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

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

**For reporting on
FFY 2021**

**West Virginia**



**PART C DUE
February 1, 2023**

**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 conducts 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, evidence-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, Powtoons 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 and Canvas. WVBTT purchased Canvas during the past year and has began moving prepared trainings to this LMS for on demand and facilitated sessions. Canvas makes the sessions available to providers based on demand and increases 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 that provide 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. In the past, three of the major universities in the state made Camp Gizmo a summer learning opportunity for pre-service students. Students had the opportunity to handle a variety of assistive technology that they otherwise would probably not be able ot access. They worked on an interdisciplinary basis with other professionals in order to understand the needs of young children and their families. During the past three years, Camp Gizmo has been put on hold due to Covid 19. WV Birth to Three State team members are working with the WV Department of Education and other partners to identify a potential different location for Camp Gizmo following a major fire on the campus of West Virginia School for the Deaf and Blind. We are hopeful to have something worked out during the coming year.

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 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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:**

33

**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. There are eight full time Parent Partners, one in each of the Regional Administrative Units in WV Birth to Three. 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. These parent partners were invited to and attended operational work groups which addressed strategies to increase parent involvement across the system. West Virginia also had several parent members who provided input and discussion for designing the Hearing Handbook and Vision Handbooks for parents. There were also parents involved in the Autism Implementation Team, and plans for adding a Parent member to the Building resilience team as well as the SSIP Leadership Team - more information about those plans are included under Indicator 11.

**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. Discussions included strategies included to get input from a diverse group of 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. There are also Parent Partners employed in each of the eight RAUs, representing the geographic areas with larger cities and the most rural areas of the state. The Parent Partners bring forward diversity in race and ethnicity groups. Parent Partners develop newsletters and other outreach strategies to inform and gather input from parents in their region.

**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 evaluate the progress of suggested activities. These targets were presented to the ICC, with discussion and decisions around adjustment of targets.

**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 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. 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. WV Birth to Three continues to rely heavily on the WV ICC for input in the continued process of target setting and improvement strategies.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, is available.**

WV Birth to Three has posted the local results for the FFY 2020 SPR at this location: http://www.wvdhhr.org/birth23/lawandregs/2020\_APR\_Local\_Reporting\_Data.pdf

The State also posted a complete copy of the FFY 2020 SPP/APR from the OSEP posted site -
https://sites.ed.gov/idea/idea-files/2022-spp-apr-and-state-determination-letters-part-c-west-virginia/ .

## Intro - Prior FFY Required Actions

None

## 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.

The State did not describe the mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and subsequent revisions that the State made to those targets. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

OSEP notes that the State reported 33 parent members on the SICC; however, under the description of how the parent members were engaged, the State reported, "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." Therefore, OSEP is unable to determine how many members of the SICC are parent members.

## Intro - Required Actions

The State has not provided a description of the activities conducted to increase the capacity of diverse groups of parents. In its FFY 2022 SPP/APR, the State must provide the required information.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.54% | 98.68% | 98.56% | 98.55% | 99.63% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 284 | 421 | 99.63% | 100% | 97.86% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The data was gathered during a period of time with COVID still impacting the system - not only with families, but practitioners are also impacted with COVID. We have a service coordinator who could not provide information regarding why her initial SC services during this period were late - because she has long COVID and is seriously impacted.
WV is serving a higher caseload of children, which also puts pressure on an already stressed system. WV is also currently experiencing a shortage of practitioners and service coordinators. So there are quite a few remaining issues that folks are dealing with.
WV Birth to Three has just started a Recruitment and Retention team to help in addressing these issues.

**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.***

128

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

Parent cancelations
Family illness
Parent scheduling conflicts
Parent not responsive
Family Circumstances
Child/parent hospitalizations
Family out of town
COVID

**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 early intervention service' is to have each IFSP 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 and all annual IFSPs during June 2022

**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. June was a new month for WV Birth to Three to review. There was a similar, if not higher number of initial IFSPs during this month as other months 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 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

There were only three children in FFY 2020 who were reported as not receiving timely initial service.

In accordance with OSEP Memo 09-02, WV Birth to Three reviewed these findings and found that two of the children received late Service Coordination services delivered by the same Independent Service Coordinator. 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 WV Birth to Three when the FFY 2020 data analysis was completed. There were no findings issued against the Service Coordinator because she was no longer enrolled in WV Birth to Three. WV Birth to Three was not able to confirm the reasons for the original delays in service since the Service Coordinator had already exited the WV Birth to Three system when the review occurred.

WV Birth to Three was able to confirm that correction was made for these two children and they did receive late Service Coordination services from a new Service Coordinator.

WV Birth to Three was able to determine that the reported lack of service for the third child was due to a misinterpretation by the Occupational Therapist as to who was to be the service provider for this child because another OT had an authorization for providing the service. WV Birth to Three was able to determine that the child did receive timely OT service from the other OT in accordance with OSEP Memo 09-02. No findings were issued for the practitioner referenced in FFY 2020 since that practitioner did not have an authorization for services.

## 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, 2021- June 30, 2022). 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= | 99.39% | 99.39% | 99.39% | 99.00% | 99.90% |
| Data | 99.91% | 99.97% | 99.97% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 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 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 4,157 |
| SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Total number of infants and toddlers with IFSPs | 4,157 |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,157 | 4,157 | 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

## 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**

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Early Intervention Service Providers - Service Coordinators and Direct Service Practitioners
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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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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 baseline for this Indicator was revised and targets for FFY 2021-2025 were also revised in response to the baseline revision. These revisions occurred after stakeholder review for FFY 2021.

**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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A1** | 2019 | Target>= | 62.00% | 62.00% | 62.00% | 61.80% | 61.80% |
| **A1** | 64.15% | Data | 62.12% | 60.49% | 61.45% | 64.15% | 65.63% |
| **A1 ALL** | 2019 | Target>= |  |  | 62.00% | 61.00% | 61.80% |
| **A1 ALL** | 64.14% | Data |  |  | 61.37% | 64.14% | 65.75% |
| **A2** | 2019 | Target>= | 65.00% | 65.00% | 66.00% | 65.00% | 64.30% |
| **A2** | 62.37% | Data | 69.40% | 67.65% | 64.16% | 62.37% | 62.36% |
| **A2 ALL** | 2019 | Target>= |  |  | 66.00% | 65.00% | 64.30% |
| **A2 ALL** | 62.79% | Data |  |  | 64.14% | 62.79% | 63.03% |
| **B1** | 2019 | Target>= | 71.20% | 71.30% | 72.00% | 72.00% | 71.30% |
| **B1** | 74.10% | Data | 73.39% | 73.71% | 75.14% | 74.10% | 72.87% |
| **B1 ALL** | 2019 | Target>= |  |  | 72.00% | 72.00% | 71.30% |
| **B1 ALL** | 74.11% | Data |  |  | 75.07% | 74.11% | 72.77% |
| **B2** | 2019 | Target>= | 48.20% | 48.50% | 49.00% | 49.00% | 48.00% |
| **B2** | 52.21% | Data | 57.96% | 56.06% | 55.90% | 52.21% | 48.77% |
| **B2 ALL** | 2019 | Target>= |  |  | 49.00% | 49.00% | 49.00% |
| **B2 ALL** | 52.83% | Data |  |  | 55.89% | 52.83% | 49.49% |
| **C1** | 2019 | Target>= | 71.00% | 71.20% | 72.00% | 72.00% | 72.00% |
| **C1** | 76.96% | Data | 75.42% | 75.93% | 78.02% | 76.96% | 76.58% |
| **C1 ALL** | 2019 | Target>= |  |  | 72.00% | 72.00% | 72.00% |
| **C1 ALL** | 77.00% | Data |  |  | 78.04% | 77.00% | 76.64% |
| **C2** | 2019 | Target>= | 63.10% | 63.20% | 63.50% | 64.00% | 62.90% |
| **C2** | 64.45% | Data | 68.52% | 66.73% | 66.20% | 64.45% | 60.37% |
| **C2 ALL** | 2019 | Target>= |  |  | 63.50% | 64.00% | 63.50% |
| **C2 ALL** | 64.72% | Data |  |  | 66.26% | 64.72% | 60.90% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 64.14% | 64.14% | 64.15% | 64.15% | 64.16% |
| Target A1 ALL >= | 64.14% | 64.14% | 64.15% | 64.15% | 64.16% |
| Target A2 >= | 62.37% | 62.37% | 62.37% | 62.37% | 62.38% |
| Target A2 ALL >= | 62.79% | 62.79% | 62.79% | 62.79% | 62.80% |
| Target B1 >= | 74.10% | 74.10% | 74.10% | 74.10% | 74.11% |
| Target B1 ALL >= | 74.11% | 74.11% | 74.11% | 74.11% | 74.12% |
| Target B2 >= | 52.21% | 52.21% | 52.21% | 52.21% | 52.22% |
| Target B2 ALL >= | 52.83% | 52.83% | 52.83% | 52.83% | 52.84% |
| Target C1 >= | 76.96% | 76.96% | 76.96% | 76.96% | 77.00% |
| Target C1 ALL >= | 77.00% | 77.00% | 77.00% | 77.00% | 77.01% |
| Target C2 >= | 64.45% | 64.45% | 64.45% | 64.45% | 64.46% |
| Target C2 ALL >= | 64.72% | 64.72% | 64.72% | 64.72% | 64.73% |

