69.40% | 67.65% | 64.16% | 62.37% |
| **A2 ALL** | 2018 | Target>= |  |  |  | 66.00% | 65.00% |
| **A2 ALL** | 64.14% | Data |  |  |  | 64.14% | 62.79% |
| **B1** | 2012 | Target>= | 71.10% | 71.20% | 71.30% | 72.00% | 72.00% |
| **B1** | 70.90% | Data | 72.28% | 73.39% | 73.71% | 75.14% | 74.10% |
| **B1 ALL** | 2018 | Target>= |  |  |  | 72.00% | 72.00% |
| **B1 ALL** | 75.07% | Data |  |  |  | 75.07% | 74.11% |
| **B2** | 2012 | Target>= | 48.10% | 48.20% | 48.50% | 49.00% | 49.00% |
| **B2** | 47.80% | Data | 55.24% | 57.96% | 56.06% | 55.90% | 52.21% |
| **B2 ALL** | 2018 | Target>= |  |  |  | 49.00% | 49.00% |
| **B2 ALL** | 55.89% | Data |  |  |  | 55.89% | 52.83% |
| **C1** | 2012 | Target>= | 70.80% | 71.00% | 71.20% | 72.00% | 72.00% |
| **C1** | 71.00% | Data | 74.04% | 75.42% | 75.93% | 78.02% | 76.96% |
| **C1 ALL** | 2018 | Target>= |  |  |  | 72.00% | 72.00% |
| **C1 ALL** | 78.04% | Data |  |  |  | 78.04% | 77.00% |
| **C2** | 2012 | Target>= | 63.10% | 63.10% | 63.20% | 63.50% | 64.00% |
| **C2** | 62.80% | Data | 68.02% | 68.52% | 66.73% | 66.20% | 64.45% |
| **C2 ALL** | 2018 | Target>= |  |  |  | 63.50% | 64.00% |
| **C2 ALL** | 66.26% | Data |  |  |  | 66.26% | 64.72% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 61.80% | 62.26% | 62.26% | 62.72% | 62.72% | 63.18% |
| Target A1 ALL >= | 61.80% | 62.26% | 62.26% | 62.72% | 62.72% | 63.18% |
| Target A2 >= | 64.30% | 64.30% | 64.30% | 64.30% | 64.30% | 64.30% |
| Target A2 ALL >= | 64.30% | 64.30% | 64.30% | 64.30% | 64.30% | 64.30% |
| Target B1 >= | 71.30% | 71.30% | 71.60% | 71.60% | 71.90% | 71.90% |
| Target B1 ALL >= | 71.30% | 71.30% | 71.60% | 71.60% | 71.90% | 75.08% |
| Target B2 >= | 48.00% | 48.00% | 48.00% | 48.00% | 48.00% | 48.00% |
| Target B2 ALL >= | 49.00% | 49.00% | 49.00% | 49.00% | 49.00% | 55.90% |
| Target C1 >= | 72.00% | 72.43% | 72.43% | 72.86% | 72.86% | 73.29% |
| Target C1 ALL >= | 72.00% | 72.43% | 72.43% | 72.86% | 72.86% | 78.05% |
| Target C2 >= | 62.90% | 62.90% | 62.90% | 62.90% | 62.90% | 62.90% |
| Target C2 ALL >= | 63.50% | 63.50% | 63.50% | 63.50% | 63.50% | 66.27% |

**FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

2,640

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Not including at-risk infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 8 | 0.31% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 611 | 23.76% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 349 | 13.57% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 833 | 32.39% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 771 | 29.98% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 9 | 0.34% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 617 | 23.37% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 350 | 13.26% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 852 | 32.27% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 812 | 30.76% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,182 | 1,801 | 64.15% | 61.80% | 65.63% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,604 | 2,572 | 62.37% | 64.30% | 62.36% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,202 | 1,828 | 64.14% | 61.80% | 65.75% | Met target | No Slippage |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 1,664 | 2,640 | 62.79% | 64.30% | 63.03% | Did not meet target | No Slippage |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 6 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 621 | 24.15% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 690 | 26.84% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 994 | 38.66% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 260 | 10.11% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 7 | 0.27% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 630 | 23.87% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 696 | 26.37% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,006 | 38.12% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 300 | 11.37% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,684 | 2,311 | 74.10% | 71.30% | 72.87% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,254 | 2,571 | 52.21% | 48.00% | 48.77% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,702 | 2,339 | 74.11% | 71.30% | 72.77% | Met target | No Slippage |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 1,306 | 2,639 | 52.83% | 49.00% | 49.49% | Met target | No Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Not including at-risk infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 6 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 514 | 20.01% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 498 | 19.38% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,202 | 46.79% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 349 | 13.59% |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 6 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 523 | 19.83% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 502 | 19.04% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,234 | 46.80% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 372 | 14.11% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,700 | 2,220 | 76.96% | 72.00% | 76.58% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,551 | 2,569 | 64.45% | 62.90% | 60.37% | Did not meet target | Slippage |

**Provide reasons for C2 slippage, if applicable**

WV Birth to Three is receiving referrals of children closer to age three - due primarily to physician standardized developmental screening which continues to identify children at 24 and 30 months of age. These children are frequently children who have characteristics of autism. Getting a later referral leaves less time to interact with families and for families to be able to impact their child's development enough to move the child to a level equal to their same age peers.

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 1,736 | 2,265 | 77.00% | 72.00% | 76.64% | Met target | No Slippage |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 1,606 | 2,637 | 64.72% | 63.50% | 60.90% | Did not meet target | Slippage |

**Provide reasons for C2 AR/ALL slippage, if applicable**

WV Birth to Three is receiving referrals of children closer to age three - due primarily to physician standardized developmental screening which continues to identify children at 24 and 30 months of age. These children are frequently children who have characteristics of autism. Getting a later referral leaves less time to interact with families and for families to be able to impact their child's development enough to move the child to a level equal to their same age peers.

