

## Birth to 3 Program Compliance and Results Performance and Action Items Expectations: Child Outcomes

The purpose of this document is to communicate state (Wisconsin Department of Health Services, DHS) and federal (Office of Special Education Programs, OSEP) performance expectations and provide action items, practices and strategies from which county programs can choose to address the factors and improve practices impacting compliance and results measures calculated in the annual county determination process.

**Important:** According to IDEA Part C Federal Regulations [34 CFR 303.700\(a\)\(3\)](#), DHS must implement enforcement actions based on each EIS programs' status category. Consistent with the State annual determination enforcement actions, county Birth to 3 Programs in determination status categories "Needs Assistance" for two or more years, "Needs Intervention," and "Needs Substantial Intervention" **MUST choose a minimum of one action item** for continued improvement and compliance.

Strategies and action items selected are **expected to begin in the next three to six months and be implemented within six to 12 months**. A process to periodically measure progress and effectiveness of practice changes must be included. Failure to implement action items in the required timeframe will result in targeted outreach from the Part C Coordinator to county administration/leadership and additional remedial actions.

Determinations Results and Compliance Matrix: Table 3

Result Component: Child Outcomes

Performance Expectation: Identified State Targets (see chart below)

Outcome	Summary Statement	State Target
A. Positive social-emotional skills	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.	56.13%
	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.	37.77%
B. Acquisition and use of knowledge and skills	Summary Statement 1: substantially increased their rate of growth	59.83%
	Summary Statement 2: functioning within age expectations	27.43%
C. Use of Appropriate Behavior to meet their needs	Summary Statement 1: substantially increased their rate of growth	61.51%
	Summary Statement 2: functioning within age expectations	39.23%

<p><b>Early Intervention Practice Expectations:</b> (Connect with a children and family program specialist, or CFPS, for details on practice expectations.)</p> <ul style="list-style-type: none"> <li>• Full early intervention team: OT, PT, SLP and Special Educator (minimally)</li> <li>• Family centered practices.</li> <li>• Use of evidence-based practices.</li> <li>• Use of Primary Coach Approach to Teaming (PCATT) in Natural Environments</li> </ul>	<p><b>Child Outcomes (Rating) Practice Expectations:</b> (Connect with a CFPS for details on practice expectations.)</p> <ul style="list-style-type: none"> <li>• Team decision making process.</li> <li>• Always include parent/caregiver input</li> <li>• Look at functional behavior.</li> <li>• Use of formal ongoing assessment tool to determine Age Expected-Immediate Foundational-Foundational.</li> </ul>
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<ul style="list-style-type: none"> <li>○ Primary service provider/coach</li> <li>○ Coaching of parents, family, and caregivers</li> <li>○ Teaming and team meetings</li> <li>○ Within the context of the family's routines, values, culture, and priorities</li> <li>● Individualize IFSP (individualized family service plan) outcomes.</li> <li>● Progressing IFSP outcomes.</li> <li>● Individualized early intervention strategies.</li> <li>● Social-emotional IFSP outcomes and strategies</li> <li>● Ongoing child <b>and</b> family assessment.</li> </ul>	<ul style="list-style-type: none"> <li>● Use the Decision Tree and Bucket List in rating process.</li> <li>● Include cultural considerations with rating.</li> <li>● Do not lower rating for use of adaptive equipment.</li> <li>● Do not adjust for prematurity.</li> </ul> <p>Regular review of child outcomes data to identified blanks, rating data entry errors, impossible combinations, and outliers.</p>
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## Child Outcomes

### Data and Information Analysis

- Pull Indicator 3 child outcomes report.
  - Use analytic calculator.
  - Determine progress categories.
  - Review eligibility reasons.
  - Identify and investigate outliers.
- County specific data and information sources
- Program Review Protocol

### Action Items: (based on identified factors) - Choose minimum of 1 action item for each factor identified.

Child Outcomes Data (Results) – Benchmarks/Performance Expectations: identified state targets ([see child outcomes chart above](#))

#### A. Rating Process and Practices

1. Team will review current ratings practices and identify inconsistencies to assure that all child outcome practice expectations are implemented with consistency and standardization.
2. As a team complete the [Child Outcomes 101](#) bundle and implement practice changes to align with program requirements and practice expectations.
3. Identify and document consistent practices (policies) for ongoing assessments for all team members.
4. Improve comprehensiveness of team discussions surrounding entry and exit ratings.
5. Use the EI in WI professional development (PD) system on child assessment practices including review of [Child Assessment tip sheet](#) and implement practice changes to align with program requirements and practice expectations.
6. Use the EI in WI PD system for support on family assessment practices, review the [Family Directed Assessment Tip Sheet](#) and implement one or more practice changes.