**FFY 2021 SPP/APR Data**

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

2,643

**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 | 6 | 0.23% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 584 | 22.50% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 346 | 13.33% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 835 | 32.16% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 825 | 31.78% |

| **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 | 590 | 22.35% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 347 | 13.14% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 845 | 32.01% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 852 | 32.27% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,181 | 1,771 | 65.63% | 64.14% | 66.69% | 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 | 1,660 | 2,596 | 62.36% | 62.37% | 63.94% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,192 | 1,788 | 65.75% | 64.14% | 66.67% | 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 | 1,697 | 2,640 | 63.03% | 62.79% | 64.28% | Met 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 | 3 | 0.12% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 526 | 20.24% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 678 | 26.09% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,111 | 42.75% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 281 | 10.81% |

| **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 | 3 | 0.11% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 532 | 20.13% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 678 | 25.65% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,126 | 42.60% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 304 | 11.50% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,789 | 2,318 | 72.87% | 74.10% | 77.18% | 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 | 1,392 | 2,599 | 48.77% | 52.21% | 53.56% | Met target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,804 | 2,339 | 72.77% | 74.11% | 77.13% | 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 | 1,430 | 2,643 | 49.49% | 52.83% | 54.11% | 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 | 5 | 0.19% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 475 | 18.28% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 468 | 18.01% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,284 | 49.42% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 366 | 14.09% |

| **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 | 5 | 0.19% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 483 | 18.28% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 469 | 17.75% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 1,302 | 49.28% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 383 | 14.50% |

| **Not including at-risk infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,752 | 2,232 | 76.58% | 76.96% | 78.49% | 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 | 1,650 | 2,598 | 60.37% | 64.45% | 63.51% | Did not meet target | No Slippage |

| **Just at-risk infants and toddlers/All infants and toddlers** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 1,771 | 2,259 | 76.64% | 77.00% | 78.40% | 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 | 1,685 | 2,642 | 60.90% | 64.72% | 63.78% | Did not meet target | No Slippage |

**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 | 3,697 |
| 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. | 1,006 |

| **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 the redetermination of eligibility, the COS is completed again as part of the IFSP. That document is again submitted to the RAU so that the COS can be entered into WV Birth to Three data system. 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).**

The state with input from OSEP and our state ICC, chose to revise the baseline data for Indicator 3. This was to align our measures for this indicator to have the same baseline year for all measurements. The state also had to revise targets for FY 2021-2025 in response to the revision to baseline data. New targets were developed with input from state ICC.
In reporting the percent of infants and toddlers who were functioning within age expectations, the State assessed data for 2643 children for Indicator 3.
For Outcome A, only 2640 of these children had complete data for this outcome. There were three children who had incomplete data for this outcome.
For Outcome C, only 2642 children had complete data for that outcome. There was one child who had incomplete data for this outcome.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2019, but OSEP cannot accept that revision because the State did not provide an explanation for the revision. The State provided targets for FFYs 2020 through 2025 for this indicator, but OSEP cannot accept those targets because the State's baseline for this indicator was not accepted.

In reporting the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program, the State reported 2640 as the aggregate denominator in outcome A, 2643 as the aggregate denominator in outcome B, and 2642 as the aggregate denominator in outcome C. Additionally, the State reported 2643 infants and toddlers with IFSP were assessed. The State explained this discrepancy.

## 3 - Required Actions

In the FFY 2022 SPP/APR submission, the State must explain any discrepancies between the FFY 2022 total number assessed and the FFY 2022 denominator in its calculation of the percent of infants and toddlers who were functioning within age expectations in each outcome area by the time they turned three years of age or exited the program.

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2020 | Target>= | 97.16% | 97.16% | 97.20% | 97.00% | 85.00% |
| A | 85.00% | Data | 97.30% | 97.38% | 97.75% | 97.24% | 85.00% |
| B | 2020 | Target>= | 96.14% | 96.20% | 96.20% | 96.00% | 85.19% |
| B | ###C04BBASEDATA### | Data | 97.93% | 97.64% | 98.02% | 96.73% | 85.19% |
| C | 2020 | Target>= | 96.71% | 96.75% | 96.80% | 96.00% | 84.81% |
| C | 84.81% | Data | 97.10% | 97.90% | 99.43% | 96.98% | 84.81% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 85.00% | 85.00% | 85.00% | 85.00% | 86.00% |
| Target B>= | 85.19% | 85.19% | 85.19% | 85.19% | 86.19% |
| Target C>= | 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 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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 2021 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,687 |
| Number of respondent families participating in Part C  | 350 |
| Survey Response Rate | 20.75% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 310 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 349 |
| 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 | 325 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 349 |
| 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 | 320 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 349 |

| **Measure** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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) | 85.00% | 85.00% | 88.83% | Met target | No Slippage |
| 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) | 85.19% | 85.19% | 93.12% | Met target | No Slippage |
| 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) | 84.81% | 84.81% | 91.69% | Met target | No Slippage |

| **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?  | NO |
| 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** | **2020** | **2021** |
| Survey Response Rate | 26.45% | 20.75% |

**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 FFY 2020, WVBTT started using the ECO Family Survey with input from the State ICC. During FFY 2021, WVBTT distributed and collected only the ECO Family Survey. This switch to the ECO family survey was in hopes of increasing our response rate by making the survey 1 page instead of 2 and decreasing the number of questions from 50 to 21. While our response rate does not yet show an increase, we have seen positive responses in our survey being completed and questions not being left blank – which was something we experienced with our previous NCSEAM survey.
With input from stake holders, WVBTT piloted allowing families to complete the survey by phone in FFY 2020 and in FFY 2021. While we received positive responses, we were unable to continue to offer the phone survey option throughout the entire year due to staff turnover. During months that the survey was offered by phone, the state observed 40% - 50% response rates compared to months where only mail was offered where we observed 5-15% response rates. The state hopes to resume the phone survey option during the last quarter of FFY 2022. We are hopeful to see an increase in our response rate once we can provide the phone survey option for a full year’s time.
A recommendation from our stake holders was to offer an option to complete the survey online. The state is exploring options for offering the survey online to families.