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 3,558 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 845 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

WV Birth to Three gathers information for initial COS during the child's initial entry to the system. The COS is completed by the IFSP team, along with the family, as a page of the initial IFSP. That document is submitted to the Regional Administrative Unit (RAU). Each year, during redetermination of eligibility, the COS is completed again as part of the IFSP. That document is again submitted to the RAU. At the child's exit, the IFSP team completes an Exit COS and submits that form to the RAU. All COS data is entered by the RAU into WVBTT Online. At the child's exit from WVBTT, the child's COS measurement is calculated based on the entry and exit data.

**Provide additional information about this indicator (optional).**

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2020 | Target>= | 97.16% | 97.16% | 97.16% | 97.20% | 97.00% |
| A | 85.00% | Data | 97.05% | 97.30% | 97.38% | 97.75% | 97.24% |
| B | 2020 | Target>= | 96.14% | 96.14% | 96.20% | 96.20% | 96.00% |
| B | 85.19% | Data | 96.75% | 97.93% | 97.64% | 98.02% | 96.73% |
| C | 2020 | Target>= | 96.71% | 96.71% | 96.75% | 96.80% | 96.00% |
| C | 84.81% | Data | 97.71% | 97.10% | 97.90% | 99.43% | 96.98% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 85.00% | 85.00% | 85.00% | 85.00% | 85.00% | 86.00% |
| Target B>= | 85.19% | 85.19% | 85.19% | 85.19% | 85.19% | 86.19% |
| Target C>= | 84.81% | 84.81% | 84.81% | 84.81% | 84.81% | 85.81% |

**Targets: Description of Stakeholder Input**

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 310 |
| Number of respondent families participating in Part C  | 82 |
| Survey Response Rate | 26.45% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 68 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 80 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 69 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 81 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 67 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 79 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 97.24% | 85.00% | 85.00% | N/A | N/A |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 96.73% | 85.19% | 85.19% | N/A | N/A |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 96.98% | 84.81% | 84.81% | N/A | N/A |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | YES |
| If your collection tool has changed, upload it here. |  |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | YES |

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 32.62% | 26.45% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

During the first several months of the 2020-2021 year, no state staff were present in the office. WV Birth to Three has typically mailed surveys from the state office to families. It was later in 2021 when WV Birth to Three was able to resume mailing surveys. With input from the State ICC, WV Birth to Three converted from the NCSEAM survey to the ECO family survey. The two survey tools both collected comparable data for meeting Indicator 4 outcomes. WV Birth to Three used data collected from both surveys to report families who met the Indicator 4 outcomes. For both tools, families who scored lower than a '4' were not reported as meeting the Indicator.

We know that during COVID 19 pandemic, families have a lot on their minds and are not as anxious to complete and return the mailed Family Survey. WV Birth to Three did pilot allowing families to complete the tool by phone and had positive responses. so we are investigating that option. WV Birth to Three State staff are currently considering all options - including also adding an option for families to complete the survey online.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

The level of response in 2021 was much lower than in previous year. WV Birth to Three has considered that this was during a COVID 19 period which may likely have impacted return of the surveys. The number of ECO surveys received significantly outnumbered the earlier NCSEAM surveys. WVBTT used this year's data to establish a temporary target for this Indicator.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

WV Birth to Three compared the race/ethnicity demographics of the responses compared to the demographics of all infants and toddlers enrolled in the Part C program. Analysis included comparing race/ethnicity information. Below is the race/ethnicity comparison:
Aggregate - Child Count -Number of Children - Percentage; Survey - Child Count Responses - Number of Children - Percentage
Race/Ethnicity - Total Percentage; Race/Ethnicity - Total Percentage
Hispanic - 98 - 1.36% Hispanic -1 -1.23%
Alaskan Native -8 -.11% Alaskan Native - 0 - 0,0%
Asian - 47- .65% Asian - 0 - 0.0%
Black - 232 - 3.22% Black - 2 - 2.47%
Native Hawaiian 7 - .10% Native Hawaiian - 0 - 0.00%
White - 6447 - 89.38% White 73 - 90.12%
Two or More Races - 374 - 5.19% Two or More Races - 5 - 6.17%

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

WV Birth to Three only used race/ethnicity this year for comparison to WV Birth to Three full population. WV used a metric of +/- 2% discrepancy from the race/ethnicity percentages of children in the aggregate WV Birth to Three child count.

**Provide additional information about this indicator (optional).**

## 4 - Prior FFY Required Actions

None

## 4 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 4 - Required Actions

OSEP notes that one or more of the Indicator 4 attachment(s) included in the State’s FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2012 | 1.98% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.98% | 1.99% | 1.99% | 2.00% | 2.50% |
| Data | 2.79% | 2.68% | 3.04% | 3.30% | 3.42% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 2.58% | 2.58% | 2.58% | 2.58% | 2.58% | 2.58% |

Targets: Description of Stakeholder Input

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 552 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 17,447 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 552 | 17,447 | 3.42% | 2.58% | 3.16% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

West Virginia was the third highest state in the country for the number of children served under the age of one year. Being located within the Office of Maternal, Child and Family Health provides a great assistance in having these young children referred to WV Birth to Three. OMCFH also has contracts for the Birth Score program, which is a measurement at birth for all babies born in WV. Plus OMCFH houses other screening programs such as Newborn Hearing which assist in identifying children at a young age.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2011 | 4.09% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 4.09% | 4.09% | 4.09% | 4.10% | 5.00% |
| Data | 5.25% | 5.55% | 6.22% | 6.64% | 7.23% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 5.04% | 5.04% | 5.04% | 5.04% | 5.04% | 5.04% |

Targets: Description of Stakeholder Input

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 3,645 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 53,597 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,645 | 53,597 | 7.23% | 5.04% | 6.80% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

WV Birth to Three ranked second in the country regarding percentage of population served.

