

Introduction to the State Performance Plan (SPP)/Annual Performance Report (APR)

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.

The Wisconsin Department of Health Services (DHS) Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process. Data analysis charts tracking compliance percentages for the nine federal compliance indicators are distributed to county agencies annually, each spring, after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assigns a determination status. County Birth to 3 Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance. In addition, data analysis is completed annually near the close of the federal fiscal year (FFY), which may result in issuance of findings of noncompliance for any county not achieving 100 percent compliance. The Department's contracted technical assistance vendor, Regional Enhancement Support (RESource) provides assistance and support by meeting with each county Birth to 3 Program to discuss and analyze their local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP).

The DHS state lead team members conducts an onsite review for each of Wisconsin's 72 county Birth to 3 Programs over a four-year cycle, with the state's largest county subject to an onsite review annually. County Birth to 3 Programs must also complete a county self-assessment process, annually. The self-assessment process and onsite review include a review of data from Wisconsin's Program Participation System (PPS) summary reports, file reviews, and review of other internal processes and policies. The self-assessment process results in a written report to DHS. The DHS Birth to 3 Program and RESource technical assistance staff jointly review the information contained in the county's self-assessment report on an annual basis. If concerns are identified from the self-assessment process, a targeted review may be conducted to resolve findings of noncompliance and to develop any required plans of correction. A follow up, in-person visit with the county Birth to 3 Program may occur with DHS and RESource staff, if necessary. RESource staff collaborates with county Birth to 3 Programs to develop plans to correct findings of noncompliance with technical assistance provided, as described in a county's PIPP. RESource also tracks progress toward correction of findings of noncompliance in a database.

Technical Assistance System:

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

Wisconsin has developed a comprehensive, statewide program of Technical Assistance. The DHS Birth to 3 Program contracts with the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support (RESource) Program to provide technical assistance to county Birth to 3 Programs. RESource provides a dedicated staff person for each of the five DHS regions located in Wisconsin; Northern, Northeastern, Southern, Southeastern and Western. RESource facilitators work closely with the DHS Birth to 3 staff, the Waisman Center, University of Wisconsin-Madison, Wisconsin Personnel Development Project (WPDP), and regional DHS Area Administrators to provide technical assistance and supportive training in collaboration with county Birth to 3 Programs and their community partners. This technical assistance is guided by the State Performance Plan (SSP) and includes support in gathering, analyzing, and verifying data to document status in meeting each Office of Special Education Programs (OSEP) Indicators as well as support to county Birth to 3 Programs in achieving desired outcomes resulting in enhanced and improved services for infants and toddlers and their families through program assessment; gathering data, analyzing data, planning and implementing strategies for quality improvement.

The primary contacts for RESource are county Birth to 3 Program leaders and the DHS Birth to 3 Program

staff. The following primary goals are guided by the Birth to 3 Program Outcomes Framework which includes the required OSEP Indicators:

- Building strong, ongoing relationships with Birth to 3 Program staff at the state and local level to focus on the unique assets of each program and support resolution of program issues and concerns;
- Supporting continuous quality improvement of county Birth to 3 Programs through participation in the DHS Birth to 3 Program Self-Assessment and Review process, development of Programs In Partnership Plan (PIPP), the facilitation of appropriate technical assistance and support and inform training; and
- Facilitating community and statewide collaboration and the development of learning networks among leaders of programs serving families and young children.

The work of REsource is organized around four goals:

Goal 1: Work in partnership with the DHS Birth to 3 Program staff in promoting the overall efficiency and effectiveness of county Birth to 3 Programs through supporting, analyzing, and monitoring compliance with federal and state regulations, including the Individuals with Disabilities Education Act (IDEA) Part C, WI Administrative Code DHS ch.90, and the OSEP Indicators

Goal 2: Provide technical assistance to county Birth to 3 Programs that results in continuous quality improvement, correction of findings of noncompliance identified through program Self-Assessment and the Review process, the Program Participation System (PPS), and positive outcomes for children and families.

Goal 3: Utilize the REsource Contact Log to track technical assistance activities including improvement activities and progress to compliance for findings of non-compliance identified as a result of the program review process and other data required for the IDEA State Performance Plan/State Systemic Improvement Plan (SPP/SSIP) and Annual Performance Review (APR) process, including support to WPDP professional development training.

Goal 4: Work in partnership with the DHS Birth to 3 Program staff and WPDP on identified focus areas to develop materials, provide targeted technical assistance, and other activities as requested to improve the effectiveness of statewide Birth to 3 Programs related to new staff orientation and mentoring, Primary Coach Approach to Teaming, OSEP child outcomes, data collection and analysis, fiscal, and transition.

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.

Wisconsin has developed a comprehensive, statewide program of personnel development. The Department's Birth to 3 Program contracts with the Waisman Center, University of Wisconsin-Madison, Wisconsin Birth to 3 Personnel Development Project (WPDP) for this purpose. The Department has directed WPDP to train professional service providers who serve families of children receiving services from the Birth to 3 Program. WPDP staff are committed to providing high quality training and technical assistance to Wisconsin's county Birth to 3 Programs. Project activities will: 1) continue on a statewide and regional basis; 2) respond to the highest priority training needs for Wisconsin's Birth to 3 Program as identified by the DHS

Part C Coordinator and supported by the U.S. Department of Education (DOE), Office of Special Education (OSEP) State Performance Plan (SPP), the Annual Performance Report (APR), and the Birth to 3 Program Self-Assessment and Review process; 3) further the mission of the Birth to 3 Program by focusing on effective, efficient and evidence-based approaches to provide interdisciplinary and interagency services that are based on culturally competent, relationship-based, family-centered practices in natural environments; and 4) collaborate with other early childhood, health related and parent training efforts in the state. Project activities will strive to be culturally competent and reflect the diversity of the families in Wisconsin. The Wisconsin Interagency Coordinating Council (ICC) provides feedback and recommendations on project activities. WDPD provides DHS with data necessary for reporting to OSEP, the DHS and the ICC. Coordination of activities with the DHS Birth to 3 Program and RESource, the quality improvement and technical assistance provider, is a priority in order to promote continuous quality improvement within Wisconsin's Birth to 3 Program. WDPD reports on project accomplishments annually.

Stakeholder Involvement:

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

Wisconsin has a long-standing history and commitment to quality services for young children and their families. County agencies, as the local providers of Wisconsin's Birth to 3 services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. County agencies, families, advocates, and the Wisconsin Governor appointed Interagency Coordinating Council (ICC) are among the broad array of stakeholders in the statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Part C Program. These components include the State Performance Plan (SPP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and Annual Performance Reports (APR). Wisconsin's county Birth to 3 Programs are fully informed of the SPP and the resulting outcome data in the APR.