**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.**

FFY 2021’s response rate is lower than FFY 2020 but we distributed 6 times the amount of surveys we did in FFY 2020, and we received 4 times the amount back in completed surveys. The state analyzed survey response rates by month to compare survey response rates for months where phone completion method was offered. The state observed increased response rates for those months.

There were two demographic groups (American Indian/Alaska Native & Asian) with 0 response from the target population. There was one child in the American Indian/Alaska Native exiting population during the period and 10 children in the Asian exiting Population during the period. The lack of responses from these two groups was not indicative of non response bias because of the small population of children in those two groups. However, WV Birth to Three will continue to try to encourage response from these demographic groups with a zero response rate by conducting phone follow up surveys and prioritizing responses from these groups. WV will also explore possible reasons for these zero response rate in these two groups by engaging stakeholders and obtaining feedback from parent groups. WV also plans to look at response rates geographically to obtain a clearer picture of respondents and non-respondents.

**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 survey responses to the demographics of targeting exiting infants and toddlers for the same reporting period. Below is the race/ethnicity comparison:

Target Exiting Population
Race - Total - Percent of Total
Hispanic - 30 - 1.71%
Not Hispanic/American Indian/Alaska Native - 1 - 0.06%
Not Hispanic/Asian - 10 - 0.57%
Not Hispanic/Black/African American - 43 - 2.45%
Not Hispanic/Native Hawaiian/Other Pacific Isle - 1 - 0.06%
Not Hispanic/Two or more Races - 80 - 4.56%
Not Hispanic/White - 1588 - 90.59%

Survey Responses
Hispanic - 5 - 1.43%
Not Hispanic/American Indian/Alaska Native - 0 - 0%
Not Hispanic/Asian - 0 - 0%
Not Hispanic/Black/African American - 10 - 2.86%
Not Hispanic/Native Hawaiian/Other Pacific Isle - 1 - 0.29%
Not Hispanic/Two or more Races - 11 - 3.14%
Not Hispanic/White - 323 - 92.29%

**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 used a metric of +- 2% from the target population demographics to determine representativeness.

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

That state received testimonies from parents through our family survey collection throughout FY 2021. The state compiled these testimonies from parents into a short video for families and others to view here: https://www.youtube.com/watch?v=z4irqvmWkfI

Testimonies received from parents:
"Team went above and beyond expectations"
"The women we worked with were the best! We had a fantastic team. We were so grateful for all their help and guidance."
"Birth to Three was a blessing"
"WV Birth to Three is amazing! I'm very thankful for all the help hat was provided with my child."
"We are so thankful for our team with Birth to Three. We wish the program was until age 5. We have not found a person or team that compares to Birth to Three. For a family like ours the services given to us by Birth to Three was amazing and so beneficial. Thank you so very much
Great program, I just want to express my sincere gratitude for this program. My child has developed in so many areas & we owe it all to our team. We developed a great relationship with them & are forever grateful. My wife & I highly recommend their services!"
"Birth to Three has been a Godsend!"
"mom could not have had so much success without the BT3 team!!! Thank you!!!"
"I love Birth to Three! They helped my child so much! Forever thankful for them."
"I truly could not be more thankful for our previous birth to three team everything they taught me, the love they poured into their work with my [child] and the friendships we've gained in them. As a mother, when you feel that something isn't quite right with your child its terrifying. But having [my team] to help me navigate the world of autism so that I can set my son up for success made things so much easier. Those 3 women will always have a special place in our hearts and my only complaint is that I couldn't keep them longer."
"Wonderful program! Very Helpful!"

This is a link to the Family Survey tool http://www.wvdhhr.org/birth23/lawandregs.asp

## 4 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

All issues were addressed.

## 4 - OSEP Response

## 4 - Required Actions

# 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 1.99% | 1.99% | 2.00% | 2.50% | 2.58% |
| Data | 2.68% | 3.04% | 3.30% | 3.42% | 3.16% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 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 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 1 with IFSPs | 640 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 1 | 17,094 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 640 | 17,094 | 3.16% | 2.58% | 3.74% | Met target | No Slippage |

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

WV Birth to Three is situated within the Office of Maternal, Child and Family Health in WVDHHR. This allows WVBTT to have a direct connection to birthing information and referrals - which is critical to fulfilling our child find responsibilities. WV Birth to Three ranks third in the nation in the percentage of children under age 1 who were found eligible and received services during the reporting period.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 4.09% | 4.09% | 4.10% | 5.00% | 5.04% |
| Data | 5.55% | 6.22% | 6.64% | 7.23% | 6.80% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 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 2021 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:
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Head Start Collaboration Office and Local Head Start
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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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/06/2022 | Number of infants and toddlers birth to 3 with IFSPs | 4,157 |
| 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, 2020 to July 1, 2021 | 06/28/2022 | Population of infants and toddlers birth to 3 | 52,559 |

**FFY 2021 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 4,157 | 52,559 | 6.80% | 5.04% | 7.91% | Met target | No Slippage |

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

WV Birth to Three ranks second in the nation for the percentage of children under age three who were found eligible and received Part C services during this reporting period. WV Birth to Three also recorded aggregate data for the period at 7,462 children.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.35% | 99.83% | 96.64% | 99.25% | 99.23% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 259 | 421 | 99.23% | 100% | 98.81% | 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.**

157

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

Reasons for Delay Include
Family schedules
Family Illness
COVID Exposures
Family Cancellations
Family unavailable
Attempts to schedule with family were unsuccessful
Family not responsive to scheduled meetings

**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 an initial evaluation and IFSP meeting were held during the month of June, 2022

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

The data collected in June, 2022 was full data from all eight regions of the state. The selected period was representative of other periods during the full reporting period in regards to the number of initial IFSPs, with 421 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.

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

RAUs and enrolled practitioners continue to work diligently to complete evaluations/assessments and get to eligibility/IFSP meetings in a timely fashion.

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 7 - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

WV Birth to Three reviewed FFY 2020 data in accordance with OSEP Memo 09-02.

The noncompliance identified in FFY 2020 was due to two RAUs not scheduling IFSP meetings in a timely fashion and one professional not completing a required evaluation prior to the scheduled IFSP meeting. WV Birth to Three was able to identify that these children did receive their initial IFSP meetings.

In accordance with OSEP Memo 09-02, WV Birth to Three was able to verify that each of the two RAUs had corrected their non compliance by running data for one month later and verifying that each RAU : (1) was correctly scheduling timely initial IFSP meetings, 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) had corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the RAU, consistent with OSEP Memo 09-02. Therefore, no findings were issued for this period.

As for the professional's late Evaluation/Assessment, the State WV Birth to Three office was able to confirm that the professional did submit an evaluation for the child in question. WV Birth to Three also ran a report on evaluation authorizations for this practitioner and the completed date for the authorized evaluation/assessments, one month later. WV Birth to Three was able to verify that the professional: (1) was 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 (had conducted timely evaluations); and (2) had corrected the individual case of noncompliance, consistent with OSEP Memo 09-02.
Each of these issues were resolved without issuing findings.