WV Birth to Three also has aggregate data for the full twelve month period - the number of children with active IFSP services in the 12 month period was 7,213.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.87% | 99.35% | 99.83% | 96.64% | 99.25% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 274 | 390 | 99.25% | 100% | 99.23% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

113

**Provide reasons for delay, if applicable.**

Interim Service Coordinator did not get meeting scheduled in timely fashion for two children. For one meeting, a professional was unable to complete evaluation/assessment prior to the scheduled IFSP meeting, so the meeting was rescheduled for later date.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data was collected for all children with initial or annual Evaluation/Assessment and IFSP during the month of June, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The data collected in June, 2021 was full data from the eight regions of the state. This data represents all the data that WV had during that time. The selected period was representative of other periods during the full reporting period in regards to the number of initial IFSPs, with 390 initial IFSPs. Data was calculated from the statewide database for all initial IFSPs across the eight regions of the state. WVBTT state staff then followed up to confirm all reasons for the late IFSPs. This required follow up with practitioners and Regional Administrative Units. The three late IFSP meetings were due to Interim Service Coordinators not scheduling in a timely fashion and one professional not able to complete the evaluation prior to scheduled IFSP meeting date. This data was collected during the period of the COVID 19 pandemic. Each Regional Administrative Unit (RAU) and practitioners were using telehealth services to contact families at referral, complete evaluations/assessments, and get to initial eligibility and initial IFSP development.

**Provide additional information about this indicator (optional).**

RAUs and enrolled practitioners are working diligently to complete evaluations/assessments and get to eligibility/IFSP meetings in a timely fashion.
As for data from FFY 2019, there were two children whose initial evaluation/assessment and initial IFSP meeting did not occur within 45 days of the referral. These IFSPs were late due to Regional Administrative Units being short of Interim Service Coordinators.
The State office was able to verify that these children did in fact receive their initial IFSPs. WV Birth to Three state office analyzed data at a future data point and found that all initial IFSPs in the impacted RAUs were completed in a timely manner, within the 45 day timeline. The RAU was found to have met all requirements of OSEP Memo 09-02. Therefore, no findings were issued for this period.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

As for data from FFY 2019, there were two children whose initial evaluation/assessment and initial IFSP meeting did not occur within 45 days of the referral. These IFSPs were late due to Regional Administrative Units being short of Interim Service Coordinators.
The State office was able to verify that these children did in fact receive their initial IFSPs. WV Birth to Three state office analyzed data at a future data point and found that all initial IFSPs in the impacted RAUs were completed in a timely manner, within the 45 day timeline. The RAU was found to have met all requirements of OSEP Memo 09-02. Therefore, no findings were issued for this period.

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 95.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 113 | 113 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

0

**Provide reasons for delay, if applicable.**

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data was collected in the month of June, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data was collected for all exiting children during the month of June, 2021. The month of June was similar in numbers of exiting children compared to all other months during the period.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8A - Prior FFY Required Actions

None

## 8A - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8A - Required Actions

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.00% | 98.19% | 99.74% | 99.65% | 99.89% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,783 | 1,795 | 99.89% | 100% | 99.33% | Did not meet target | No Slippage |

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

0

**Provide reasons for delay, if applicable.**

The children with delayed notification all had their initial IFSP at 150 days or closer to their third birthday. When a child has an initial IFSP so close to their third birthday, the Notification to the county school system is done by the Regional Administrative Unit, through a web based application. There were twelve children during this period who had a late notification due to late entry of the data into the web based system. The reason for the delay was due to not having staffing readily available at the RAU to send the notifications during the pandemic period.

**Describe the method used to collect these data.**

WV Birth to Three sends a written notice of transition to the appropriate local education system and the State Department of Education at 6 and 5 months prior to each child's third birthday. For children who have an initial IFSP that is at 150 days or closer to their third birthday, the local Regional Administrative Unit (RAU) enters information into the West Virginia Educational System database online. This entry is automatically forwarded to the contact for each LEA and to the contact for the State Department of Education. Data was gathered for this report from the mailed notifications and the online entry system which tracks entry for children during the 150-90 day timeframe.

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The data is reported for all children, across all eight regions of the state for the full period of time. Data includes those notifications sent by the Lead Agency as well as those sent by the Regional Administrative Units. There were twelve children who were referred to WV Birth to Three near their third birthday and their initial IFSP meeting date was just a few days prior to 90 days before their third birthday. The data for these children was entered in the WVEIS educational data system. Data is representative of all children who exited during the full reporting period.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Of the 2,620 children who transitioned to Part B in FFY 2019, only three children had a late Child Notification. Those three were children who were referred to WV Birth to Three just before their third birthdays. For these late referrals, the Child Notifications must occur through the local Regional Administrative Units, using the web based platform to provide Child Notifications to the LEA and the SEA. These three notifications were a couple of days late due to the IFSP meetings being very near the third birthday. WV Birth to Three notified both RAUs of the late notifications and reminded them of the importance of assuring that all notifications are made in a timely fashion. WV Birth to Three was able to verify that each of the two Regional Administrative Units (RAUs) with noncompliance identified in FFY 2019 for this indicator: (1) is now correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated child notifications ; and (2) assured that notification did occur for each of the children, consistent with OSEP Memo 09-02. WV Birth to Three was also able to review a short future time period for each of the two RAUs and determine that all notifications from those RAUs were sent in a timely fashion to the LEA and SEA, by 90 days prior to the children's third birthday in compliance with OSEP Memo 09-02.
Therefore, no findings were issued.

## 8B - OSEP Response

## 8B - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.33% | 99.10% | 99.28% | 99.32% | 99.39% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 91 | 113 | 99.39% | 100% | 99.04% | Did not meet target | No Slippage |

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

9

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

12

**Provide reasons for delay, if applicable.**

A child had a late Transition Conference. The SC who held the late Transition Conference was a replacement for another Service Coordinator who was no longer enrolled in WV Birth to Three. The replacement Service Coordinator was requested by the parent less than 90 days before the child's third birthday. The replacement Service Coordinator held a Transition Conference at 48 days before the child's third birthday. There was no documentation of the previous Service Coordinator holding a Transition conference earlier.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Data was generated from WVBTT Online data system, for the month of June, 2021 across the eight regions of the WV Birth to Three system, for all children who were potentially eligible for Part B.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Data was collected for all children who exited in June, 2021. The month of June had a similar number of children transitioning compared to all other months. Data was collected across all eight regions, for all children who exited and therefore was determined to be accurate for the period.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 | 0 | 0 | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

The state completed a review in accordance with OSEP Memo 09-02 to verify the status of non-compliance from FFY 2019.

