

DRAFT
OPEN MEETING MINUTES

Name of Governmental Body: Governor’s Birth to 3 Interagency Coordinating Council (ICC)			Date: 8/12/2026	Time Started: 9:00 AM	Time Ended: 11:47 AM	Attending: Ginger Brath, ICC Chair/Provider; Jennifer Bibler, DPI; Jacci Borchardt, Provider; Jillian Clemens, DCF; Lisa Hanks, DCF; Rebecca Jarzynski, UW-Eau Claire; Jill Kelly, Officer of the Commissioner of Insurance; Kristine Nadolski, DPI/McKinney-Vento; Kelly Pethke, Provider; Deb Rathermel, DHS/Division of Medicaid Services; Trisha Wicinsky, Provider, Theresa Wixom, Parent, Kathryn Baker, for Rep. Jenna Jacobson’s Office;		
Excused: Linda Hall, Office of Children’s Mental Health; Rosemarie Navarro-Red Hail, Native Representative/Provider; Michelle Steffen, Parent								
State and Presenting Members: Dana Romary, BCS; Eli Garringer, BCS; Lana Edwards, WI RESource; Becky Hoffman, WI RESource; Nicole Miller, BCS; Sarah Ybarra, BCS; Nancy Bills, BCS; Emily Brach, BCS; Tiffany Schanno, BCS; Beth Gullickson, BCS								
Public Members: Michelle Davies; Aryn Slack; Shantelle Petroff, Dane Co.								
Location: Virtual Zoom Meeting						Presiding Officer: Ginger Brath, Chair		
Minutes								

Welcome

- Call to Order, Greetings, and Introduction
- Council Member Updates and Announcements
- New Member Introduction by Deb Rathermel – Michelle Steffen
 - Michelle is a school social worker, parent of a child with special needs, and grandparent of a child in the Birth to 3 Program. Michelle will join the ICC at our November meeting.
- Members: Birth to 3 Council: Members | Wisconsin Department of Health Services:
<https://www.dhs.wisconsin.gov/b3icc/members.htm>

Public Comments

- None.

General Business

- **Approval of Meeting Minutes from May 15, 2026:** [May 15, 2025, Governor's Birth to 3 Interagency Coordinating Council \(ICC\) Minutes](#)
 - MOTION TO APPROVE: Kelly Pethke; SECONDED: Rebecca Jarzynski at 9:13 AM

Outcomes Data | presenters Dana Romary, Eli Garringer, Lana Edwards, and Becky Hoffman

• Overview | Dana Romary

- History behind Indicator 3, child outcomes and the Child Outcome rating process.
- Overview of the three child outcomes: (1) Positive social relationships, (2) Acquiring and using knowledge and skills, and (3) Taking appropriate actions to meet needs.
- What is reported to the Office of Special Education Programs (OSEP) as part of the Annual Performance Review (APR) begins with the ratings process.
 - The rating process occurs at two points in time, once at entry and once at exit from the program. The data reported in the APR only includes children in the Birth to 3 Program for at least six months.
- Overview of the 1-7 rating scale where level 7 is a child functioning at age level and level 1 is functioning significantly below age level.
- How is the ratings process conducted?
 - Through a team-based approach involving people who know the child well, understand expected age development, and see how a child functions in different settings.
 - Uses a resources and evidence-based approach including the Decision Tree and Age Anchoring.
- The A through E Progress Categories—where A did not improve functioning and E maintained functioning at age level—provide two summary statements that get reported to OSEP.
- Progress categories A through E are calculated into two summary statements:
 - Summary Statement 1: The percentage of children who made greater than expected growth
 - Summary Statement 2: The percentage of children who exited at or above age expectations

• Data | Eli Garringer

- **Calculating Child Outcomes:**
 - Data does not include every child who exits Birth to 3.
 - If there are errors in entry or exit scores that prevent their progress from being measured, outcome scores are not included.
- Overview of how points are awarded in OSEP's determinations and how the state compares to national trends. Note that different states have different eligibility criteria.
- FFY 2024-2025: Wisconsin's results for children substantially increasing rate of growth at exit reached 68% for Outcome A, 69% for Outcome B, and 72% for Outcome C.
- Children functioning at age expectations at exit: 42% for Outcome A, 33% for Outcome B, and 41% for Outcome C.
- 68% of children with substantial progress and 42% reaching age expectations as program exit for Outcome 1 (positive social-emotional skills).
- 69% of children with substantial progress and 33% at age expectations at exit for Outcome 2 (acquisition and use of knowledge and skills).
- 72% of children with substantial progress and 41% meeting age expectations for Outcome 3 (use of appropriate behaviors to meet needs).
- All FFY 2024-2025 outcome areas showed significant increase since the prior year and improvement in quality of outcome data.