## 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, 2021- June 30, 2022). 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.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider: (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.

## 7 - Required Actions

The State reported that it did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 has ensured consistent with OSEP Memo 09-02, that that each EIS program or provider: (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.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 159 | 159 | 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.**

Not 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 gathered for June 2022

**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, 2022. 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 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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, 2021- June 30, 2022). 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.19% | 99.74% | 99.65% | 99.89% | 99.33% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,853 | 1,865 | 99.33% | 100% | 99.36% | 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 notifications all had their initial IFSPs 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 sent 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 continuing pandemic period. Two of the late notifications were due to an error in the reporting platform at the state office.

**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 the information into the West Virginia Educational System database online. This entry is automatically forwarded to their 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).**

Full Reporting Period July 2021 to June 2022

**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 birday 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 reported for all children who exited during the full reporting period.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 8B - Prior FFY 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.

**Response to actions required in FFY 2020 SPP/APR**

Of the 1,795 children who transitioned to Part B during the FFY 2020, there were 12 children who had a late Child Notification. These were twelve children who were referred to WV Birth to Three just before their third birthday and had their initial IFSP between 150 and 90 days prior to their third birthday. The late Child Notifications were due to late entry of data into the web based system. The reason for the delay was due to not having staff readily available at the RAU to send the notifications during the pandemic period.

For these late referrals, the Child Notifications had to be done by the Regional Administrative Units (RAUs). RAUs submitted the data into the web based platform, which automatically sent the information directly to both the SEA and LEA.

These Child Notifications were done just a few days late. WV Birth to Three notified the 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 run data for a future 30 day period and verify that each of the Regional Administrative Units with non compliance identified in FFY 2020 for this Indicator : (1) was correctly implementing the specific regulatory requirements based on a review of updated child notifications (entering data at least 90 days prior to third birthday) ; and (2) assured that notification did occur for each of the children, consistent with OSEP Memo 09-02.
Therefore, no findings were issued.

## 8B - OSEP Response

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider 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. OSEP notes that the State reported in the FFY 2020 SPP/APR, "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." which are the same reasons for delay reported in the FFY 2021 SPP/APR.

## 8B - Required Actions

The State reported that it did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance. In the FFY 2022 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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 2021 SPP/APR, the data for FFY 2020), 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.10% | 99.28% | 99.32% | 99.39% | 99.04% |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 139 | 159 | 99.04% | 100% | 98.06% | 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.**

4

**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.**

13

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

Family reasons:
Scheduling difficulties
parent cancellations
Child hospitalization
Family Illness
COVID

**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).**

June 2022

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

Data was generated from the WVBTT Online Data system, for the month of June, 2022. 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 2020**

| **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 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 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.

**Response to actions required in FFY 2020 SPP/APR**

The State completed a review in accordance with OSEP Memo 09-02 to verify the status of non-compliance from FFY 2020.

Under Indicator 8C in FFY 2020, there was one child who did not have a timely 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 WV Birth to Three 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.

The replacement Service Coordinator was selected by the family less than 90 days before the child's third birthday.

WV Birth to Three was able to verify that the child did have a Transition Conference at 48 days prior to the child's third birthday, by a new Service Coordinator selected by the family.

Therefore there were no findings issued for FFY 2020.

## 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, 2021- June 30, 2022). 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 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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.**

There were no hearing requests or resolution sessions.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

OSEP notes that this indicator is not applicable.

# 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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 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 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target>= |  |  | 0.00% | .00% |  |
| Data |  |  |  |  |  |

**Targets**

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

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 62.26% | 62.26% | 62.72% | 62.72% | 63.18% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 1,192 | 1,788 | 65.75% | 62.26% | 66.67% | Met target | No Slippage |

**Provide the data source for the FFY 2021 data.**

The data source for the SiMR's numerator and denominator is FFY 2021 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

**Please provide a link to the State’s current evaluation plan.**

https://www.wvdhhr.org/birth23/lawandregs/WVBTT\_SSIP\_Evaluation\_Plan\_2022.pdf

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

NO

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

Infrastructure- During the last reporting period, WV Birth to Three (WVBTT) received a request by the Regional Administrative Unit (RAU) provider representative on the WV Early Intervention Interagency Coordinating Council requesting the state to explore enhancing the online data system to allow for electronic submission of WVBTT standard documentation. The purpose of the request was to reduce the amount of paper that was being processed at the RAUs across the state as staff were overwhelmed with meeting their obligations for the maintenance of records while rotating in and out of the office to prevent transmission of COVID 19. An exploratory team was developed to work with Gainwell Technologies, the contracted vendor for the BTT Online data system, to determine the feasibility of enhancing the electronic child record. This state team then worked closely with Gainwell Technologies to 1) design the layout of a folder structure for the enhanced electronic child record, 2) revise all WVBTT standard documentation to a fillable and upload able format, 3) develop a document upload process, and 4) develop written/ video instructions and content for informing sessions on “WV Birth to Three Going Green! Project.” Through the collaboration with Gainwell Technologies, the state also decided to move to electronic submission of practitioner enrollment forms and electronic billing through a new WVBTT Online Claiming system. It is important to note that all data entry documentation is still mailed or securely emailed to the RAU for data entry into the BTT online data system at this time.

“WV BTT Going Green” informing sessions were held in January of 2022 to announce that WV Birth to Three would be moving in the spring to the completion of all standard documentation electronically, documentation would be uploaded to a newly enhanced BTT Online data system, and the establishment of the free WVBTT Online Claiming System. Over six hundred direct service practitioners and service coordinators participated in and had an opportunity to submit questions at the sessions. Over the next several months, comments and suggestions from the field were received on revisions to the WV Birth to Three Standard Documentation to assist with the formatting and functionality of the forms. In April of 2022, WV BTT provided five additional informing sessions with more specific information for the roll out of the enhancements. Over six hundred practitioners and service coordinators participated in these sessions. Information was provided on electronic device requirements, the functionality of the new fillable forms, overview of folder structure within the child library, the upload process, and how to make corrections. Roll out of the WVBTT Online Claiming System occurred in May 2022 and the enhanced electronic child record on June 1, 2022. The newly formatted standard documentation and resources created to support the field in the implementation of the changes can be found on the WV Birth to Three website at this link: http://www.wvdhhr.org/birth23/going\_green\_wvbtt.asp

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 have been essential over this reporting period with the changes in the electronic child record. These meetings also provide a vehicle to discuss expectations and guidelines for data entry, identify and solve data entry issues.
Infrastructure- In the last reporting period, WV Birth to Three began supporting Interim Service Coordinators to have access to DocuSign for WV Standard Documentation that requires parent signature. WV Birth to Three has now purchased additional DocuSign envelopes for Ongoing Service Coordinators to have this resource as well. Training occurred in May of 2022 for June 1, 2022, roll out. Most of the Ongoing Service Coordinators have taken advantage of this opportunity. During the transition to the new electronic record the WV Birth to Three Regional Technical Assistance Specialist who revised the WV Birth to Three Standard Documentation and coordinated the DocuSign envelope design provided ongoing training and technical assistance on the implementation of the fillable forms across a variety of devices. This support is still available to the field.