#### B. Assessment Tools

1. Staff will review current ratings practices and identify inconsistencies to assure that all child outcome practice expectations are implemented with consistency and standardization.
2. Select and implement consistent use of an ongoing assessment tool on the [Approved Tools List](#) by all team members.
3. Select and implement consistent use an age-anchoring tool that will be used by all team members.
4. Use the same assessment tool at entry and exit for outcomes.
5. Use the EI in WI PD system on use of assessment and age anchoring tools.
6. Implement consistent and standardized ongoing assessment process and improve documentation to inform entry and exit ratings.
7. Implement use of family assessment tool and process by all team members to increase and improve family assessment data.

8. Team members will complete [Child Outcomes 101](#) bundle and implement practice changes to align with program requirements and practice expectations.

#### C. Eligibility Reasons for Populations Served

1. Assess ratings for children by eligible reasons and identify trends and implement practice changes to align with program requirements and practice expectations. accordingly. For example, if low summary statement scores are not due to diagnosed conditions.
2. Determine how IFSP outcomes are related to each child outcome area.
3. As a team review and discuss the EI strategies used for a sample of children:
  - Who was the primary coach and service provider: what factors were used to determine this?
  - How often were services provided (frequency): what factors were used to determine the frequency? Was progress impacted by any cancellations? Is this supported by case notes?
  - What strategies were used? – how did the primary coach determine which strategies to suggest and use with the family and child to meet their individual need? How did you assure the strategies addressed the identified needs, how did you evaluate the effectiveness of the strategies used? Are there other strategies that should have been used?
  - How were these decisions made?

#### D. Staff Orientation, PD, Training and Education

1. As a team complete [Orientation](#) bundle and implement practice changes to align with program requirements and practice expectations.
2. As a team complete [Child Outcomes 101](#) bundle and implement practice changes to align with program requirements and practice expectations.
3. As a team complete [IFSP Outcome](#) bundle and implement practice changes to align with program requirements and practice expectations.
4. Team members will participate in [Communities of Practices](#) for their respective disciplines, share early intervention and rating strategies learned with the team and implement changes to align with .
5. Develop process for onboarding of new program staff and refresher training on child outcomes process.
6. As a team complete [Wellness](#) bundle and implement practice changes to align with program requirements and practice expectations.
7. Use the EI in WI PD system on child assessment practices including review of [Child Assessment tip sheet](#) and implement practice changes to align with tip sheet and program practices.
8. Team will receive technical assistance from BCS CFPS on analysis of child outcomes progress categories.
9. Use the EI in WI PD system on family assessment practices including review of [Family Directed Assessment Tip Sheet](#) and implement practice changes to align with tip sheet and program practices.

#### E. Monitoring and Trend/Data Analysis

1. Develop and implement process to review the compliance and results data with the team and facilitate discussion to assess program practices impacting child outcomes results. ([Facilitation Tips for Leaders](#))
2. Develop and implement process to run the Indicator 3 report regularly to review child outcomes ratings and use analytic calculator to analyze progress categories and to find errors. (Identify specific interval)
3. Develop and implement process to review of entry and exit ratings to ensure information used to determine rating is accurate.
4. Track family engagement indicators including the number of visits and cancelations for each family and compare to child outcomes and implement practice changes to align with program requirements and practice expectations.
5. Develop and implement process for monitoring use of tool(s) selected for consistency across disciplines and team members.
6. Develop questions and process for service coordinator to ask families to monitor satisfaction with the program and engagement efforts with the family.

## F. Family Engagement

1. Complete [Family-Centered Practices Checklist](#), identify practice improvement opportunities, and develop implementation plan.
2. Identify and implement family engagement strategies to support joint plan development and application with families and by families.
3. Improve practices for coaching of families to increase family engagement.
4. Use the EI in WI PD system for family assessment practice including [Family-Directed Assessment Tip Sheet](#) and implement practice changes to align with tip sheet and program practices.
5. Update the family assessment and intake process to promote family engagement.
6. Bring concerns about families who are harder to engage to team meetings for discussion and sharing of family engagement strategies to better engage and talk with families who are frequently cancelling or have no show visits.
7. Develop process that supports completion of BCS Family Experience and other family feedback surveys to better understand family experience in our program by following up with family in 2 to 3 weeks after exit.
8. Determine interval and begin review of results from county or state family exit surveys to inform program practices.