Under Indicator 8C in FFY 2019, there was one child who did not receive a Transition Conference at least 90 days prior to their third birthday. The original, responsible Service Coordinator, was an independent Service Coordinator and was no longer enrolled in the WV Birth to Three system when the review occurred - therefore, WV Birth to Three was not able to implement corrective actions or address systemic issues with the original Service Coordinator.

WV Birth to Three was able to verify that the child did have a Transition Conference at a later date, by a different Service Coordinator.

 There were no finding of noncompliance issued for FFY 2019.

## 8C - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2020 - June 30, 2021). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

WV Birth to Three does not follow Part B procedural safeguards.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= |  |  |  | 0.00% | .00% |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

West Virginia's State-identified Measurable Result is Outcome 1- Summary Statement 1 for all infants/toddlers under Indicator 3 of WV's Annual performance Report.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

http://www.wvdhhr.org/birth23/comegrow/Theory\_of\_Action.pdf

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2015 | 60.26% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 61.80% | 62.26% | 62.26% | 62.72% | 62.72% | 63.18% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| number of children who entered the program below expectations and substantially increased their rate of growth by the time the exited the program in Outcome 1 |  number of children who entered the program below age expectations in Outcome 1 | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 1,202 | 1,828 | 64.15% | 61.80% | 65.75% | Met target | No Slippage |

**Provide the data source for the FFY 2020 data.**

The data source for the SiMR's numerator and denominator is FFY 2020 Indicator 3 Outcome 1 data for all infants and toddlers.
The numerator equals the number of children who entered the program below expectations and substantially increased their rate of growth by the time the exited the program in Outcome 1.
The denominator equals the total number of children who entered the program below age expectations in Outcome 1.

**Please describe how data are collected and analyzed for the SiMR**.

WV uses the collection of Indicator 3 data to also collect data for the SiMR. Outcome 1 Summary Statement 1 for all infants and toddlers are compared to the same data from previous years. It is then determined if any meaningful changes have occurred from last years data compared to current year's data. As indicated in earlier data analysis, WV Birth to Three ran additional analysis of children's eligibility and connection to results. The data reflected that a large portion of the children who were not making enough progress to move closer to their same aged peers, had the following established conditions: autism, hearing and vision loss. WV Birth to Three has identified improvement strategies to support professionals working with these children and their families.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

WV Birth to Three has updated the evaluation plan to include highlights of activities that have been achieved during the period. There were some activities that had not previously been mentioned so those were added.
http://www.wvdhhr.org/birth23/lawandregs/Evaluation\_Plan.pdf

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

Infrastructure - The WV Birth to Three early intervention system has continued to demonstrate flexibility to meet the needs of children and families during the COVID 19 pandemic. In July of 2020, families and professionals were given the opportunity to decide whether services will be provided virtually or face to face. For families who have limited internet access, having the option of having someone come to their home provided improved equity in the ability to access early intervention services. Training was provided to the field on the WV Birth to Three Safety Protocols established for any service provided face to face with families. WV Birth to Three developed policy updates, revised relevant forms, and provided ongoing communication to families and professionals to meet needs during this period.

Infrastructure - Data System
With data system enhancements completed, the WV Birth to Three Data Analyst has continued to hold bi-monthly virtual data entry Community of Practice meetings with data entry personnel at the eight System Points of Entry/Regional Administrative Units (RAU). These meetings provide a vehicle to discuss expectations and guidelines for data entry, identify and solve data entry issues and provide the WV Birth to Three TA team an insight into issues around eligibility determination, child outcome summary ratings and IFSP process.

Infrastructure - Learning Management System
WV Birth to Three continues to partner with the WV State Training and Registry System (WVSTARS). Through this partnership, WV Birth to Three announces training sessions on the WVSTARS training calendar and collects and analyzes data from session evaluations. Practitioners in the system have access to a training transcript for documenting annual professional development hours to maintain enrollment in the system. WV Birth to Three also has access to the WVSTARS Learning Management System for release of self-paced and facilitated courses.

Infrastructure -Social Emotional Leadership and Topical Implementation Teams
The Social Emotional Leadership and Topical Implementation Teams provide stakeholder input to all SSIP Improvement Activities related to their designated topical area. WV Birth to Three Social Emotional Leadership Team has continued to meet monthly to provide oversight to all State Systemic Improvement Plan activities. Each month the lead for the WV Birth to Three Topical Implementation team provides an update on current activities, accomplishments, and challenges for that team.