The ICC has diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. In 2013, the ICC revised and adopted new updated by-laws governing ongoing work. Each year DHS provides data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. Subsequently, the ICC makes data-driven recommendations to the Department regarding strategies for improvement related to these outcomes and any other identified initiatives. These outcomes closely align with the indicators developed under Part C Individuals with Disabilities Education Act (IDEA). DHS made a presentation about Child Outcomes Targets, Indicator 3 and Family Outcomes Targets, Indicator 4 to the ICC members on August 20 and December 18, 2014. The ICC members had the opportunity to listen, reflect and make recommendation on establishing new base lines and 5 year targets. The ICC recommendations are frequently implemented by the DHS, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

Reporting to the Public:

How and where the State reported to the public on the FFY 2012 performance of each EIS Program or Provider 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 2012 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2012 APR in 2014, is available.

In support of transparency and communication with external stakeholders, upon submission to the U.S. Department of Education, the APR and SPP are posted on the DHS Birth to 3 Program website at:

<https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>

Both documents are available in printed and alternate formats upon request. The Department provides information to the public regarding accessing the Wisconsin SPP and APR through listserves, e-mail messages, trainings, teleconferences, regional meetings, and local county outreach. DHS meets the requirement for public reporting of early intervention services by county through its website via a link to the

NCRRC. Performance results are currently displayed in a dashboard format, allowing readers to compare different counties' compliance on any of the eight federal indicators included on the website. The link to NCRRC and these data is http://northcentralrrc.org/wisconsin/11_12_APR.aspx and through the DHS Birth to 3 Program website <http://www.dhs.wisconsin.gov/children/birthto3.htm>.

These activities fulfill the state's responsibility to report annually to the public on the performance of each early intervention service (EIS) program located in the state on the targets in the SPP under IDEA section 616 (b)(C)(ii)(1) and 642. County Birth to 3 Programs are responsible for sharing data with local advisory groups and developing other communication strategies to share data within their communities.

Indicator 1: Timely provision of services

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	85.79%	98.00%	97.59%	98.49%	98.70%	99.13%	99.55%	99.78%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	5,740	11,975

Explanation of Alternate Data

Wisconsin Reports on a full year of data from July 1, 2013 to June 30, 2014.

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
11,048	11975	99.78%	100%	99.89%

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)	914
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What is the source of the data provided for this indicator?

- State monitoring
- 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).

Selection from full reporting period. July 1, 2013 to June 30, 2014.

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

The DHS Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process through the following activities:

- Annual distribution of data analysis charts tracking compliance percentages for the nine federal compliance indicators to county agencies each spring after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assign a determination status. County Birth to 3 Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance.
- Annual data review and analysis annually near the close of the federal fiscal year (FFY) at the state and local program level. Programs must certify their data is complete and accurate; this finalized data is also use as the basis for annual issuance of findings of noncompliance for any county not achieving 100 percent compliance.
- RESource staff provides technical assistance by meeting with each county Birth to 3 Program to discuss and analyze local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP) for any non-compliance identified throughout the fiscal year.

In FFY 2013, DHS continued to focus on improving the Program Participation System (PPS) data reporting infrastructure. This data is used to calculate performance percentages for the APR, issuance of determinations, findings of noncompliance, and identification of improvement activities. The DHS Birth to 3 Program staff continues to support county utilization of indicator reports available through the data mart. The development and provision of multiple reports allows local programs to directly access their own program data for monitoring and development of program improvements. In addition, the data mart provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data. The DHS State Team and RESource staff provide technical assistance to county Birth to 3 Programs on an ongoing basis to support use of the data mart information and reports.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The verification process for the correction of findings of noncompliance used in Wisconsin, implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. In the fall of 2013, the DHS Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in the FFY 2012 were verified based on a review of sixty consecutive days of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

Describe how the State verified that each LEA corrected each individual case of noncompliance

All findings of noncompliance corrected in the FFY 2012 were verified based on a review of two consecutive months of data which reflect 100 percent compliance. The DHS compiles a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program provides the documentation on those files. County Birth to 3 Programs have the opportunity to access technical assistance regarding the documentation prior to submission of files including assistance regarding required documentation, understanding the verification of correction process, and accessing and reviewing data mart reports. A two-step desk audit is conducted including: 1) a file documentation review sent to the DHS to ensure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system. If questions of verification occur with the documentation sent by the county Birth to 3 Program, desk audits are jointly reviewed within the DHS Birth to 3 Program team to ensure inter-rater reliability with the verification process. As a result of these discussions, additional documentation may be requested for submission from the county Birth to 3 Program.

Indicator 2: Services in Natural Environments

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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		96.34%	96.00%	96.00%	96.20%	96.30%	96.30%	96.30%
Data	95.10%	95.21%	93.96%	94.60%	95.80%	95.43%	96.13%	97.68%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	96.30%	96.33%	96.34%	96.35%	96.37%	96.40%

Targets: Description of Stakeholder Input

The Wisconsin Interagency Coordinating Council (ICC) met on December 18, 2014. The Department provided a review of existing data, and facilitated a discussion on recommendations to set new targets for Indicator 2. The ICC members advised the Department to increase the targets each year to meet the target of 96.40 in 2018. These new targets for Indicator 2 will help establish goals that are both increasing and attainable.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,649	
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Total number of infants and toddlers with IFSPs	5,740	

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
5,649	5,740	97.68%	96.30%	98.41%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 3: Early Childhood Outcomes

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)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A1	2011	Target ≥					72.50%	72.50%	72.60%	
		Data				72.50%		61.80%	59.00%	56.10%
A2	2011	Target ≥					74.00%	74.00%	74.10%	
		Data				74.00%		66.50%	66.10%	62.30%
B1	2011	Target ≥					78.20%	78.20%	78.30%	
		Data				78.20%		68.00%	66.10%	62.30%
B2	2011	Target ≥					58.90%	58.90%	59.00%	
		Data				58.90%		50.20%	50.70%	45.90%
C1	2011	Target ≥					76.70%	76.70%	76.80%	
		Data				76.70%		72.70%	69.50%	66.90%
C2	2011	Target ≥					76.40%	76.40%	76.50%	
		Data				76.40%		68.00%	68.50%	64.50%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A1 ≥	59.01%	59.02%	59.03%	59.04%	59.05%	59.06%
Target A2 ≥	66.11%	66.12%	66.13%	66.14%	66.15%	66.16%
Target B1 ≥	66.11%	66.12%	66.13%	66.14%	66.15%	66.16%
Target B2 ≥	50.71%	50.72%	50.73%	50.74%	50.75%	50.76%
Target C1 ≥	69.51%	69.52%	69.53%	69.54%	69.55%	69.56%
Target C2 ≥	68.51%	68.52%	68.53%	68.54%	68.55%	68.56%

Targets: Description of Stakeholder Input

The DHS Birth to 3 Program staff presented Child Outcome (Indicator 3) data results for Federal Fiscal Year (FFY) 2013-2014 to the Wisconsin Interagency Coordinating Council (ICC) on December 18, 2014. The subsequent discussion included a comparison of current Indicator 3 FFY 2013-2014 results data to that of each previous year of the SPP (2008-2012) data, including established targets and actual results data reported in each year of the 2008-2013 APR/SPP. It was noted that all six summary statements for results data continued to trend apart from the 2010 targets. Targets continued to increase each year while the actual results data continued a downward trend creating a larger gap in each of the reporting years. The following statements were discussed to be related to Wisconsin Child Outcome data.