• Professional Development (PD) | Lana Edwards and Becky Hoffman

- **Connecting the child outcomes and progress categories to personal stories from ambassadors on the PD team:**
 - Ayden's Story: Ayden was eligible based on his diagnosis of Shaken Baby Syndrome and his entry level ratings were at level 3. He was progressing until he developed an auto immune disease which required more complex care. The early intervention (EI) team helped Ayden and his family throughout his journey and his exit ratings were at level 1. The team concluded that the support provided was dynamic and tailored to the child's needs and current state.
 - Kyle's Story: Kyle was placed into Progress Category B – improved functioning and no change in trajectory.

Kyle's entry ratings were 3, 4, 3 and he had complex medical needs early on. As his gap between he and his peers widened, the family sought testing related to Autism. Kyle's exit ratings were all at level 3 upon exit with an indicated 'yes' to the progress question.

- **Maisy's Story:** Maisy was placed into Progress Category C – improved to level nearer to same-age peers but did not reach it. Maisy became eligible because she could not sit independently or bear weight. Her entry ratings were all at level 2. She experienced a seizure disorder and motor delays. The team helped the family get additional testing and supports and Maisy exited with ratings at 5, 4, 5 with a 'yes' to the progress question.
- **Jack's Story:** Jack was placed into Progress Category D – improved to level comparable to same aged peers. He was referred for feeding concerns with entry ratings at 5, 6, 5. Over his journey, he progressed to age expected feeding skills and the family was assisted in supporting his language and social development. His exit ratings were all at 6 with a 'yes' to the progress question.
- **Sophia's Story:** Sophia was placed into Progress Category E – functioning like same aged peers. She had a qualified diagnosis of high lead level. Her skills were with age-appropriate limits in all areas with rating at level 6. Her teacher and home nurse supported the family in reducing risk and working toward lead abatement with the landlord. Sophia's exit ratings were 7, 6, 7, with a 'yes' to the progress question.

○ **Council Questions and Discussion**

- Rebecca Jarzynski observed that data collection does not always capture how many children will not likely meet age levels, as indicated by the personal stories. She asked whether a cap exists on the amount of progress that can be made, given that not all children can reach age expectations.
- Deb Rathermel commented that early intervention often sees a ceiling for capacity to reach age expectations. When the threshold is reached, they usually choose to adjust the targets to a new threshold or keep them the same.
- Jacklyn Borchardt mentioned that for children with sensory disabilities, gaps can actually increase even during intervention, but intervention helps the gaps not get even wider. The data does not always capture this nuance. Trisha Wicinsky seconded that the data does not capture all details.
- Deb mentioned that sometimes intervention focuses on mitigating further regression and not necessarily measured progress.

Reviewing Baseline and Targets, presenter Eli Garringer

- Eli provided background on the requirements. Per OSEP regulations, states are required every six years to evaluate and adjust performance targets based on current trends. These baselines and targets are used to benchmark states for future progress.
- Data and trends are being analyzed here to help shape future goals and gain feedback from council members.
- Review of historical trends from federal fiscal year (FFY) 2021-2022 and current baselines.
- The program aims to set targets and baselines that reflect high expectations and quality results tailored to the unique needs of participants.
- Overview of trends relating to current baselines and targets. Reviewed data and trends for indicators 2, 3, 4, 5, 6, 9 and 11.
- Next Steps include incorporating the incoming OSEP guidance and bringing forward a proposal of the upcoming targets for council's approval.

Status Updates, presenters Nicole Miller, Dana Romary, Eli Garringer, Deb Rathermel

• **Program Review Protocol | Nicole Miller**

- Overview of the record review designed by DHS and used by MetaStar to measure how county programs meet program requirements. The redesign protocol was implemented in 2025. The goal is to evaluate documentation in participant files with a summary of findings for each county. A stratified sampling methodology is used during this process. MetaStar scores the files according to the protocol and checks with DHS for consistency of expectations.

Counties also receive detailed file level scoring. The county findings are also analyzed at the state level.