The following WV Birth to Three Topical Implementation teams have continued to meet to move forward their professional development activities: Assessment, Autism, Family Guided Routines Based Interventions, and Vision. Each implementation team provides oversight in the design and implementation of targeted professional development activities.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Infrastructure - The ability to offer options for how services are delivered has demonstrated a commitment to assure that all families can receive services in a manner that protects their safety while also protecting the safety of our practitioners and their families as well. WV Birth to Three has been able to provide consistent services over this period reducing gaps that might have occurred without the flexibility in service delivery. WV Birth to Three continues to rank in the top five states for the provision of early intervention services and to continues to see an upward trend in referrals after an initial drop early in the pandemic as demonstrated through our monthly referral data. Infrastructure - Data System Data system enhancements and the corresponding Data Entry Community of Practice have been instrumental in improving data quality over the past four years as demonstrated by the percentage of entry and exit COS submitted and available for data analysis. Through the Data Entry Community of Practice policy updates and clarifications have been implemented, necessary form revisions have been identified and additional training released to the field. The percentage of complete entry and exit child outcome data for children who exited with more than 6 months of services has increased from 85.4% in FY 2016 to 97.3% in FY 2020. With the increased data, WV Birth to Three has more confidence in highlighting data trends. WV Birth to Three began implementing ASQ SE-2 training in 2019 and is now observing a 5.49% increase in Summary Statement 1 for Social Emotional Skills compared to our 2015 baseline of 60.26%. Having complete and accurate data will continue to inform the professional development targeted in social emotional development.
Infrastructure - Learning Management System -During the pilot of the WV Birth to Three Pyramid Model to Promote Social Emotional Development facilitated course in the spring of 2021, some concerns were identified with the WV STARS system. WV Birth to Three was the first early childhood partner to release a facilitated course within WVSTARS so these issues had not previously been identified. In collaboration with the state leadership team, it was decided to research other options for the WV Birth to Three self-paced and facilitated courses. After careful research the Canvas Learning Management System was selected which will enhance the ability of the professional development system in diversifying training opportunities. Infrastructure – Social Emotional Leadership Team and Topical Implementation Teams. Having stable leadership across the social emotional and implementation teams has provided an opportunity for members of each team to grow their knowledge in targeted topical areas. Each team has researched evidenced based practices, assisted with the design of standard documentation setting expectations for services that support the WV Birth to Three Mission and Key Principles, identified training needs, created resources, piloted training content, created or identified fidelity tools, designed peer to peer support and more intensive training and technical assistance opportunities. Now that most of the foundational work has been completed, implementation and evaluation of the evidence- based practices can occur more broadly. With the set back of needing to move to a new learning management system and the impact of the pandemic on the ability to recruit and maintain attendance in professional development opportunities our timelines have had to be revised for three of the major improvement activities- ESDM cohort 2, the Family Guided Routines Based Interventions courses and the Pyramid Model for Promoting Social Emotional Development Courses. Each implementation team did complete many activities that were in progress during this period that are designed to support or enhance the targeted improvement activities. The Social Emotional Leadership team‘s guest lectures over this period have been responsive to the everchanging needs of our families and practitioners. Over 7,000 children under the age of 18 are currently in out of home placements in West Virginia and 14% of all births have documented intrauterine substance exposure. Information on infant and toddler development after intrauterine substance exposure and how to support families who are experiencing substance use disorder is often requested by the field. In previous years, WV Birth to Three focused on the developmental impacts of substance exposure, this year our focus was on resources to help family members impacted by substance use. Sessions included: recognizing stigma, peer recovery coaches, mental health first aide, “Connections Matter”, and training on understanding emotions of toddlers when they are experiencing adverse early childhood experiences. WV Birth to Three also continued the monthly Lunch and Learn sessions focused on statewide resources that support families in need. After the stigma session, WV Birth to Three saw an increased awareness of how stigma impacts families by the WV Birth to Three state team and RAU Directors. Several RAU Directors have participated in Project Scope training within the last year and share resources from the project to continue to inform practitioners in their regions of best practices and the latest research in supporting families with substance use disorder. In recognition of the great stress many of our practitioners are experiencing secondary to the pandemic, WVBTT released a “Rethinking Self- Care” webinar series. 121 individuals took advantage of these sessions in the spring of 2021. During this year, the state social emotional leadership team added a new member representing service coordination. The leadership team has invited the WVBTT Parent Partners to join the team to increase the parent voice. The Assessment Implementation team provides oversight to the ASQ SE-2 Screening Tool Project implementation. The team has released a revised WVBTT Assessment Tool List (10/2020), and a Scoring Rubric of Authentic Assessment Practices in Assessment Reports (3/2021) The assessment tool list not only identifies standardized, criterion and curriculum-based tools but also includes a variety of checklists and parent questionnaires that can be used for on-going progress monitoring. The Scoring Rubric can be used as a self-assessment, as a supervision tool or in training. During this period training was provided on the WVBTT Assessment Tool List and five guest speakers shared information on the E-Lap, Hawaii Early Learning Prolife, the Developmental Assessment of Young Children- 2, the Receptive Expressive Emergent Language Scale-3, the Alberta Infant Motor Scale, and the Peabody Development Motor Scales- 2. The Autism Implementation Team provides oversight for the Early Start Denver Model Project and the Pyramid Model for Promoting Social Emotional Development Projects. The team released three self-paced courses during this period; Feeding Challenges in Children with Autism Spectrum Disorders, Good Night, Sleep Tight and Training and Teaching Toileting and hosted a parent panel on parenting in challenging times. The Autism Team launched an Autism Practice Group this year. This group meets monthly focusing on topics of interest such as how to speak to families when there are concerns that a child may be displaying autism, feeding, dressing, communication, and play concerns. The Vision Implementation Team has released a Cortical Vision Impairment (CVI): A Primer for Professionals self-paced course during this period. 632 individuals from across all early childhood programs who partner with WV STARS have completed the self-paced course during this period.This team also completed the design of the WV Resource Guide for Families of Young Children with Vision Impairments Birth to Five in the spring of 2021.The primary focus of the resource guide is to support families and their IFSP teams to make informed decisions for children.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.***

WV Birth to Three has continued efforts to enhance the statewide data system during this period. The online system moved to a web-based system which allows data to be tracked more closely. System structures during the period also included enrolling more professionals to use the WVBTT Online Claims System. This system will more closely connect claims to the actual provision of services. Additionally, WV Birth to Three planned for future changes to move all data entry to electronic submission so all forms will be completed electronically and uploaded to WV Birth to Three Online Data System. This will allow for more effective monitoring of completion of the Child Outcomes Summary Form, and completion of other Indicator data in the Annual Performance Report.