- Wisconsin’s Indicator 3 Child Outcomes data continued to trend downward during each year of the previous SPP (2008-2013).
- Child Outcome professional development opportunities in partnership with Wisconsin Department of Public Instruction (DPI) were developed in the fall of 2014 and early spring 2015 to increase the Child Outcomes fidelity process.
- Wisconsin Birth to 3 Programs are beginning to understand Indicator 3 Child Outcomes as a “process” versus “task” and recognizing how Child Outcomes are incorporated into their daily interactions with children and families.
- Wisconsin’s overall Indicator 3 data trend mimics that of the national trend.
- Wisconsin would like to close the gap between baseline and the set targets.

FFY 2013 SPP/APR Data

Number of infants and toddlers with IFSPs assessed	4,045
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Does 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)? No

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

	Number of Children
a. Infants and toddlers who did not improve functioning	15
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,104
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	507
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	856
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,563

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
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 (c+d)/(a+b+c+d).	1,363	2,482	56.10%	59.01%	54.92%
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 (d+e)/(a+b+c+d+e).	2,419	4,045	62.30%	66.11%	59.80%

Explanation of A1 Slippage

Wisconsin notes slippage of summary statements one and two across all three outcomes with the exception of Summary Statement B 1 which had a slight increase over the target of 62.30% to 62.39%. DHS understands this as continued and positive trends as county Birth to 3 Programs receive targeted technical assistance around Child Outcomes as part of their annual self-assessment and, when scheduled, onsite monitoring visits. County Birth to 3 Programs have also acknowledged the need for and interest in implementing quality Child Outcome practices. DHS held several state wide regional full day collaborative professional development with the Wisconsin Department of Public Instruction (DPI) around child outcomes starting in Fall of 2014. A majority of county Birth to 3 Program staff registering for the professional development day. DHS is continuing planning with DPI for ongoing collaborative Child Outcome professional development for CY 2015. DHS is also collaborating with DPI to review the possibility in developing Child Outcomes on-line modules as part of on-going professional development for new and existing early intervention staff.

The Wisconsin DHS Birth to 3 Program created a child outcomes data mart report for county Birth to 3 Programs which identifies errors in the child outcomes data allowing county Birth to 3 Programs to correct, edit or update incorrect data prior to the final APR submission.

[Wisconsin’s 72 county Birth to 3 Programs utilize the Child Outcomes Summary \(COS\) process to determine child entry and child exit ratings](#)

for each child transitioning out of the Birth to 3 Program during the APR FFY report. Data reported reflects children exiting between July 1, 2013 and June 30, 2014 with participation in the Wisconsin Birth to 3 Program for a minimum of six months (181 days). At-risk children are not served in the Wisconsin Birth to 3 Program. Therefore, the data reflects Wisconsin Part C eligible children only. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and Summary Statements for 9500 Cases.

Explanation of A2 Slippage

Wisconsin notes slippage of summary statements one and two across all three outcomes with the exception of Summary Statement B 1 which had a slight increase over the target of 62.30% to 62.39%. DHS understands this as continued and positive trends as Wisconsin Birth to 3 Programs receive targeted technical assistance around Child Outcomes as part of their annual self-assessment and, when scheduled, onsite monitoring visits. Birth to 3 Programs have also acknowledged the need for and interest in implementing quality Child Outcome practices with large numbers of Birth to 3 Programs registering for the full day collaborative professional development with the Wisconsin Department of Public Instruction (DPI) around child outcomes. Ongoing collaborative Child Outcome professional development with DPI is being considered for CY 2015. Additionally, discussions around developing Child Outcomes on-line modules as part of the orientation process for Birth to 3 Program personnel.

The Wisconsin DHS Birth to 3 Program created a child outcomes data mart report for county Birth to 3 Programs which identifies errors in the child outcomes data allowing Birth to 3 Programs to correct, edit or update incorrect data prior to the final APR submission.

Wisconsin's 72 county Birth to 3 Programs utilize the Child Outcomes Summary (COS) process to determine child entry and child exit ratings for each child transitioning out of the Birth to 3 Program during the APR FFY report. Data reported reflects children exiting between July 1, 2013 and June 30, 2014 with participation in the Wisconsin Birth to 3 Program for a minimum of six months (181 days). At-risk children are not served in the Wisconsin Birth to 3 Program. Therefore, the data reflects Wisconsin Part C eligible children only. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and Summary Statements for 9500 Cases.

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

	Number of Children
a. Infants and toddlers who did not improve functioning	8
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,274
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	988
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,139
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	636

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
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 $(c+d)/(a+b+c+d)$.	2,127	3,409	62.30%	66.11%	62.39%
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 $(d+e)/(a+b+c+d+e)$.	1,775	4,045	45.90%	50.71%	43.88%

Explanation of B2 Slippage

Wisconsin notes slippage of summary statements one and two across all three outcomes with the exception of Summary Statement B 1 which had a slight increase over the target of 62.30% to 62.39%. DHS understands this as continued and positive trends as Wisconsin Birth to 3 Programs receive targeted technical assistance around Child Outcomes as part of their annual self-assessment and, when scheduled, onsite monitoring visits. Birth to 3 Programs have also acknowledged the need for and interest in implementing quality Child Outcome practices with large numbers of Birth to 3 Programs registering for the full day collaborative professional development with the Wisconsin Department of Public Instruction (DPI) around child outcomes. Ongoing collaborative Child Outcome professional development with DPI is being considered for CY 2015. Additionally, discussions around developing Child Outcomes on-line modules as part of the orientation process for Birth to 3 Program personnel.

The Wisconsin DHS Birth to 3 Program created a child outcomes data mart report for county Birth to 3 Programs which identifies errors in the child outcomes data allowing Birth to 3 Programs to correct, edit or update incorrect data prior to the final APR submission.

Wisconsin's 72 county Birth to 3 Programs utilize the Child Outcomes Summary (COS) process to determine child entry and child exit ratings for each child transitioning out of the Birth to 3 Program during the APR FFY report. Data reported reflects children exiting between July 1, 2013 and June 30, 2014 with participation in the Wisconsin Birth to 3 Program for a minimum of six months (181 days). At-risk children are not served in the Wisconsin Birth to 3 Program. Therefore, the data reflects Wisconsin Part C eligible

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children only. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and Summary Statements for 9500 Cases.

