

- Last year, there was a slight decrease to Wisconsin (due to lower WI birthrate)
- Expect small decrease again this year
- There is an assigned state lead from OSEP that Part C Coordinator meets with regularly
 - There have been changes to OSEP that have affected their workload and roles
- OSEP provider technical assistance
 - Funding has been in flux, especially any professional development that included DEI (was immediately discontinued)
- Wisconsin belongs to Infants and Toddlers Coordinators Association (ITCA)
 - Nonpartisan group that provides technical assistance, shared resources, etc.
 - No federal funding but some states fund membership with federal grant money
- OSEP makes sure states are operationalizing program in line with federal requirements
 - Wisconsin will have audit visit in 2027

Public Comments

- Denise Collier: During COVID, assistance was delayed, especially in rural counties for families with a diagnosis like autism, which can take time to diagnose. Wondering if families can start being approved for services before a specific diagnosis.
 - Deb Rothermel: A diagnosis is not required for Birth to 3 services. Wisconsin has eligibility criteria in Admin. Code that says 25% delay is needed.
 - Becky Hoffman: Will discuss during presentation. Anyone can make referral at any time.

General Business

- Approval of Meeting Minutes from ICC Meeting Minutes January 22, 2025
 - MOTION TO APPROVE: Rep. Jenna Jacobson; APPROVED: Rose Navarro-Red Hail

Wisconsin Birth to 3 Program Data – Eli Garringer

- Eligibility and Enrollment trend for 2022-24
 - 2023 trends higher than 2022; 2024 trending similar to 2023 but slightly lower
 - Saw decline during COVID that went up significantly 2022-2023
 - Birth rate decline in 2024, but won't have exact number until probably July (decline in enrollment most likely tracks with that)
 - Will be looking at trends by county
 - Percentage of eligible children who became enrolled by age of child
 - 2024 data is still not complete, as some kids were referred who still haven't been enrolled
 - Demographic trends
 - Predominantly male children referred and enrolled
 - Seeing increase in children under 1 for age at initial enrollment (decrease between 2-3)
 - Not seen big change in race/ethnicity demographics (slight increase in Black/African American and Hispanic/Latino)
 - Seems to be more children being listed under more than one race/ethnicity
 - Eligibility category
 - 2022-3: steady trend of 25% delay
 - 2024: trend changed slightly due to some changes in how diagnosis was done; slight increase in diagnosed condition
 - Enrollment by diagnosed conditions
 - Top three: Significant prematurity; Down syndrome; neurological condition
 - Seeing slight decrease in Down syndrome and physical condition
 - Suggestion to look at diagnosed condition trends by age of child
 - Eli will take back whether we can track diagnosis information by exit
 - Enrollment by area of delay
 - Decrease in Communication delays
 - Increase in all other areas of delay
 - Question: Is there a way to track data long-term through individualized family service plans (IFSPs), individual service plans (ISPs), and individualized education programs (IEPs)?

- Answer: The Department of Public Instruction (DPI) doesn't track IEPs, would have to be individual or district-level (IEPs are educational model rather than medical)
- Question: Is there a way to look trends and what would be expected overall?
 - Answer: Based on historical enrollment, the trends are what we expect.

Follow up on Referral and Access Presentation and Feedback – Regena Floyd-Sambou

- Asked why so many families (especially in specific demographics) don't learn about Birth to 3 until after it's too late (if at all)
- BCS initiative to increase awareness and access for the population under 1, goal to increase our trend
- Created presentations about Birth to 3 Program to professionals (medical and therapy)
 - Explains how Birth to 3 works
 - Goal is to create partnerships
 - Promotes reasons for early intervention
 - Impact of earlier referrals
 - Discusses equity of referrals
 - Reminder to MA enrolled Providers.: Any Medicaid-enrolled provider is required to make referrals
- Elizabeth Seeliger: Suggested that this presentation be shared with Wisconsin Speech-Language Pathology and Audiology Association (WSHA) for SLPs and audiologists
- Asked ICC to give any recommendations for potential audiences for presentations.
 - One suggestion for Renewal Unlimited
 - Child welfare professionals
 - Families can be hesitant to be involved in anything to do with child protective services (CPS), so talking points should stress that this is a separate program
 - Invitation to come to Milwaukee to present and see new building
 - Present at judicial conferences (children's court judges) or police forces and suggested tip sheet of what to do while waiting for services and how to talk to your physicians
- Child Find is Part C requirement