During this reporting period, the WVBTT Regional Technical Assistance Specialist responsible for the maintenance of the WVBTT website, redesigned the Home and Families pages to provide information and resources for the implementation of BTT Going Green and to support families. The pages are better organized, have more functionality, and include relevant links to state and national resources. Key stakeholders in the redesign included the WVEIICC, RAU Directors and their parent partners. Click on this link to visit the home page https://www.wvdhhr.org/birth23 and click on this link to visit the Families page: https://www.wvdhhr.org/birth23/families.asp

Infrastructure- WVBTT has fully implemented the use of the ECO Family Survey in FFY 2021. Based on stakeholder feedback, this switch to the ECO family survey was in hopes of increasing our response rate by making the survey 1 page instead of 2 and decreasing the number of questions from 50 to 21. While our response rate does not yet show an increase, we have seen positive responses in our survey being completed and questions not being left blank – which was something we experienced with our previous NCSEAM survey.

Professional Development-The WV Birth to Three Social Emotional Leadership Team continues to meet monthly. The leadership team members represent parents, service coordination, direct service provision, RAU, higher education, and state office perspectives. The agenda is focused on state office updates and implementation team updates. The leadership team is providing oversight to the following implementation teams: Assessment, Autism, and Family Guided Routines Based Interventions. Several members on this team are on the Board of the WV Infant/Toddler Mental Health Association.

Professional Development -Due to the complex needs of children who have been exposed to drugs and our families in recovery, WV Birth to Three established a new implementation team, Building Resilience in Substance Exposed Children and Families. A team lead was identified who has years of experience in supporting substance exposed children and families as a physical therapist in WV BTT. She also is the Going to The Moon lead for West Virginia and a national presenter on the topic. The charge of this implementation team and proposed activities have been designed and potential implementation team members identified. A a copy of the team overview is found at this link: https://www.wvdhhr.org/birth23/comegrow/comegrowithus\_ssip.pdf

Professional Development- 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 (LMS) for release of self-paced and facilitated courses. The WVSTARS LMS does not allow for all the functionality needed to accomplish the kinds of activities WVBTT would like to offer through the professional development system. After researching possible learning management systems (LMS), WV BTT purchased the Canvas Learning Management in the fall of 2021. An online development team was selected to complete training for the utilization of Canvas, enrollment process was designed, and content developers/course facilitators were given access in January of 2022.

**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 data system enhancements to the electronic child record have had immediate short-term outcomes as there has been the elimination of the transmission of child records through the mail or secure email with the exception of data entry forms. The enhancements provide IFSP team members the ability to access evaluation/assessment reports, the IFSP, other team members activity notes for ongoing communication in the delivery of services and progress monitoring. The availability of the use of DocuSign has provided a secure vehicle for parent signature when services are provided virtually.
Both short term and Intermediate outcomes are evident at the state level as state office personnel now have direct access to child records for desk audits and quality assurance activities. Possible findings through monitoring can inform policy decisions and professional development activities.

Infrastructure- Short term outcomes were realized immediately as the online claiming system has eliminated paper transmission of authorizations. Practitioners can go into the system to track authorizations, complete billing and review the Explanation of Payment to know reimbursement for services is in process. Initial training was conducted via webinar. Training is now offered through written materials containing screen shots of the billing process which reduces wait time for access to the system.

Infrastructure - With input from stakeholders, WVBTT piloted allowing families to complete the survey by phone in FFY 2020 and in FFY 2021. While we received positive responses, we were unable to continue to offer the phone survey option throughout the entire year due to staff turnover. During months that the survey was offered by phone, the state observed 40% - 50% response rates compared to months where only mail was offered where we observed 5-15% response rates. The state hopes to resume the phone survey option during the last quarter of FFY 2022. We are hopeful to see an increase in our response rate once we can provide the phone survey option for a full year’s time.

Professional Development- Consistency in the state leadership team membership has in the short and now long term helped the implementation team leads assist each other as they have strengthened their knowledge in the evidence- based practices they are supporting, as they learn the use of new technologies, share successes or challenges, and think of new ways to provide coaching to participating cohort members. With the new Building Resilience team, we anticipate a short-term outcome will be greater awareness of the characteristics of substance exposure in infants and toddlers and needs of parents in recovery. It is anticipated that an intermediate outcome would be increased parent engagement in services as a percentage of families who are impacted by substance use disorders decline services.

**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*.***

As it is apparent that WVBTT may always offer a virtual option to service delivery, WVBTT will be upgrading the WVBTT Service Directory that is used by service coordinators and families for the selection of the evaluation/assessment and IFSP team to provide an option for the field to identity if they are providing services face to face, virtually or both.

WVBTT is exploring adding a Family Portal, which is being designed by Gainwell Technologies for another state, as a mechanism for families to have access to their child’s electronic record. This infrastructure improvement could reduce the numbers of DocuSign envelopes needed at a great reduction of cost to the WVBTT system. Future enhancements of the Family Portal are planned to allow for scheduling and communication between parent and practitioner.

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

The data system changes occurred at the end of this reporting period. The state office will continue to support practitioners and service coordinators in the use of the new child record in BTT Online, the use of DocuSign, and use of the BTT Online Claiming System. The state office will monitor implementation, continue to support data entry staff and Service Coordinators with bi- monthly Communities of Practice and provide additional guidance as needed to the field.
WVBTT will be exploring online options for our family survey in response to stakeholder input. WVBTT is looking at a long term (2-3 years) option of utilizing a Family Portal as a mechanism for completion of the Family Survey.

WVBTT will be adding new courses over time into the Canvas LMS and expanding the use of the features available to us. The IFSP Child and Family Outcome Course and Child Outcome Summary Courses should roll out in the next reporting period. WVBTT will move recorded webinar sessions to the WVBTT website in the next reporting period for ease of access to information on community resources and other topics.

WVBTT will invite the Parent Partners of each geographic region to participate in the state leadership team to increase family voice as we move more professional development activities to fidelity. Families involvement is essential in the successful implementation of an evidence based practice. This may require families to assume an additional role in the partnership with their practitioners such as providing feedback through surveys, giving permission for video capture, etc.

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

ASQ Social Emotional Screener- 2
Early Start Denver Model
Pyramid Model for Promoting Infant and Toddler Social Emotional Development
Family Guided Routines Based Interventions
Motivational Interviewing

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

The ASQ SE-2 is a social emotional screening tool utilized for the early identification of young children who may be experiencing risk factors for or developmental delay in their social emotional skills. The tool has embedded questions that support earlier identification of children on the autism spectrum.

The Early Start Denver Model is a child assessment and parent coaching curriculum for practitioners who are supporting families that have children on the autism spectrum. WVBTT is also utilizing the Help Is in Your Hands curriculum in conjunction with the EDSM Curriculum Checklist, and the Coaching Parent of Young Children with Autism book.

The Pyramid Model for Promoting Infant and Toddler Social Emotional Development is a tiered approach for supporting the social emotional development of young children. Through participation in the course, individuals learn about social emotional development, how to support families in providing a safe and nurturing home environment, targeted strategies for teaching social emotional skills when a child is at risk and for children who are displaying persistent challenging behaviors, how to conduct a functional behavior assessment and design a positive behavior support plan.

Family Guided Routines Base Interventions is an approach to the provision of early intervention services that focuses on family engagement to support infant and toddler development within the daily activities and routines of a family through caregiver coaching. There are five components to the model- Family guided, individualized, culturally responsive services and supports; everyday activities routines and places; functional participation-based outcomes; embedded evidence-based instruction; and caregiver coaching.

Motivational Interviewing is a series of techniques that support and respect a person’s autonomy to make decisions that are centered on what is important. meaningful or needed for an individual to make changes in their life.