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children
a. Infants and toddlers who did not improve functioning	10
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	951
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	554
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,284
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	1,246

	Numerator	Denominator	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
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 (c+d)/(a+b+c+d).	1,838	2,799	66.90%	69.51%	65.67%
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 (d+e)/(a+b+c+d+e).	2,530	4,045	64.50%	68.51%	62.55%

Explanation of C1 Slippage

Wisconsin notes slippage of summary statements one and two across all three outcomes with the exception of Summary Statement B 1 which had a slight increase over the target of 62.30% to 62.39%. DHS understands this as continued and positive trends as Wisconsin Birth to 3 Programs receive targeted technical assistance around Child Outcomes as part of their annual self-assessment and, when scheduled, onsite monitoring visits. Birth to 3 Programs have also acknowledged the need for and interest in implementing quality Child Outcome practices with large numbers of Birth to 3 Programs registering for the full day collaborative professional development with the Wisconsin Department of Public Instruction (DPI) around child outcomes. Ongoing collaborative Child Outcome professional development with DPI is being considered for CY 2015. Additionally, discussions around developing Child Outcomes on-line modules as part of the orientation process for Birth to 3 Program personnel.

The Wisconsin DHS Birth to 3 Program created a child outcomes data mart report for county Birth to 3 Programs which identifies errors in the child outcomes data allowing Birth to 3 Programs to correct, edit or update incorrect data prior to the final APR submission.

Wisconsin's 72 county Birth to 3 Programs utilize the Child Outcomes Summary (COS) process to determine child entry and child exit ratings for each child transitioning out of the Birth to 3 Program during the APR FFY report. Data reported reflects children exiting between July 1, 2013 and June 30, 2014 with participation in the Wisconsin Birth to 3 Program for a minimum of six months (181 days). At-risk children are not served in the Wisconsin Birth to 3 Program. Therefore, the data reflects Wisconsin Part C eligible children only. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and Summary Statements for 9500 Cases.

Explanation of C2 Slippage

Wisconsin notes slippage of summary statements one and two across all three outcomes with the exception of Summary Statement B 1 which had a slight increase over the target of 62.30% to 62.39%. DHS understands this as continued and positive trends as Wisconsin Birth to 3 Programs receive targeted technical assistance around Child Outcomes as part of their annual self-assessment and, when scheduled, onsite monitoring visits. Birth to 3 Programs have also acknowledged the need for and interest in implementing quality Child Outcome practices with large numbers of Birth to 3 Programs registering for the full day collaborative professional development with the Wisconsin Department of Public Instruction (DPI) around child outcomes. Ongoing collaborative Child Outcome professional development with DPI is being considered for CY 2015. Additionally, discussions around developing Child Outcomes on-line modules as part of the orientation process for Birth to 3 Program personnel.

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Was sampling used? No

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COSF)? Yes

Actions required in FFY 2012 response table

The State must report progress data and actual target data for FFY 2013 in the FFY 2013 APR.

Responses to actions required in FFY 2012 response table

Indicator 4: Family Involvement

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)

Historical Data

	Baseline Year	FFY	2005	2006	2007	2008	2009	2010	2011	2012
A	2011	Target ≥				88.00%	90.00%	90.00%	90.00%	90.00%
		Data		83.00%	80.00%	74.00%	85.00%	86.25%	82.83%	82.94%
B	2011	Target ≥				93.00%	94.00%	94.00%	94.00%	94.00%
		Data		90.00%	89.00%	87.00%	95.00%	82.37%	87.49%	84.86%
C	2011	Target ≥				93.00%	94.00%	94.00%	94.00%	94.00%
		Data		89.00%	85.00%	91.00%	92.00%	80.78%	85.20%	87.61%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target A ≥	82.83%	82.85%	82.88%	82.93%	82.98%	83.03%
Target B ≥	87.49%	87.51%	87.54%	87.59%	87.64%	87.69%
Target C ≥	85.20%	85.22%	85.25%	85.30%	85.35%	85.40%

Targets: Description of Stakeholder Input

The Wisconsin Birth to 3 Program Interagency Coordinating Council (ICC) provided input into the baseline data and targets identified above. ICC members discussed historical Indicator 4 data and trends, recommendations for survey distribution and analysis, and practice changes to use language in everyday conversations with families that helps parents or caregivers understand the goals and purposes of early intervention. ICC members set the above baselines and targets to allow time for practice changes and data analysis to demonstrate results in indicator performance.

FFY 2013 SPP/APR Data

Number of respondent families participating in Part C	1,127
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	903
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	1,127
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	966

FFY 2013 Part C State Performance Plan (SPP)/Annual Performance Report (APR)

B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	1,127
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	948
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	1,127

	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights	82.94%	82.83%	80.12%
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	84.86%	87.49%	85.71%
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	87.61%	85.20%	84.12%

Explanation of A Slippage

Indicator 4A demonstrated slippage of 2.84 percent in FFY 2013 compared with FFY 2012. The Wisconsin Birth to 3 Program is not able to determine specific activities or procedures resulting in a decrease in families reporting early intervention helping the family know their rights. In FFY 2013, Family Outcome Survey data was reviewed with the state ICC and with county Birth to 3 Programs at the Spring and Fall in-person Regional Meetings. Both stakeholder groups discussed the survey questions and processes, but did not reach a consensus regarding the cause of the slippage with Indicator 4A.

Explanation of C Slippage

Indicator 4C demonstrated slippage of 3.51 percent in FFY 2013 compared with FFY 2012. The Wisconsin Birth to 3 Program is not able to determine specific activities or procedures resulting in a decrease in families reporting early intervention helping the family help their children develop and learn. In FFY 2013, Family Outcome Survey data was reviewed with the state ICC and with county Birth to 3 Programs at the Spring and Fall in-person Regional Meetings. Both stakeholder groups discussed the survey questions and processes, but did not reach a consensus regarding the cause of the slippage with Indicator 4C.

Describe how the State has ensured that any response data are valid and reliable, including how the data represent the demographics of the State.

In FFY 2013, the Wisconsin Birth to 3 Program distributed 3,098 surveys and received 1,127 surveys, a return rate of 36.38 percent. The ECO Family Survey distribution list was developed from a one-day count from the Program Participation System (PPS). FFY 2013 continued the practice of distributing the ECO Family Survey to all families enrolled in the Birth to 3 Program, rather than a sampling of families, which was originally implemented in FFY 2010. Survey recipients included families enrolled in a Birth to 3 Program in Wisconsin for a minimum of six months, also a continuation of the survey process implemented in FFY 2010.

In FFY 2013, DHS continued to emphasize the expectation for county Birth to 3 Programs to update PPS data on a monthly basis to ensure the accuracy of the survey distribution list and demographic information. The statewide survey return rate of 36.38 percent was significantly greater than the 20 percent minimum return rate requirement for county Birth to 3 Programs established in FFY 2010; this was an increase from the 33.50 percent return rate in FFY 2012.

31.23 percent of the surveys were completed by non-white families, equivalent to the 31.92% of Wisconsin families as reported in the Wisconsin FFY 2013 618 Child Count data. 14.73 percent of surveys were

completed by Hispanic families, which is comparable to the 14.82 percent of Wisconsin families reported as Hispanic in the FFY 2013 618 Child Count report.