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Infrastructure - Learning Management System
The Canvas Learning Management System has been selected and purchased in October of 2021. Canvas will allow for self-paced and facilitated courses as well as video-based performance feedback. WV Birth to Three has set up our instance of Canvas and is finalizing the course templates that will be used for our self- paced and facilitated courses. WV Birth to Three has been able to offer training and communities of practice for peer-to-peer support via webinar and targeted self- paced courses for several years. Having access to a comprehensive learning management system will allow for the system to offer more in-depth training and support on evidence-based practices we have selected specifically the Pyramid Model and Family Guided Routines Based Interventions. We will better be able to monitor fidelity of implementation with targeted activities within each course and the use of fidelity checks as assignments and with uploading of video for performance- based feedback. Over time not only will the facilitated courses be in Canvas but also all self-paced courses as well.
Infrastructure - Continuing Education Credits for Licensed Professionals
WV Birth to Three has always provided certificates for training sessions but has not always provided CEU’s for licensed professionals. In review of data, there has been a decrease in licensed professionals attending WV Birth to Three trainings. WV Birth to Three’s Training Coordinator has completed the application process to offer CEU’s for targeted sessions for Speech Therapists, Physical Therapists, Nurses and Social Workers. Occupational Therapists already can use WV Birth to Three sessions for their annual licensure requirements. Approval has been granted effective January 1, 2002. The targeted sessions include the following sessions: Completing the Child Outcome Summary Form, Creating Participation Based IFSP Outcomes, Transition, Making Home Visits Meaningful and Adaptation and Modifications. Additional trainings will be added over time. Of special interest is the Child Outcome Summary Form session as it sets the stage for conducting high quality child outcome ratings. Although many or our practitioners have attended the training over time, drift can occur. The professional development team will assess attendance at the end of the year and will decide if there is a need for additional activities to increase involvement in the Child Outcome Summary Form training.
Infrastructure - Social Emotional Leadership Team and Topical Implementation Teams
Substance Use Disorder Implementation Team
The WV Birth to Three state office recognizes the great impact substance use disorders are having on the children and families we serve and the importance of working collaboratively with other groups who are addressing the needs of this very special population. The CSPD Coordinator is participating in the Early Childhood Advisory Council Health Committee Substance Use Group. Two members of the Social Emotional Leadership Team and three additional members are completing the WV Project Scope Echo training series. From their website, “Project SCOPE is a training initiative intended to identify and train practitioners in current and emerging knowledge and evidence-based promising practices in screening, monitoring, and care for children diagnosed with neonatal abstinence syndrome (NAS) or neonatal opiate withdrawal syndrome (NOWS), or who are suspected of being impacted by opioid use and related trauma exposure.”
WV Birth to Three will be launching a new Implementation Team on Substance Use Disorder this spring to design a strategic plan for increasing awareness of the impact of substance use on child development and the family, increasing awareness of evidence-based practices for supporting this population including the use of Motivational Interviewing. Members of the WVEIICC have expressed interest in looking at this population and have offered to support this effort.
WV Birth to Three during the initial data analysis in 2016, identified three populations of children who made less progress in social emotional development than other children receiving services in WV Birth to Three; children with hearing loss, vision impairment and children who are on the autism spectrum. The state team feels it is time to review data again to verify if this is still true and are there other populations of children that we are missing. Of concern, are children who have complex medical/developmental needs. Children who may need the support of assistive technology. WV Birth to Three has a robust assistive technology policy to support these children and would like to make sure the field is supported in evidence-based practices for this population. Members of the WVEIICC have expressed interest in looking at this population and have offered to support this effort.
Motivational Interviewing
WV Birth to Three had the opportunity for five of our trainers to complete a Motivational Interviewing (MI) Train the Trainer event sponsored by the Substance Abuse and Mental Health Administration. All five trainers have completed the train the trainers in the fall of 2021 and four of the five have met the criteria for Level I MI in the state of West Virginia. A lead has been designated for the project and is facilitating the design of a Motivational Interviewing training for WV Birth to Three. A short informational self- paced course will be designed in Canvas for individuals to have a better understanding of what MI is and how MI can support their work with families. Motivational Interviewing is also a component of the Early Start Denver Model family coaching. The training will be rolled out virtually in April at the Celebrating Connections Conference and more broadly to WV Birth to Three practitioners after that. The training will include a voluntary practice group for interested individuals to hone their skills and to share experiences using MI with families. Data will be collected through session evaluations and Survey Monkey.

**List the selected evidence-based practices implemented in the reporting period:**

Ages and Stages Social Emotional (ASQ SE-2) -2 Parent Questionnaire
Early Start Denver Model
Family Guided Routines Based Interventions
Pyramid Model for Promoting Social Emotional Development

**Provide a summary of each evidence-based practice.**

The Ages and Stages Social Emotional Screener is a parent questionnaire that assists families and the professionals supporting them in making informed decisions for additional assessment or for appropriate linkages and referrals when there are concerns about a child’s social emotional development. The screener looks at self-regulation, compliance, social communication, adaptive functioning, affect and interactions with people. The screener, although not an autism screener does contain items designed to identify behavioral and communication concerns.
The Early Start Denver Model (ESDM) is a research- based model for supporting young children on the Autism Spectrum. In 2021, the ESDM researchers released the book, “Coaching Parents of Young Children with Autism in recognition of the importance of supporting families in enhancing their child’s development within their daily activities and routines. “Harnessing those daily hourly interactive experiences to meet the learning needs of young children with ASD can provide more practice and learning than can any external provider”, Rogers, Vismara, and Dawson, 2021. During 2021, the Early Start Denver Model also released the “Help is in Your Hands” modules as another tool for supporting families in the implementation of ESDM practices. The website includes videos for families, webinars, and materials for practitioners, as well as tools for tracking progress.
Family Guided Routines Based Intervention (FGRBI) provides a framework for supporting families based on their identified priorities, concerns, and resources. The framework is comprised of five components; Family Guided, Individualized, Culturally Responsive Services and Supports, Everyday Routines, Activities, and Places, Functional Participation Based Outcomes. Embedded Evidence-Based Instruction and Caregiver Coaching.
The Pyramid Model for Promoting Social Emotional Development provides a tiered framework for providing support to families for enhancing their child’s social emotional development. Tier I practice are designed to ensure all children have safe and nurturing environments with caregivers who know who to promote social emotional development within healthy and trusting relationships. Tier II practices are targeted for supporting children and families when there are risks through family coaching on evidenced based practices. Tier III practices are designed to support children and families when there is an identified need for a more comprehensive approach through functional assessment and positive behavior support planning.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