- 2025 Statewide Results: the four focus areas are (1) Eligibility determination and ongoing child assessment, (2) Family engagement, support, and services, (3) Individualized family service plan (IFSP) process, documentation, and outcomes, and (4) Transitions. The 2025 results for each of these areas, respectively, were 97%, 96%, 92%, and 89%
- 2026 County Requirements: All counties are required to follow the steps of Review, Correct, Improve, and Attest. They must undergo file review, correct findings of noncompliance, improve practices and attest to corrections.
- Continuous quality improvement is occurring in 2026 with updates to the review protocol, supporting counties in results analysis to identify areas for improvement, and providing technical assistance and professional development opportunities.

- **Opioid Settlement Funds Initiative | Dana Romary**

- Settlement funds to be available to counties were announced in April 2026 with \$2 million earmarked for Wisconsin Birth to 3 Programs. A one-year grant is anticipated to go out in January 2027 to be expended within one year of award.
- Funding for individual counties will include a base allocation along with determinations based on enrollment averages and county population averages in recent years. Unspent funds will be returned to DHS.
- Counties will receive a survey to apply for funds with reward amounts to be finalized during the third quarter.
- Overview of requirements: must include enrolled children and families, must fall under one of the categories related to opioid impactation, and must submit quarterly reports to DHS. Counties must also consider intervention and supports as outlined by DHS.
- Counties should consider collaboration with social services, foster agencies, local education agencies (LEAs), etc., but note that funds may not be subgranted.
- **Discussion**
 - Theresa Wixom asked how far reaching the funds would be and whether it would pay for medical follow up, bringing up that children affected by substances during birth are not always showing obvious delays even when medical examinations show internal issues. Dana indicated the scope parameters are still being worked on.

- **Child Count | Eli Garringer**

- Background on child count submission – Part C Child Count Survey captures data with an October 1st submission date for the state of Wisconsin. This is collected each year by OSEP in July and used in the APR to take measurements on Indicators 2 (percent of population enrolled), 5, and 6.
- Recently there has been a decline in population estimates but Wisconsin exceeds the 99% target of children served in natural settings. Fewer participants are identified as Asian or Indigenous American within the Birth to 3 Program compared to the overall population.
- Total cumulative enrollment increased from around 11,400 to over 12,900 from 2020 to 2025 and also saw an increase in one-Day child count under 3 and one-Day child count under 1 during this time frame.
- The population is trending down for children under 3
- Race and ethnicity counts mostly align with the state's population, with majority White participants, followed by Hispanic/Latino, Black/African American, Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander.
- Child count by setting shows over 90% within home settings, 4-5% in community settings and fewer than 1% in other settings.
- Ginger asked if the state is looking into providing vetted educational materials or resources, so counties have access to reliable tools. Dana responded that there has been research into what other states are doing regarding this and that there are three or four evidence-based programs that hopefully can be offered as resources.
- Dana clarified how “home” is defined in the data.

- **Transitioning Data Systems | Deb Rathermel**

- The current Program Participation System (PPS) is obsolete and no longer supports current needs or security standards. Moving away from PPS has been a long-term goal and it is being replaced by a new platform. The project is in the development phase, and the new platform is planned for launch in January 2027. Moving forward, there will be engagement sessions to share progress updates and opportunities to participate in user testing and feedback.
- Ginger asked whether the same data and Deb replied that there will be some minor adjustments, but they are not looking to overhaul everything completely.

Situational Awareness | presenter Deb Rathermel

- **Office of Special Education Programs (OSEP) Grant**
 - There is an ongoing discussion regarding shifting OSEP out of the US Department of Education. This is planned to be executed with the Department of Health and Human Services, but the transition has not been fully implemented. There are pending lawsuits regarding whether the federal administration has authority in this matter. States are not yet experiencing direct impacts from the attempted transition. State and federal agencies are working together to maintain access to federal resources during these changes.
- **Annual Determinations**
 - Wisconsin Annual Determination status- meets requirements
<https://sites.ed.gov/idea/idea-files/2026-determination-letters-on-state-implementation-of-idea/>

Wrap-Up & Overview of Future Agenda Topics

- Future Meetings: November 11
- MOTION TO ADJOURN: Trisha Wicinsky; SECONDED: Jillian Clemens at 11:47 AM.

Prepared by: Sarah Ybarra on 8/12/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/11/2026