Over half the families (66.55 percent) completed the survey when their child was over two years old. Greater than ten percent (11.45 percent) of families completed the survey before their child was one year old or after their child already turned three years old and left the Birth to 3 Program.

Was sampling used? No

Was a collection tool used? Yes

Is it a new or revised collection tool? No



Yes, the data accurately represent the demographics of the State



No, the data does not accurately represent the demographics of the State

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, **not including correction of findings**

Not applicable.

Indicator 5: Child Find (Birth to One)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 1 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2008

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		1.14%	1.15%	1.16%	1.16%	0.95%	0.95%	0.95%
Data	1.03%	0.95%	0.91%	0.86%	0.98%	0.94%	1.03%	0.93%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	0.95%	0.95%	0.95%	0.95%	0.95%	0.95%

Targets: Description of Stakeholder Input

In the 2012 SPP, Wisconsin lowered the child find target for children under age one to 0.95 percent to more accurately reflect the Wisconsin Birth to 3 Program's previous four years of child find results data. On October 12, 2011, the Wisconsin ICC reviewed the work of the Child Find Work Group and moved to amend the 2012 SPP and adjust the birth to age one (Indicator 5) from 1.16% to .95 percent.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 1 with IFSPs	696	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 1	67,277	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
696	67,277	0.93%	0.95%	1.03%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Indicator 6: Child Find (Birth to Three)

Monitoring Priority: Effective General Supervision Part C / Child Find

Results indicator: Percent of infants and toddlers birth to 3 with IFSPs compared to national data.

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

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥		2.82%	2.83%	2.84%	2.84%	2.84%	2.84%	2.84%
Data	2.79%	2.61%	2.62%	2.72%	2.78%	2.89%	2.80%	2.70%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	2.81%	2.82%	2.83%	2.83%	2.83%	2.83%

Targets: Description of Stakeholder Input

The DHS Birth to 3 Program staff presented Indicator 6 (Child Find-Birth to Three) data results for Federal Fiscal Year (FFY) 2013-2014 to the Wisconsin Interagency Coordinating Council (ICC) on December 18, 2014. The Indicator 6 targets for 2013 to 2018 have been changed to be consistent with the 2005 baseline and reflect the current data as reported in the past three year APR.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2013-14 Child Count/Educational Environment Data Groups	9/24/2014	Number of infants and toddlers birth to 3 with IFSPs	5,740	
U.S. Census Annual State Resident Population Estimates April 1, 2010 to July 1, 2013	12/16/2014	Population of infants and toddlers birth to 3	204,394	

FFY 2013 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
5,740	204,394	2.70%	2.81%	2.81%

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 7: 45-day timeline

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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	74.40%	91.25%	94.83%	96.10%	98.20%	97.21%	98.98%	99.02%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
5,345	6,393	99.02%	100%	99.59%
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)				1,022

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

- State monitoring
- 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).

The 2013-2014 Fiscal year from July 1, 2013 through June 30, 2014.

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

The DHS Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process through the following activities:

- Annual distribution of data analysis charts tracking compliance percentages for the nine federal compliance indicators to county agencies each spring after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assigns a determination status. County Birth to 3

Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance.

- Annual data review and analysis annually near the close of the federal fiscal year (FFY) at the state and local program level. Programs must certify their data is complete and accurate; this finalized data is also use as the basis for annual issuance of findings of noncompliance for any county not achieving 100 percent compliance.
- RESource staff provides technical assistance by meeting with each county Birth to 3 Program to discuss and analyze local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP) for any non-compliance identified throughout the fiscal year.

In FFY 2013, DHS continued to focus on improving the Program Participation System (PPS) data reporting infrastructure. This data is used to calculate performance percentages for the APR, issuance of determinations, findings of noncompliance, and identification of improvement activities. The DHS Birth to 3 Program staff continues to support county utilization of indicator reports available through the data mart. The development and provision of multiple reports allows local programs to directly access their own program data for monitoring and development of program improvements. In addition, the data mart provides Wisconsin’s county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data. The DHS State Team and RESource staff provide technical assistance to county Birth to 3 Programs on an ongoing basis to support use of the data mart information and reports.

In addition, extensive collaborative work exists in the data tracking of referral information shared between the DHS Division of Public Health’s Sound Beginnings (EDHI) program and the Wisconsin Birth to 3 Program. Wisconsin’s two data systems, WE-TRAC and PPS, are integrated to ensure timely and accurate referral and enrollment into the Birth to 3 Program for children who are deaf and hard of hearing.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Not applicable.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
19	19	0	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The verification process for the correction of findings of noncompliance used in Wisconsin, implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. In the fall of 2013, the DHS Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through the two-step verification process and corresponding root cause

analysis.

A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in the federal fiscal year (FFY) 2013 were verified based on a review of sixty consecutive days of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

Describe how the State verified that each LEA corrected each individual case of noncompliance

The verification process for the correction of findings of noncompliance used in Wisconsin, implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in FFY 2013 were verified based on a review of sixty consecutive days of data which reflect 100 percent compliance.

The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

Indicator 8A: Early Childhood Transition

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 SEA and the 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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target	100%	100%	100%	100%	100%	100%	100%	100%
Data	100%	83.32%	95.48%	96.50%	99.10%	99.23%	99.55%	99.55%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
4,243	4,612	99.55%	100%	99.76%

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

- State monitoring
- 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).

The 2013-2014 Fiscal year from July 1, 2013 through June 30, 2014.

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

The DHS Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process through the following activities:

- Annual distribution of data analysis charts tracking compliance percentages for the nine federal compliance indicators to county agencies each spring after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assign a determination status. County Birth to 3 Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance.
- Annual data review and analysis annually near the close of the federal fiscal year (FFY) at the state and local program level. Programs must certify their data is complete and accurate; this finalized data is also use as the basis for annual issuance of findings of noncompliance for any county not achieving 100 percent compliance.
- RESource staff provides technical assistance by meeting with each county Birth to 3 Program to discuss and analyze local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP) for any non-compliance identified throughout the fiscal year.

In FFY 2013, DHS continued to focus on improving the Program Participation System (PPS) and infrastructure. This data is used to calculate performance percentages for the APR, issuance of determinations, findings of noncompliance, and identification of improvement activities. The DHS Birth to 3 Program staff continues to support county utilization of indicator reports available through the data mart. The development and provision of multiple reports allows local programs to directly access their own program data for monitoring and development of program improvements. In addition, the Department's data mart provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data. The DHS Birth to 3 Program and RESource staff provide technical assistance to county Birth to 3 Programs on an ongoing basis to support use of the Data Mart information and reports.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Not applicable.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	9	1	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The verification process for the correction of findings of noncompliance used in Wisconsin, implements the

requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. In the fall of 2013, the DHS Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through the two-step verification process and corresponding root cause analysis.