**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.**

Implementation of the ASQ SE-2 as part of the initial and annual evaluation/assessment process and at six-month reviews is intended to supplement information gathered to determine eligibility. The ASQ SE -2 training is specifically designated for the Interim Service Coordinator who completes the Intake visit and Developmental Specialists who are required to be part of each child’s initial and annual evaluation team and who facilitate the completion of the COSF at initial, annual and exit IFSP. Training is focused on utilization and scoring of the ASQ SE, typical/atypical social emotional development, how to incorporate findings within the evaluation/assessment report, facilitation of conversations for the completion of the Child Outcome Summary Form, eligibility, and design of the IFSP. Participants attend a monthly Community of Practice for support as they begin to implement the screener. WVBTT has seen a continued upward trend over the past several years in more children moving closer to their same age peers in social emotional development and now an upward trend of children moving to demonstrate skills at the level of their same age peers as seen in the Child Outcome data.

Early data analysis in year one of the SSIP indicated that children on the autism spectrum made less progress than their same age peers in social emotional development when receiving WV Birth to Three services. The Early Start Denver Model Project is a structured schedule of monthly readings, online videos and activities utilizing the ESDM Curriculum Checklist, Coaching Parents in ESDM Book, and Help is In Your Hands curriculum, videos, and fidelity checklist. The implementation of the Early Start Denver Model is intended to increase practitioner knowledge on how autism impacts a toddler’s development, evidence-based practices for promoting social- communication skills, and to improve family coaching skills when supporting families who have children on the autism spectrum. As children are many times diagnosed with Autism close to their third birthday, we have a shorter time to influence child outcomes, but Survey Monkey data does support the children in this project have learned at least one new skill and parents report they have increased meaningful interaction with their child.

The WVBTT Pyramid Model for Promoting Infant and Toddler Social Emotional Development Facilitated Courses became available during this reporting period to all direct service practitioners and service coordinators on the Canvas LMS. Through course content, discussion boards, interactive activities and team completion of a positive behavior support plan, the courses are intended to provide Strategies for strengthening partnerships with families to promote responsive, nurturing care giving and high-quality home environments, Information on infant/toddler social emotional development and play, coaching strategies for supporting caregiver implementation of interventions to promote social emotional competence within daily routines and activities, information on evidence based practices for promoting social emotional development and Strategies for working with families to develop a behavior support plan focused on teaching new skills, and preventing and remediating challenging behaviors in the home. It is anticipated that the Pyramid Model courses will strengthen the skills across disciplines in social emotional development leading to improved confidence and participation in the rating of social emotional skills on the Child Outcome Summary Form.

The Family Guided Routines Based Intervention Implementation team has finalized the content for the FGRBI Introductory course and a Community of Practice for each of the five components of the FGRBI. The course content was designed in Articulate and team lead. The FGRBI Introductory Course will be piloted in the fall of 2022. As family engagement is critical for the implementation of any evidence- based practice that is being provided through family coaching, the FGRBI is intended to offer practitioners strategies for providing high quality evaluation/ assessment and IFSP services that truly reflect the family’s priorities, concerns, and resources.

The Motivational Interviewing Implementation Team finalized the content of the WVBTT Motivational Interviewing webinar and communities of practice in March, 2022. The MI training was launched at the annual WV Early Childhood Conference, Celebrating Connections and is now offered quarterly via webinar. Motivational interviewing has strong research supporting its success in helping marginalized individuals and individuals in recovery. The Motivational Interviewing training and communities of practice are intended to assist practitioners and service coordinators in developing skills that promote engagement, increase parent voice and lead to more empowered families. This is essential for building partnerships with the families we serve who have children who have been impacted by substance exposure and families in recovery.

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

Data collection for the ASQ SE project: Each participant is required to provide data on an Excel Spreadsheet on how implementation is going with use of the ASQ- SE in assessment, completion of the child outcome summary form, and design of IFSP, submission of two redacted Intakes or assessment reports, and training evaluations at the end of the initial training and each community of practice. A Survey monkey is completed at the end of the project and six months later for Social Validity Data.

Data collection for the ESDM project: ESDM fidelity tool, submission of two or more video clips of practitioner coaching families, training evaluations, and Survey Monkey completed at the end of the cohort by participating parents and practitioners for Social Validity data.

Data collection for the Pyramid Model: Discussion boards, reflection prompts, submission of positive behavior support plan complete by team, training evaluations.

Data collection for FGRBI: When implemented, discussion boards, reflection prompts, submission of supporting documentation or video clips of the evidence-based practice implemented in each focused community of practice, a self-assessment via the WVBTT FGRBI Fidelity tool, training evaluations and Survey Monkey for Social Validity data at the end of the completion of the FGRBI.

Data collection for Motivational Interviewing: Training evaluations only at this time.

**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.**

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

Next Steps for ASQ SE-2: Explore partnering with the WV Home Visitation program for access to their ASQ SE Online system. This partnership would enhance timely referrals across programs. Begin offering training on additional social emotional assessment tools to continue to improve practitioner skills in social emotional assessment.

Next steps for ESDM: Move the project to the Canvas LMS so participants can more easily access all of the materials, assignments, and upload video via TORSH Talent through one portal. Support additional training opportunities for the trainers and participants through ESDM.
Next steps for Pyramid Model: Offer the facilitated course quarterly. Begin conversation on development of communities of practice to move to fidelity of implementation and use of EI fidelity tool created by Dr. Erin Barton.

Next Steps for FGRBI: Move the FGRBI Communities of Practice into Canvas and pilot.

Next Steps for Motivational Interviewing: Design a Motivational Interviewing webinar specifically for service coordinators and implement.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

WVBTT focused heavily in the first five years of the SSIP on building infrastucture to strenghen the abiity to gather and analyze child outcome data, and to offer high quality professional development that can be accessed more easily through a learning management system. The team leads for the selected evidence based practices have enhanced their skills in the practices they are training and coaching. The implementation of the ASQ SE -2 has made substantial impact on the SMIR and has informed how important the ongoing Commnities of Practices are with fidelity of implementation. The ESDM, Pyramid Model, FGRBI and Motivational Interviewing will use the Community of Practice format as those projects move into full implementation.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

The WVEIICC (ICC) served as a primary stakeholder group for the development of the FFY 2021 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 process of establishing targets was started initially with an overview and understanding of the requirements for the SPP/APR. The ICC has an ongoing role to assist with annual targets for all Indicators of the SPP/APR, including establishing new targets for the 2020-2025 years.

During development of the FFY 2021 Annual Performance report, baselines and targets for FFY 2021 through 2025 were presented to the ICC for broad stakeholder input. Revisions to Indicator 3 baseline data and subsequent targets were made following stakeholder input for Indicator 3. Indicator 4 baseline data and subsequent targets for FFY 2021 through 2025 were finalized with support from the ICC. There were no other revisions suggested by the ICC. The broad representation on the ICC, including parent input, 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.**

The WVEIICC meets every other month. The CSPD Coordinator provides an update every six months or more often on the SSIP Professional Development activities seeking input into activities strategies and timelines.

The WV Infant Toddler Mental Health Association meets every other month. The CSPD Coordinator provides updates on SSIP projects as appropriate to the work of the association and seeks input on activities, strategies, and timelines.

The SSIP Implementation Team meets monthly. SSIP Implementation Team leads provide an update to the WV Birth to Three Social Emotional State Leadership Team. Through these monthly updates, team leads seek feedback and support on team activities and timelines.