Federal Part C Grant Final Allocation and Birth to 3 Program Budget – Laura Triller

- Three categories funds are allocated to:
 - Category A (administrative positions, salaries, and fringe benefits): \$375,000
 - Category B (Maintenance and implementation of activities): \$1,495,847
 - Category C (Direct services): \$6,550,890
 - All three consistent with FFY2024
- Posted application March 14; Public comment period April 28; Posting period ends May 14
 - Received two public comments:
 - County program administrator:
 - In support of making funds available for professional seeing family education certificates/degrees
 - In support of using funds for rate analysis for fee schedule
 - Wisconsin County Human Service Association (WCHSA):
 - Lack of funds makes it difficult to provide services in natural environments
 - In support of making funds available for professional seeing family education certificates/degrees
 - In support of using funds for rate analysis for fee schedule
 - Increased barriers in counties being able to access funds from private insurance or Medicaid
 - Comment: It's not that insurance is refusing to pay but that deductibles are going up
 - Special educators are required but not reimbursable
 - Rate analysis might not be feasible – if so, will move funds into area where we can use them
- Grant application due to OSEP May 21 (must be signed by Deputy Secretary first); funds will be available July 1

Professional Development: Steps in the Birth to 3 Program Process – Becky Hoffman and Lana Edwards

Evaluation and Eligibility

- Evaluation is the process of determining eligibility for Part C
 - Children are referred by anyone for suspected delay or disability – referrer doesn't need to know for certain if child has delay/disability
 - Parental consent is required for evaluation
 - An early intervention (EI) team completes the evaluation (at least two members from team need to complete assessment)
 - Programs must conduct an evaluation when a parent requests one
 - Evaluation consists of collection and review of info from a variety of sources, including families
 - No cost to families
 - Two recommended evaluation tools for Wisconsin Birth to 3 Program: Developmental Assessment of Young Children 2 (DAYC-2) and Developmental Profile 4 (DP-4)
- Eligibility paths: qualifying diagnosis; development delay; atypical development
 - RESource has flowchart that walks assessor through Eligibility determination process
 - Qualifying diagnosis
 - Don't need to use evaluation tool – automatically eligible
 - Start ongoing assessment of child and family
 - There is list of eligible diagnoses from DHS
 - Developmental delay
 - At least 25% delay in one or more areas of development, **OR**
 - Score of 1.3 or more standard deviation below the mean in one or more areas of development as measured by a norm-referenced instrument interpreted by a qualified professional
 - Atypical development
 - Sometimes a child doesn't definitely meet other criteria
 - EI team can use informed clinical opinion to determine that child is eligible for services as a result of experiencing adverse effects from atypical development
 - Resources for EI teams
 - Tip sheets for Assessment and Informed Clinical Opinion
 - Know Before You Knock tip sheets about different diagnoses
 - Evaluation & Assessment Glossary
 - FAQs
 - General Evaluation and Assessment Resource sheet

Annual Performance Report (APR) – Deb Rathermel, Part C Coordinator

- Clarification Period from OSEP and Wisconsin Follow Up Activities
 - OSEP asks for clarification on APR; This year, they requested clarification on three areas:
 - Supervision and Monitoring
 - DHS gave more details about how state monitors with specific examples
 - Findings of Noncompliance and child and system level corrections
 - Provided more detail about the verification process and that the state verified that each county is correctly implementing the regulatory requirements based on updated county data submission and state review and verification of the updated data.
 - Nonresponse bias in survey results
 - Disproportionate response rate based on race and socioeconomic status
 - Have plans to address, but there's more that can be done to address
- Next steps: Final determination with status from OSEP

Report from County and Provider Workgroup – Deb Rathermel, Part C Coordinator

- Wisconsin Birth to 3 Early Intervention Program Recommendations for Sustainability
- Deb sent report to council in email
 - Group that put together report couldn't come to this meeting but will be attending next meeting
 - List of suggested recommendations
 - Will discuss more at August meeting

Wrap-Up & Overview of Future Agenda Topics – Ginger Braith, Chair; Deb Rathermel, Part C Coordinator

- August 13, 2025 Virtual
- November 12, 2025 Virtual

New invitations will be sent out with updated links

MOTION TO ADJOURN: 11:59 am Jillian Clemens; Second: Lisa Hanks

Prepared by: Molly Tull on 5/9/2025.