A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in the federal fiscal year (FFY) 2013 were verified based on a review of sixty consecutive days of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

Describe how the State verified that each LEA corrected each individual case of noncompliance

The verification process for corrections to individual cases of noncompliance is not completed as the children have already left the program.

Indicator 8B: Early Childhood Transition

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 SEA and the 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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	83.45%	80.71%	95.59%	95.46%	94.69%	98.10%	100%	98.45%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 SPP/APR Data

Data include notification to both the SEA and LEA

- Yes
- No

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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
3,340	3,500	98.45%	100%	98.18%

Describe the method used to collect these data

Wisconsin uses a web-based data system, the Program Participation System (PPS), to gather the information reported for Indicator 8B. County Birth to 3 Programs have ongoing access to PPS to enter data on a regular basis. The DHS uses a data mart of reports developed from the county Birth to 3 Program's PPS entered day to determine the percent of compliance for each Indicator, which only includes infants and toddlers under the age of three years with IFSPs.

Do you have a written opt-out policy? Yes

Is the policy on file with the Department? Yes

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Not applicable.

Correction of Findings of Noncompliance Identified in FFY 2012

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

Indicator 8C: Early Childhood Transition

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 SEA and the 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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target		100%	100%	100%	100%	100%	100%	100%
Data	66.20%	82.00%	95.39%	96.87%	96.43%	98.00%	98.68%	97.64%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%	100%

FFY 2013 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

Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties at least 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 2012 Data*	FFY 2013 Target*	FFY 2013 Data
2,504	3,500	97.64%	100%	98.17%

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

- State monitoring
- State database that includes data for the entire reporting year

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

The 2013-2014 Fiscal year from July 1, 2013 through June 30, 2014.

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

The DHS Birth to 3 Program continues to increase focus on accuracy of data collection and reporting as part of its General Supervision process through the following activities:

- Annual distribution of data analysis charts tracking compliance percentages for the nine federal compliance indicators to county agencies each spring after submission of the APR. The charts identify the performance of each county Birth to 3 Program and assign a determination status. County Birth to 3 Programs are expected to analyze their performance on each of the indicators and adjust practice, if necessary, to ensure compliance.
- Annual data review and analysis annually near the close of the federal fiscal year (FFY) at the state and local program level. Programs must certify their data is complete and accurate; this finalized data is also use as the basis for annual issuance of findings of noncompliance for any county not achieving 100 percent compliance.
- RESource staff provides technical assistance by meeting with each county Birth to 3 Program to discuss and analyze local performance on each indicator and to develop improvement strategies through use of the Program in Partnership Plan (PIPP) for any non-compliance identified throughout the fiscal year.

In FFY 2013, DHS continued to focus on improving the Program Participation System (PPS) data reporting infrastructure. This data is used to calculate performance percentages for the APR, issuance of determinations, findings of noncompliance, and identification of improvement activities. The DHS Birth to 3 Program staff continues to support county utilization of indicator reports available through the data mart. The development and provision of multiple reports allows local programs to directly access their own program data for monitoring and development of program improvements. In addition, the data mart provides Wisconsin's county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data. The DHS Birth to 3 Program and RESource staff provide technical assistance to county Birth to 3 Programs on an ongoing basis to support use of the Data Mart information and reports.

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table, not including correction of findings

Not applicable.

Correction of Findings of Noncompliance Identified in FFY 2012

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
15	14	1	0

FFY 2012 Findings of Noncompliance Verified as Corrected

Describe how the State verified that each LEA with noncompliance is correctly implementing the regulatory requirements

The verification process for the correction of findings of noncompliance used in Wisconsin's Birth to 3 Program, implements the requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008. In

the fall of 2013, the DHS Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of: 1) timeliness of correction and 2) identification of root causes contributing to both initial and long-standing findings of noncompliance. This process verifies correct implementation of the regulatory requirements of this indicator through the two-step verification process and corresponding root cause analysis.

A two-step verification process exists, including a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected in the federal fiscal year (FFY) 2013 were verified based on a review of sixty consecutive days of data which reflect 100 percent compliance. The DHS staff compiled a random sample of 10 percent (or a minimum of three) of the files within the two consecutive months and the county program sent the documentation on those files. The process includes a two-step desk audit: 1) a file documentation review, sent to the DHS, to ensure the requirement for the Indicator is met, and 2) a review file documentation data compared to the data entered into the PPS data system.

Describe how the State verified that each LEA corrected each individual case of noncompliance

The verification process for corrections to individual cases of noncompliance is not completed as the children have already left the program.

Indicator 9: Resolution Sessions

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 are adopted).

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

Historical Data

Baseline Data:

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								
Data								

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥						

Targets: Description of Stakeholder Input

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1 Number of resolution sessions		
EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/12/2013	3.1(a) Number resolution sessions resolved through settlement agreements		

FFY 2013 SPP/APR Data

3.1 Number of resolution sessions	3.1(a) Number resolution sessions resolved through settlement agreements	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

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Indicator 10: Mediation

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)

Historical Data

Baseline Data: 2005

FFY	2005	2006	2007	2008	2009	2010	2011	2012
Target ≥								100%
Data				0%				

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2013 - FFY 2018 Targets

FFY	2013	2014	2015	2016	2017	2018
Target ≥	100%	100%	100%	100%	100%	100%

Targets: Description of Stakeholder Input

The Governor Appointed Interagency Coordinating Council (ICC) discussed the low number of mediations received annually and the need to enter targets for the next five-year cycle. Although, a target is not required for programs with less than ten mediations per year, the ICC agreed to target of 100% for each year, as no matter the number of mediations received the goal for each one is mediation agreements are signed.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.a.i Mediations agreements related to due process complaints	0	0
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1.b.i Mediations agreements not related to due process complaints	0	0
EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/5/2014	2.1 Mediations held	0	0

Explanation of Alternate Data

ajfa;lemfile;j

FFY 2013 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2012 Data*	FFY 2013 Target*	FFY 2013 Data
0	0	0		100.00%	

Actions required in FFY 2012 response table

None

Responses to actions required in FFY 2012 response table

Not Applicable

Indicator 11: State Systemic Improvement Plan

Monitoring Priority: General Supervision

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

Baseline Data

FFY	2013
Data	58.02%

FFY 2014 - FFY 2018 Targets

FFY	2014	2015	2016	2017	2018
Target	58.02%	58.02%	58.02%	59.00%	60.25%

Description of Measure

The SiMR baseline data was determined by using the child outcome Indicator 3, Outcome A, Summary Statement 1 data from the first cohort of 18 county programs, including representation from Milwaukee County. The final FFY 2018 target represents percent change considered statistically significant. The percentage of 2.2 percent is the lowest percentage change necessary for the chosen cohort to increase in order to be considered significant improvement, based on the size of the cohort. When the target moves from a baseline of 58.02 to 60.25 there is a 95 percent probability ($p=0.05$) that the positive change is based on what the Wisconsin Birth to 3 Program implemented, and not due to chance or random movement of the data. The percentages for baseline data and the subsequent target increases are weighted on an individual child basis as opposed to averaging each of the county summary statement percentages, assuring that smaller or larger counties Birth to 3 Programs have accurate representation based on their size.