## G. Early Intervention Practices: PCATT, Services and EI Strategies

### • Services

1. All team members will review the [IFSP Outcomes introductory video](#) and complete the [IFSP Outcomes](#) bundle and implement process to review outcomes for alignment with expectations and best practice.
2. Use family and child assessment information to improve individualization of IFSP Outcomes, services and strategies for each child and family.
3. Develop and implement process to periodically review and assess a sample of IFSP outcomes from each service coordinator.
4. Develop and review procedures and practices to reflect best practices in choosing strategies to meet IFSP outcomes including individualization of frequency of visits.
5. Improve discussions at team meetings about the frequency and duration of services including being more individualized by child and family.
6. Monitor and assess child's development to balance in-person and virtual services.
7. Develop a process for evaluation of the services provided to assure they are high quality services.
8. Develop a process for assessing services across families to assure all families are receiving services in a consistent and standardized way.

### • Primary Coach

9. Complete [Checklists for Implementing a Primary-Coach Approach to Teaming](#) and develop plan to implement practice as needed.
10. Review as a team and implement use of [Worksheet for Selecting the Most Likely Primary Service Provider](#).
11. Implement or improve use of joint visitors to support primary coach when needed.
12. Develop infrastructure that provides primary coaches with ongoing opportunities of support including at team meetings for children with more complex needs.
13. Develop and document processes for planning of joint visits prior to visits occurring and debriefing afterward.
14. Program will use the EI in WI PD system for professional development related to primary coach/service provider and implement practice changes to align with program requirements and practice expectations.

- **Teaming**
  15. Structure team meetings to allow for sharing and learning of early intervention strategies used at home visits among team members.
  16. Establish a consistent schedule of team meetings.
  17. Hold in-person team meetings on a regularly basis.
  18. All team members will complete [Teaming Book Study](#) Bundle and implement practice changes to align with program requirements and practice expectations.
  19. Implement or improve use of technology to support joint visitors.
  20. Leaders will review [Facilitation Tips for Leaders](#) resource from EI in WI PD system.
  21. Program will use the EI in WI PD system for professional development related to teaming and implement practice changes to align with program requirements and practice expectations.
  
- **Coaching**
  22. Complete [Coaching Practices Rating Scale](#) and Description of Practices Table.
  23. Complete [Coaching Book Study Bundle](#) and implement coaching practices in alignment with program requirements and practice expectations.
  24. Implement use of [Framework for Reflective Questioning When Using a Coaching Interaction Style](#) by all team members in alignment with program requirements and practice expectations.
  25. Record sessions of experienced interventionists to highlight coaching aspects to train new staff.
  26. Develop and review procedures and practices to reflect best practices in primary coaching.
  27. Program will use the EI in WI PD system for professional development related to coaching and implement practice changes to align with program requirements and practice expectations.
  28. Enhance our coaching skills to increase caregiver engagement so that the child will make more significant gains by the time they exit the program.
  29. Identify process or use coaching logs to assess coaching practices:
    - Conversation/information sharing.
    - Observation.
    - Direct teaching, demonstration.
    - Guided practice with feedback.
    - Caregiver practice with feedback.
    - Joint interaction, and problem-solving/reflection.
  
- **Social Emotional**
  30. Team members will begin using tool(s) designed to evaluate and assess social emotional development.
  31. Team members will develop of IFSP outcomes that address child social emotional growth and development.
  32. Team members will complete [What Happen to You](#) bundle.
  33. Use the EI in WI PD system or other professional development resources to identify evidenced based practices used to support social and emotional development for infants, toddlers, and their families and implement practice changes to align with program requirements and practice expectations to align with evidence-based practices.
  34. Document and implement evidenced-based practices to support social and emotional development for infants, toddlers, and their families.

#### H. Staffing, Competency, and Supervision

1. Develop plan and action steps to address staff vacancies and disciplines missing from the team.
2. Identify and implement staff retention strategies to maintain a solid and full team of all disciplines to be able to support families using primary coaching.
3. Complete [Early Childhood Intervention Competency Checklists](#), identify practice improvement opportunities and develop implementation plan.

4. Leadership will access training or use the EI in WI PD system to obtain support on and implement reflective supervision practices.
5. Develop and implement process or use coaching logs (see The Early Intervention Coaching Handbook) to assess coaching practices of team members:
  - Conversation/information sharing, observation, direct teaching, demonstration, guided practice with feedback, caregiver practice with feedback, joint interaction, and problem-solving/reflection.