RAU Directors meetings are held monthly with the state staff. The CSPD Coordinator provides updates as appropriate during monthly RAU directors meetings. RAU directors have been excellent champions for our professional development efforts through announcing upcoming events, providing suggestions for cohort participants who have promising practices and provide feedback on how implemented practices are working in the field. These meetings were essential this year in the roll out of the data system enhancements.

Annual Growing with Us meetings are held each year by the state staff. During these meetings, the CSPD Coordinator provides updates on upcoming training opportunities and recognizes individuals who have completed training in one of more of the SSIP projects. These meetings were essential this year in the roll out of the data system enhancements.

Service Coordinator Communities of Practice webinars are offered every other month by the state staff. These meetings offer Service Coordinators an opportunity to provide feedback on SSIP projects. These meetings were essential this year in the roll out of the data system enhancements.

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

NO

**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.**

WVBTT will be moving the Creating Meaningful Child and Family Outomes and a modified ECTA COSF training into the Canvas LMS. . Currently all Service Coordinators are required to attend these trainings. Effective Janaury of 2023, all newly enrolling practtioners will also be required within their first year of practice to attend these trainings as well as the Family Guided Routines Based Interventions training and Communities of Practice.

Any practitioner or service coordinator who is already practiticing in the system will also have access to the courses.

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

Implementation of the new training requirements will occur on January, 2023. Post test and training evaluation data, and fidelity checks within the Family Guided Routines Based Interventions course will be collected. It is anticipated that newly enrolling practitoners will demonstrate an increased ability to participate meaningfully in child outcome rating discussions leading to higher quality child outcome data and newly enrolled practitioners will demonstrate enhanced understanding and skills in family coaching.

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

A concern that was expressed often during this reporting year was issues with engagement of practitioners and families in professional development offerings due to continued impacts of the COVID pandemic. WVBTT has seen a decrease in practitioners and service coordinators in participating in SSIP professional development activities that require a commitment over time. Implementation Team leads report when participants are working towards implementation of the evidence-based practice, families experience illness, or the practitioner has experienced illness. The result has been less opportunity to practice and receive coaching towards fidelity. WVBTT is still seeing an 80 to 90% completion rate of the training activities but fidelity to practice cannot full be achieved.

The ESDM will be increasing the cohort from 6 months to 9 months to allow for more time to complete activiites.

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

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 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:**

WV Birth to Three

**Email:**

pam.s.roush@wv.gov

**Phone:**

3044140667

**Submitted on:**

04/22/23 11:25:32 PM

# Determination Enclosures

## RDA Matrix

**West Virginia**

2023 Part C Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[1]](#footnote-2)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 93.75% | Meets Requirements |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 8 | 7 | 87.50% |
| **Compliance** | 16 | 16 | 100.00% |

**2023 Part C Results Matrix**

**I. Data Quality**

**(a) Data Completeness: The percent of children included in your State’s 2021 Outcomes Data (Indicator C3)**

|  |  |
| --- | --- |
| Number of Children Reported in Indicator C3 (i.e., outcome data) | 2,643 |
| Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data) | 3,697 |
| Percentage of Children Exiting who are Included in Outcome Data (%) | 71.49 |
| **Data Completeness Score[[2]](#footnote-3)** | 2 |

**(b) Data Anomalies: Anomalies in your State’s FFY 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Anomalies Score**[[3]](#footnote-4) | 2 |

**II. Child Performance**

**(a) Data Comparison: Comparing your State’s 2021 Outcomes Data to other States’ 2021 Outcomes Data**

|  |  |
| --- | --- |
| **Data Comparison Score[[4]](#footnote-5)** | 1 |

**(b) Performance Change Over Time: Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

|  |  |
| --- | --- |
| **Performance Change Score[[5]](#footnote-6)** | 2 |

| **Summary Statement Performance** | **Outcome A: Positive Social Relationships SS1 (%)** | **Outcome A: Positive Social Relationships SS2 (%)** | **Outcome B: Knowledge and SkillsSS1 (%)** | **Outcome B: Knowledge and SkillsSS2 (%)** | **Outcome C: Actions to Meet Needs SS1 (%)** | **Outcome C: Actions to Meet NeedsSS2 (%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY 2021**  | 66.69% | 63.94% | 77.18% | 53.56% | 78.49% | 63.51% |
| **FFY 2020**  | 65.63% | 62.36% | 72.87% | 48.77% | 76.58% | 60.37% |

**2023 Part C Compliance Matrix**

| **Part C Compliance Indicator[[6]](#footnote-7)** | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 1: Timely service provision** | 97.86% | N/A | 2 |
| **Indicator 7: 45-day timeline** | 98.81% | N/A | 2 |
| **Indicator 8A: Timely transition plan** | 100.00% | N/A | 2 |
| **Indicator 8B: Transition notification** | 99.36% | N/A | 2 |
| **Indicator 8C: Timely transition conference** | 98.06% | N/A | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**Appendix A**

**I. (a) Data Completeness:**

**The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)**

Data completeness was calculated using the total number of Part C children who were included in your State’s FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State’s Indicator C3 data by the number of children your State reported exited during FFY 2021 in the State’s FFY 2021 IDEA Section 618 Exit Data.

|  |  |
| --- | --- |
| **Data Completeness Score** | **Percent of Part C Children included in Outcomes Data (C3) and 618 Data** |
| **0** | **Lower than 34%** |
| **1** | **34% through 64%** |
| **2** | **65% and above** |

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2017 – FFY 2020 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e[[7]](#footnote-8)[[8]](#footnote-9). In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2021 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State’s data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

|  |  |
| --- | --- |
| **Outcome A** | **Positive Social Relationships** |
| **Outcome B** | **Knowledge and Skills** |
| **Outcome C** | **Actions to Meet Needs** |

|  |  |
| --- | --- |
| **Category a** | **Percent of infants and toddlers who did not improve functioning** |
| **Category b** | **Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers** |
| **Category c** | **Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it** |
| **Category d** | **Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers** |
| **Category e** | **Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers** |

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-1SD** | **+1SD** |
| **Outcome A\Category a** | 1.43 | 1.62 | -0.19 | 3.05 |
| **Outcome B\Category a** | 1.26 | 2.27 | -1.01 | 3.53 |
| **Outcome C\Category a** | 1.14 | 1.59 | -0.45 | 2.73 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome\Category** | **Mean** | **StDev** | **-2SD** | **+2SD** |
| **Outcome A\ Category b** | 23.62 | 8.94 | 5.75 | 41.49 |
| **Outcome A\ Category c** | 20.32 | 12.69 | -5.05 | 45.69 |
| **Outcome A\ Category d** | 27.33 | 9.46 | 8.42 | 46.24 |
| **Outcome A\ Category e** | 27.3 | 15.11 | -2.92 | 57.52 |
| **Outcome B\ Category b** | 25.16 | 9.76 | 5.65 | 44.68 |
| **Outcome B\ Category c** | 28.73 | 12.11 | 4.5 | 52.95 |
| **Outcome B\ Category d** | 31.76 | 8.06 | 15.64 | 47.87 |
| **Outcome B\ Category e** | 13.09 | 8.56 | -4.02 | 30.21 |
| **Outcome C\ Category b** | 20.27 | 8.49 | 3.29 | 37.26 |
| **Outcome C\ Category c** | 23.01 | 13.08 | -3.16 | 49.17 |
| **Outcome C\ Category d** | 34.09 | 8.09 | 17.9 | 50.28 |
| **Outcome C\ Category e** | 21.49 | 15.06 | -8.62 | 51.6 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | **Total Points Received in All Progress Areas** |
| 0 | 0 through 9 points |
| 1 | 10 through 12 points |
| 2 | 13 through 15 points |