Targets: Description of Stakeholder Input

The Wisconsin Interagency Coordinating Council (ICC) was briefed on the draft SiMR during their meeting held on December 18, 2014. ICC members had the opportunity to review, ask questions and provide feedback to the DHS staff members about the SiMR. Discussion also included information on considerations from DHS on how to select a subset of counties to base the baseline and targets on. A special meeting was held on March 10, 2015, with invited members of the ICC members, county administration and parent advocacy groups to review the baseline and set targets for the SiMR. All invited stakeholders had the opportunity to review, discuss and provide feedback to the DHS staff on the targets.

Data Analysis

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., EIS program and/or EIS provider, geographic region, race/ethnicity, socioeconomic status,

gender, etc.) As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Description

The Wisconsin Birth to 3 Program routinely collects detailed data on participants in the Program Participation System (PPS), including demographic information, as well as details on referrals, services received, and outcomes for participants. These data are used for reporting in the SPP/APR, as well as for overall program quality assurance and monitoring. Using these PPS data, the Wisconsin Birth to 3 Program began the data analysis process by looking broadly for trends in the data. The Wisconsin Birth to 3 Program reviewed Child Outcome data, including reviewing the raw data, and then using Progress Categories and Summary Statements that are used to report Indicator 3 Child Outcomes. The Wisconsin Birth to 3 Program also reviewed the Family Outcomes Survey data, as another metric of quantitative data. Qualitative data were also used, including data from stakeholders at various stakeholder meetings such as State Regional Meetings, and Stakeholder Focus Groups. Finally, external data were identified from internal knowledge and at the suggestion of various Wisconsin Birth to 3 Program partners and national Technical Assistant staff to provide a broad look at what the picture of early intervention and supports for infants, toddlers, and their families look like, both in Wisconsin, and across the nation.

Indicator 3 Child Outcome Data

The first data reviewed was the Child Outcome data, including the raw rating scores for infants and toddlers enrolled in the Wisconsin Birth to 3 Program from 2009 to 2013, as well as the calculated Progress Categories, and Summary Statements for those same infants and toddlers. Data were reviewed on a statewide basis for the preliminary review, and heat maps (e.g., an examination of where children concentrated for their Child Outcomes entry and exit scores) patterns showed an unexpected pattern (Figure 1); around 40 percent of infants and toddlers in the Birth to 3 Program entered and exited with very high (rating of 6 or 7) for Outcome A: “Children have Positive Social Relationships.” While the Wisconsin Birth to 3 Program expects some infants and toddlers enrolled in the Program to enter and exit with high scores, particularly in one area, this should not be the majority of the population. The expected distribution is displayed in the entry and exit ratings heat charts for Outcomes B and C (Figures 2 and 3).

The Wisconsin Birth to 3 Program identified potential root causes for seeing such high ratings for infants and toddlers in Outcome A: Social and Emotional Development. These root causes are explored further throughout Indicator 11: SSIP, but may include a need for additional training, identification of rating tools, and additional methods for finding and enrolling infants and toddlers with social and emotional developmental needs. The Wisconsin Birth to 3 Program aims to promote competence and confidence for early interventionists in understanding and the ability to supporting the social and emotional developmental needs of infants and toddlers and their families.

The Wisconsin Birth to 3 Program continued the analysis by reviewing the progress category distribution for each of the three Child Outcomes to further understand the patterns of entry and exit ratings. Progress categories, also known as the OSEP Reporting Categories, were developed by the Early Childhood Outcomes (ECO) Center in 2005, as a part of the Child Outcomes Summary Process. The summary metric is calculated for each child based on their entry and exit rating from the Wisconsin Birth to 3 Program, and whether or not the child made progress while in the Birth to 3 Program. For definitions of each progress category, see Figure 4.

Wisconsin’s progress categories data falls within the recommended patterns defined by the Early Childhood Technical Assistance (ECTA) Center, though the progress category “e,” “Children who maintained functioning at a level comparable to same-aged peers” is highest for Outcome A in the 2012/2013 reporting year, at 42 percent compared to 18% and 34 percent for Outcome B and C respectively (Figure 5). In addition to comparing the distribution with the patterns expected by ECTA, the Wisconsin Birth to 3 Program also compared the distribution to the national averages, which demonstrated that, again, Wisconsin has a larger percent of infants and toddlers falling into progress category “e” for Outcome A, then is seen in other Part C programs across the nation.

The final metric used to review the data for Child Outcomes broadly was the Summary Statement, a measure that combines infants and toddlers together for an overall look at how infants and toddlers are doing in the Wisconsin Birth to 3 Program. The definitions of the Summary Statements and the calculations used to create them are found in Figure 6.

The Wisconsin Birth to 3 Program used previously calculated Summary Statement scores for the state as a whole as reported in Indicator 3, Child Outcomes, and compared the state scores to the national scores. The comparison of 2012/2013 annual data is in Figure 7. One stark observation was the large difference between the 2012/2013 national data and Wisconsin state scores for Outcome A: Summary Statement 1. In the FFY 2012/2013, Wisconsin Birth to 3 Program had 56 percent of infants and toddlers in the program who substantially increased their rate of growth, while nationally, 65 percent of infants and toddlers substantially increase their rate of growth in this same year. With a strong desire to support infants and toddlers, the Wisconsin Birth to 3 Program believes that increasing the percentage of Outcome A: Summary Statement 1 would indicate progress in the program.

The statewide scores are lower for all summary statements and outcomes as compared to the national score, but the difference was most pronounced for social emotional outcomes.

Other trends that were seen in the summary statements included the general decrease in summary statement data throughout the seven years. The Wisconsin Birth to 3 Program is continuing to review the potential root causes, and to focus on quality and as the local EIS interventionists become more familiar with the rating process and the process of entering data into the Program Participation System (PPS).

Indicator 4 Family Outcomes Data

The Wisconsin Birth to 3 Program implemented a new review process for the Family Outcomes data to provide data to counties in a timely and user-friendly manner. Every county received a report with visual representations comparing their county with the state average, and these results were discussed at the Birth to 3 Program Spring Regional Meetings in April, 2014. Counties responded to the question “What are the outcomes we want to see for families?” Across all five regional meetings, there were many responses alluding to the family’s desire to connect them with their community and other resources, such as:

- “Help their child find resources.”
- “Connect [the family] to community and resources.”
- “Assure that family with English as second language are connected to the community and identify those who are not connected to support that process.”
- “Awareness of community resources.”
- “Accessing and utilization of community resources, both formal and informal.”
- “Being a part of the community.”
- “Being accepted by the community, and the community being accepting of differences”
- “[To] know resources.”
- “[To] identify needs and figure out how to get their needs met.”
- “[To] increase communication with LEAs, physicians, other family members, including:
 - Being able to articulate what they are working on, and
 - Being able to educate other family members.”