The WV Birth to Three ASQSE- 2 Project is designed to assist Developmental Specialists in gathering additional information beyond their formal assessment tools to inform the completion of the COSF and design of the IFSP in social emotional development. Each participant receives a ASQ SE:2 kit and commits to attending the initial ASQ SE:2 training, 4 of 6 monthly Communities of Practice and completing certain activities. Each participant must have at least 10 families on their caseload as well as have enough practice to move forward with implementation. All sessions are recorded and stored on the WV Birth to Three You Tube Channel so anyone who misses a session can have access to the content. Topics for the Communities of Practice include how to incorporate the ASQ SE:2 into the evaluation/assessment; practice with scenarios; infant/toddler social emotional development; observation of parent-child interaction; use of screening information for informing the Child Outcome Ratings; and use of screening information for the design for child and family outcomes. 16 additional Developmental Specialists completed the ASQ SE training and community of practice session this year bringing the total number to 62 of 148 Developmental Specialists in the state. WV Birth to Three began implementing ASQ SE-2 training in 2019 and is now observing a 5.49% increase in Summary Statement 1 for Social Emotional Skills compared to our 2015 baseline of 60.26%.
The WV Birth to Three Early Start Denver Model Project is designed to assist participants in learning how to: 1) coach families to embed the ESDM practices into naturally occurring daily routines and routines, 2) assist families in understanding the function of behavior and how to increase the behaviors that they would like to see, 3) support families in identifying meaningful IFSP outcomes that address the immediate needs of the child and family, and 4) develop progress monitoring activities that fit easily into the daily life of the child and family. As the ESDM practices are focused on social communication skills, we anticipate find overtime more children on the autism spectrum making progress in social emotional skills as evidenced in the SiMR.
The WV Birth to Three Early Start Denver Model Project ended two years of support at the end of this reporting period. During the first year, participants received training and coaching on implementing evidenced-based practices with families but there was not a strong component around family coaching. In the second year of this project the “Coaching Parents of Young Children with Autism” book and the “Help Is in Your Hands” modules were released by the Early Start Denver Model researchers. The cohort dedicated the last six month of the project learning about and using these resources and provided suggestions for the design of a framework for use of the materials for future cohorts.
The WV Birth to Three Family Guided Routines Based Interventions (FGRBI) project and course is designed to provide practitioners skills in enhancing family engagement and family coaching. Research tells us children make much more progress when families are supported to know how to promote their child’s development within the daily activities and routines. Everything we do with children throughout the day promotes social emotional development. As the FGRBI courses are initiated it is anticipated that practitioners will report and demonstrate confidence in utilizing family coaching strategies as they help families in promotion of the child’s functional/developmental skill in all development domains.
The WV Birth to Three FGRBI Team has completed design of the content for six self- paced courses; a FGRBI Overview Course and a course for each of the five components of FGRBI including the design of five communities of Practice and corresponding fidelity checks. The courses are in the process of moving into a new learning management system. The next steps once the courses are released will be to design a Pyramid Model Community of Practice for peer- to-peer support.
The Implementation of the WV Birth to Three Pyramid Model for Promoting Social Emotional Development in Infants and Toddlers Project and courses are designed to provide a framework for not only supporting families but for enhancing the skills of WV Birth to Three practitioners. Through the courses we anticipate practitioners will increase their knowledge in infant and toddler social emotional development, evidence- based strategies, family coaching and in the design of meaningful interventions when challenging behaviors are occurring with the ultimate outcome in improving social emotional skills as evidenced in the SiMR.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

As the ASQ SE-2 is a parent questionnaire, project participants collect data within an Excel Spreadsheet over the course of the project to document; 1) if the use of the ASQ SE is assisting in facilitating conversations with the family on social emotional development, 2) informing the need for additional assessment, 3) informing decisions on the COS, 4) informing the IFSP outcome and/or strategies, and 5) referring to other community agencies. A session evaluation is completed after the initial training and each community of practice. A Social Validity Scale is completed vis Survey Monkey is also complete at the end of each cohort and a Survey Monkey is completed six months after to seek information on continued use.
The WV Birth to Three ESDM Project is utilizing the Help is in Your Hands Checklists and the Parent Coaching Checklists as fidelity measures as well as participants with parent permission upload videos for peer to peer/facilitator performance- based feedback. A Survey Monkey was completed by both practitioners and parents who participate in the cohort.
The WV Birth to Three Family Guided Routines Based Intervention Project is utilizing knowledge checks within each course, a WV Birth to Three Fidelity tool created by the team and the option for participants to upload with parent permission video for performance- based feedback. Session evaluations will be completed at the end of each course. And a Social Validity Scale is in development.
The WV Birth to Three Pyramid Model for Promoting Infant and Toddler Social Emotional Development Project is utilizing knowledge checks within each course, the participants participate as a team to complete a Positive Behavior Support Plan and a session evaluation will be completed at the end of each course. As the Pyramid Model Community of Practice is designed, the team anticipates using coaching checklists and fidelity tools created by the National Center on Pyramid Model Innovations and video- based performance feedback will be included in the fidelity measures.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

There was no additional data captured during this period.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

WV Birth to Three ASQ SE-2 Project- WV Birth to Three will be launching two new ASQ SE-2 cohorts during the upcoming year. It is anticipated that the state will approach 50% of all developmental specialists enrolled in the system as having been trained on the tool. WV Birth to Three will continue to gather data with the anticipation that we will continue to see significant improvement in social emotional skills through the Child Outcome 1- Summary Statement 1 data.

WV Birth to Three will be launching a new ASQ SE-2 project with a small group or Interim Service Coordinators. Interim Service Coordinators welcome families to the system and complete the Family Assessment/Intake. It is anticipated that moving the completion of the ASQ SE-2 into the Intake process will assist in the earlier identification of children who are experiencing social emotional concerns and indicators of autism and will help families in selecting appropriate evaluation/assessment teams.

A small cohort of Developmental Specialists who participate in the ASQ SE-2 Quarterly Practice Groups are seeking additional training on assessment of social emotional development. The group has selected the Social Emotional Assessment Measure (SEAM) and will be provided training on the SEAM in the spring of 2022. Once the training is piloted, it will be offered more broadly to the field.
WV Birth to Three Early Start Denver Model (ESDM) Project will add two new cohorts during this upcoming year. It is anticipated that the facilitators will continue to increase their knowledge of the ESDM practices, family coaching as this will be the first full year of implementation with the new resources released in 2021. Potential revisions will be made in the training curriculum, community of practice and increased use of data to inform fidelity of implementation is anticipated.

WV Birth to Three Family Guided Routines Base Intervention (FGRBI) courses will be launched in the spring of 2022. Potential revisions will be made in the training curriculum, community of practice and increased use of data to inform fidelity of implementation is anticipated after initial pilot.

WV Birth to Three Pyramid Model for Promoting Social Emotional Development courses will be launched in the spring of 2022. It is anticipated that WV Birth to Three will begin design of several communities of practice for targeted practices in the Pyramid Model and explore the use of the National Center on Pyramid Model Innovations checklists and fidelity tools for use in the communities of practice increased use of data to inform fidelity of implementation is anticipated.