**Anomalies in Your State’s Outcomes Data FFY 2021**

|  |  |
| --- | --- |
| **Number of Infants and Toddlers with IFSP’s Assessed in your State** | **2,643** |

| **Outcome A — Positive Social Relationships** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 6 | 584 | 346 | 835 | 825 |
| **Performance (%)** | 0.23% | 22.50% | 13.33% | 32.16% | 31.78% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome B — Knowledge and Skills** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 3 | 526 | 678 | 1,111 | 281 |
| **Performance (%)** | 0.12% | 20.24% | 26.09% | 42.75% | 10.81% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

| **Outcome C — Actions to Meet Needs** | **Category a** | **Category b** | **Category c** | **Category d** | **Category e** |
| --- | --- | --- | --- | --- | --- |
| **State Performance** | 5 | 475 | 468 | 1,284 | 366 |
| **Performance (%)** | 0.19% | 18.28% | 18.01% | 49.42% | 14.09% |
| **Scores** | 1 | 1 | 1 | 1 | 1 |

|  | **Total Score** |
| --- | --- |
| **Outcome A** | 5 |
| **Outcome B** | 5 |
| **Outcome C** | 5 |
| **Outcomes A-C** | 15 |

|  |  |
| --- | --- |
| **Data Anomalies Score** | 2 |

**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State’s 2021 Outcomes Data to Other States’ 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement[[9]](#footnote-10). Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

*Summary Statement 1: Of those infants and toddlers who entered or exited 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.*

*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.*

**Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2021**

| **Percentiles** | **Outcome A SS1** | **Outcome A SS2** | **Outcome B SS1** | **Outcome B SS2** | **Outcome C SS1** | **Outcome C SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **10** | 43.42% | 36.60% | 54.62% | 29.02% | 55.14% | 36.15% |
| **90** | 82.74% | 69.30% | 79.34% | 55.52% | 85.72% | 76.15% |

|  |  |
| --- | --- |
| **Data Comparison Score** | **Total Points Received Across SS1 and SS2** |
| **0** | 0 through 4 points |
| **1** | 5 through 8 points |
| **2** | 9 through 12 points |

**Your State’s Summary Statement Performance FFY 2021**

| **Summary Statement (SS)** | **Outcome A: Positive Social Relationships SS1** | **Outcome A: Positive Social Relationships SS2** | **Outcome B: Knowledge and Skills SS1** | **Outcome B: Knowledge and Skills SS2** | **Outcome C: Actions to meet needs SS1** | **Outcome C: Actions to meet needs SS2** |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance (%)** | 66.69% | 63.94% | 77.18% | 53.56% | 78.49% | 63.51% |
| **Points** | 1 | 1 | 1 | 1 | 1 | 1 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2(\*)** | 6 |

|  |  |
| --- | --- |
| **Your State’s Data Comparison Score** | 1 |

**Appendix D**

**II. (b) Performance Change Over Time:**

**Comparing your State’s FFY 2021 data to your State’s FFY 2020 data**

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2020) is compared to the current year (FFY 2021) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of p<=.05. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 – 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

**Test of Proportional Difference Calculation Overview**

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of p<=.05. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2021 and FFY 2020 summary statements.

e.g., C3A FFY2021% - C3A FFY2020% = Difference in proportions

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on[[10]](#footnote-11)

Sqrt[([FFY2021% \* (1-FFY2021%)] / FFY2021N) + ([FFY2022% \* (1-FFY2022%)] / FFY2022N)] = Standard Error of Difference in Proportions

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

Difference in proportions /standard error of the difference in proportions = z score

Step 4: The statistical significance of the z score is located within a table and the *p* value is determined.

Step 5: The difference in proportions is coded as statistically significant if the *p* value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

|  |  |
| --- | --- |
| **Indicator 3 Overall Performance Change Score** | **Cut Points for Change Over Time in Summary Statements Total Score** |
| **0** | Lowest score through 3 |
| **1** | 4 through 7 |
| **2** | 8 through highest |

| **Summary Statement/ Child Outcome** | **FFY 2020 N** | **FFY 2020 Summary Statement (%)** | **FFY 2021 N** | **FFY 2021 Summary Statement (%)** | **Difference between Percentages (%)** | **Std Error** | **z value** | **p-value** | **p<=.05** | **Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SS1/Outcome A: Positive Social Relationships** | 1,801 | 65.63% | 1,771 | 66.69% | 1.06 | 0.0158 | 0.6665 | 0.5051 | NO | 1 |
| **SS1/Outcome B: Knowledge and Skills** | 2,311 | 72.87% | 2,318 | 77.18% | 4.31 | 0.0127 | 3.3909 | 0.0007 | YES | 2 |
| **SS1/Outcome C: Actions to meet needs** | 2,220 | 76.58% | 2,232 | 78.49% | 1.92 | 0.0125 | 1.5336 | 0.1251 | NO | 1 |
| **SS2/Outcome A: Positive Social Relationships** | 2,572 | 62.36% | 2,596 | 63.94% | 1.58 | 0.0134 | 1.1779 | 0.2388 | NO | 1 |
| **SS2/Outcome B: Knowledge and Skills** | 2,571 | 48.77% | 2,599 | 53.56% | 4.78 | 0.0139 | 3.4448 | 0.0006 | YES | 2 |
| **SS2/Outcome C: Actions to meet needs** | 2,569 | 60.37% | 2,598 | 63.51% | 3.14 | 0.0135 | 2.3230 | 0.0202 | YES | 2 |

|  |  |
| --- | --- |
| **Total Points Across SS1 and SS2** | **9** |

|  |  |
| --- | --- |
| **Your State’s Performance Change Score** | **2** |

## Data Rubric

**West Virginia**

**FFY 2021 APR**[[11]](#footnote-12)

|  | **Part C Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3** | 1 | 1 |
| **4** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8A** | 1 | 1 |
| **8B** | 1 | 1 |
| **8C** | 1 | 1 |
| **9** | N/A | 0 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
|  | **Subtotal** | 12 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 17 |

|  |  | **618 Data[[12]](#footnote-13)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
|  **Child Count/Settings Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 9 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 2) = | 18.00 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 17 |
| B. 618 Grand Total | 18.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 35.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 1 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 35.00 |
| D. Subtotal (C divided by Denominator\*) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part C 618 Data**

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EMAPS Survey** | **Due Date** |
| Part C Child Count and Setting | Part C Child Count and Settings in EMAPS | 1st Wednesday in April |
| Part C Exiting | Part C Exiting Collection in EMAPS | 1st Wednesday in November |
| Part C Dispute Resolution  | Part C Dispute Resolution Survey in EMAPS | 1st Wednesday in November |

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part C." [↑](#footnote-ref-2)
2. Please see Appendix A for a detailed description of this calculation. [↑](#footnote-ref-3)
3. Please see Appendix B for a detailed description of this calculation. [↑](#footnote-ref-4)
4. Please see Appendix C for a detailed description of this calculation. [↑](#footnote-ref-5)
5. Please see Appendix D for a detailed description of this calculation. [↑](#footnote-ref-6)
6. The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-7)
7. Numbers shown as rounded for display purposes. [↑](#footnote-ref-8)
8. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-9)
9. Values based on data for States with summary statement denominator greater than 199 exiters. [↑](#footnote-ref-10)
10. Numbers shown as rounded for display purposes. [↑](#footnote-ref-11)
11. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-12)
12. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-13)