Motivational Interviewing (MI) training will launch in the spring of 2002 as well as a corresponding Community of Practice. It is anticipated that WV Birth to Three MI trainers will continue to increase their knowledge of MI as this will be the first year of implementation. Potential revisions will be made in the training curriculum, community of practice and increased use of data to inform fidelity of implementation is anticipated after initial pilot.

Two new potential new Implementation teams will launch including one on substance use disorder and supporting children and families and a team on supporting children and families when the child has complex medical and developmental needs.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

The WV Birth to Three ASQ SE project has not had any changes in timelines but has seen a decrease in participation during the pandemic. For individuals who want to continue to receive support in the implementation of the ASQ SE-2, a quarterly ASQ SE Practice Group was started in the spring of 2021 to support Developmental Specialists in the continued use of the ASQ SE. This group has requested additional training and have selected the Social Emotional Assessment Measure (SEAM) as their focus for the upcoming year.
The WV Birth to Three Early Start Denver Model Project has been greatly impacted by the pandemic. It was already difficult to find parents who are interested in participating as many children are referred during their second year. Since July of 2021, many participants have been ill, families participating have been ill or families are so overwhelmed they are electing not to participate at this time. We have extended the timeline for the current cohort through the spring of 2022.
With the discovery of the issues with the WV STARS Learning Management System both the FGRBI and Pyramid Model course roll out has been moved from the fall of 2021 to the spring of 2022.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2019 Annual Performance Report. The ICC is established under WV Code Chapter 16-5k. The Council meets every other month, with membership that exceeds IDEA requirements. Members include: parents, service providers, and representatives of various state agencies involved in the delivery of services to young children and their families. The ICC also includes many other groups, including advocacy groups that bring forward thought and collaboration. The broad membership of WV's ICC includes:
Parents
Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
Head Start Collaboration Office and Local Head Start
Preschool 610 Coordinator and Local Education Agency Preschool Teacher
State Agencies including Title Vi, Medicaid, Child Welfare, and Child Care
Advocacy Agencies including Developmental Disabilities Council (DDC), Disability Rights, WV Parent Training and Information (WVPTI)
Family Resource Networks
Parent Educator Resource Centers
The lead agency provides updates at each ICC meeting and seeks ongoing input throughout the year as improvement strategies are identified and implemented. Improvement activities are coordinated throughout the year with other interagency and intra agency partners including the Newborn Hearing Screening Advisory, The Early Childhood Advisory Council, the Special Education Advisory Council, the WV Home Visitation Stakeholder Group, Community of Practice for Children who are Deaf or Hard of Hearing; and multiple discipline specific Communities of Practice within the WVBTT system. The State Office provides routine updates to the ICC regarding all activities of the SPP/APR and seeks ongoing feedback. The ICC has an ongoing role to assist with establishing annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years. This process of establishing targets was started initially with the overview an understanding of the requirements for the SPP/APR. The broad representation on the ICC helps to assure varied input and perspectives, all important in reaching agreement on the targets and activities.

WVBTT uses the membership of the SSIP Implementation Teams also for continued input and feedback regarding development and implementation of improvement strategies across all Indicators. More expansive stakeholder involvement is identified under Indicator 11, the State Systems Improvement Plan (SSIP). In addition to the ICC, members of various Implementation Teams also provide important stakeholder involvement.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Stakeholder engagement has been instrumental to the progress of all improvement activities related to the SiMR. The WV Early Intervention Interagency Coordinating Council (WVIICC) is the primary stakeholder group. The WVEIICC meets every other month and hosts an annual retreat. Membership has remained fairly consistent throughout the six years of the SSIP which provides members with a solid background when providing input to improvement activities. Several WVEIICC members also serve as chairs or participate in WVBTT Implementation Teams. The WVEIICC agenda offers the state office a space to provide any updates and to seek input.

WVBTT has several topical implementation teams which have met during this period- Social Emotional, Assessment, Autism, Family Guided Routines Based Interventions and Vision. These teams include state office staff, interagency partners, Autism and Vision, WVBTT trainers, WVBTT practitioners and family members. The Social Emotional team provides oversight to all improvement activities to assure activities ultimately will support the ongoing social emotional progress of all children. These teams meet monthly and as evidenced by the products and training designed, there is incredible output by the teams.

The WVBTT website provides a vehicle for informing practitioners and families on information and activities related to the SiMR. The Families Page was revised in the fall of 2021 to enhance the information starting with referral through transition. Two new Pow toons were created –“What is WV Birth to Three” and “Transition from WV Birth to Three”.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

The biggest concern expressed by stakeholders has been the inability to come together face to face for certain conversations or activities. Another concern expressed by the field was WV Birth to Three did not host the annual Come Grow with Us sessions in 2021. WVBTT delayed the Come Grow with Us sessions until January of 2022 due to the planning needed for the implementation of the Data System enhancements to move the field to electronic submission of documentation to the child’s early intervention record. WVBTT These sessions are an opportunity for the field to hear updates on the APR and updates on improvement activities and for field to ask questions, provide comment and suggestions so the delay was necessary to be prepared for this announcement.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

Ten Come Grow with Us sessions are being held in January of 2022 to seek input on the data system enhancement and professional development activities.

The WVBTT Home Page was revised in the fall of 2021. Website updates are continually occurring to assure the field has quick and easy access to policy updates, form revisions, documentation requirements, professional development activities.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

The WV Birth to Three state team is reviewing chat logs from the January Come Grow with Us sessions to capture feedback on improvement activities, design how to bring the feedback to our primary stakeholder groups and to plan next steps.

**Describe any newly identified barriers and include steps to address these barriers.**

WV Birth to Three is in the process of posting to hire a state position related to follow up for monitoring and collaboration for family input. This position was filled but the person recently took a position more closely related to his preferences.

**Provide additional information about this indicator (optional).**

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Designated Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

**Name:**

Pamela Roush

**Title:**

Director, WV Birth to Three

**Email:**

pam.s.roush@wv.gov

**Phone:**

704-942-5312

**Submitted on:**

04/26/22 2:21:10 PM

# ED Attachments

  