The Family Outcomes data was not able to be disaggregated by additional factors such as age and race due to small

numbers of surveys and cell sizes when broken out by age, race, or county. Wisconsin does meet and exceed the number of Family Outcomes Surveys returned every year, but the concern still remains with the small numbers of families served in our smaller counties.

Qualitative Data

The Wisconsin Birth to 3 Program also used qualitative data from stakeholders to identify areas of strength and weakness within the Program, both as part of the development of the State Systemic Improvement Plan, and for routine quality improvement. During the Spring 2014 Wisconsin Birth to 3 Program regional meetings, DHS conducted a focus group, in which county partners were asked to identify some of the outcomes that they would like to see for families and children participating in the Birth to 3 Program, to answer the question: “What Outcomes do we want for children?” Tallyed across all five Wisconsin regions, almost half of the answers pertained to social emotional growth and well-being, such as:

- “Participate and be part of the community.”
- “Be accepted across family, community, siblings, peers, everybody.”
- “Make a friend and be a friend.”
- “Leave obnoxious and bossy – like typically developing 2-3 year olds.”
- “Feel loved.”
- “Laugh.”
- “Be happy.”

Additional information came from the Wisconsin Birth to 3 Program Fall Regional meetings with county partners, during which counties stated their desired vision for the Wisconsin Birth to 3 Program. Descriptions for the Program’s vision highlight the county partner’s interest in continuing to focus on social and emotional development for the infant and toddlers served by the Wisconsin Birth to 3 Program. Comments and vision statements included:

- “Increased confidence and competence [for families] – knowing that they can make a difference!”
- “Help parents know how to help child.”
- “Family relationships are stronger.”
- “Families to know they can help their child throughout the day.”
- “Information and knowledge to deal with challenges as the child develops.”
- “Support parents to make changes, problem-solve, identify next steps.”
- “[Help the family] enjoy their child.”

These comments indicate a desire to focus on social and emotional well-being for infants and toddlers, which is supported by the quantitative data analysis and further substantiates the focus on social and emotional outcomes for the SiMR. Wisconsin Birth to 3 Program’s stakeholders also contributed to the qualitative data analysis by providing the program with deep insights about how the program is run, how success can be measured, and their thoughts about the data on Child Outcomes. In June of 2014, the Wisconsin Birth to 3 Program gathered many various stakeholders together to review the status of current Child Outcomes data. Stakeholders included individuals from all over the state of Wisconsin, from various programs interested in the welfare of infants and toddlers, such as Headstart, child care centers, county health departments, county Birth to 3 Program staff, parents, ICC members, physicians, members of higher education, and the Wisconsin Department of Public Instruction. The goal of the stakeholder focus group was to “widen the lens’ of Child Outcome measurement and to better understand “the difference the Birth to 3 Program makes in the lives of children and families.” The focus group also included asking participants to reflect on the following:

- Consider the value of the Child Outcome process;
- Identification of the impact of services; and

- Identification of areas for improvement.

Stakeholders received general state-wide data and trends, and were walked through the process of obtaining and calculating the Child Outcome ratings, progress categories, and summary statements. Stakeholder provided information on many topics that influence successful Birth to 3 services including the variety in family circumstance, such as how to support families in crisis, families with English as a second language (ESL), or homeless families, and how do the current assessment tools support or hinder that process. There was also discussion about how to provide services for the different families in the Birth to 3 Program, such as using the Teaming model to provide services as routines within the context of the family. Discussions around data included a range of topics but focused on the need for consistent and accurate data. When looking at the data, the stakeholders saw a need for increased rating consistency, gained through communicating, additional data review, and trainings. The stakeholders worried about “drift,” or the concept of practitioners losing sight of what a typically developing child looks like, leading to increased ratings. This sense of inaccurate ratings was particularly poignant as they reviewed the heat charts previously described in this report. Stakeholders inquired as to whether the county Birth to 3 Program teams have a better understanding of Indicator 3: Outcomes B and C, than they do of Outcome A, which is causing them to rate the infants and toddlers higher. This inquiry led the stakeholders to think critically about what types of training and support the Wisconsin Birth to 3 Program could provide for counties to help them accurately rate infants and toddlers in the Program.

Overall, the stakeholders supported the Wisconsin Birth to 3 Program’s desire to continue to review the data, both at a statewide level and at a program/county level, as well as to explore options for training and support of the social and emotional needs of the infants and toddlers served, and to encourage the use state-wide of existing and additional assessment tools and review processes.

External Data Sources

External data sources were used to review the data landscape of infants and toddlers throughout Wisconsin and nationally. The County Health Rankings conducted by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute provided overall information about Wisconsin’s children and families. Wisconsin ranks lower than other states in percent of children in poverty. The national average is around 23 percent and Wisconsin’s average is 13.2 percent. The Wisconsin child abuse rate is 3.5 per 100 children. Other social and emotional outcomes include the hate crime rate in the state, which is at 1.1 per 100 individuals. Overall, the picture of mental health in Wisconsin is fairly stable, with state rates similar to those of national rates, or slightly lower. Additional data from the County Health Rankings are included in Figure 8. The National Survey of Children’s Health (childhealthdata.org, more information in Figure 9), indicated that 38 percent of children with emotional behavioral, or developmental conditions aged 2-17 in Wisconsin have two or more conditions. Only 60 percent of these children have adequate health insurance, compared to 70 percent nationally.

As the state reflects the national trends in social and emotional outcomes, there is an apparent interest in popular media regarding mental health, as school shootings bring to light the need for additional supports. As such, mental health has become a priority for Wisconsin, including the Governor's creation of a new Office of Children’s Mental Health (OCMH) in 2014. Additionally, the Wisconsin Alliance for Infant Mental Health (WI-AIMH) conducted a survey of professionals and stakeholders, including parents, within various early intervention programs, education, public health, child care, and advocacy, to identify priorities for infants and toddlers in Wisconsin. The top priority was to “Increase access and availability of the infant/early childhood mental health consultants.” Also among the top five priorities included were other mental health concepts, including to “Use Medicaid funding for infant/early childhood mental health consultation,” and “Promote infant mental health endorsement.” The support from the community as identified by WI-AIMH for promoting and supporting infant and toddler mental health indicates how it has become a growing statewide concern for Wisconsin.

All of this data together provides a collective picture about infants and toddlers in Wisconsin. All the data suggests that there is both a need, desire, and a solid start to further improve social and emotional outcomes for children and families in

early intervention. Other data sources reviewed to further gather the picture of mental health issues across the state and the nation included:

- Adverse Childhood Experiences (ACE) survey from the Centers for Disease Control and Prevention (CDC)
- Child Health Data from the National Survey of Children's Health
- Education for Homeless Children and Youth Data from the Wisconsin Department of Public Instruction,
- Annie E Casey Kids Count survey
- Child Welfare Data
- County Health Rankings Data
- National Survey of Children with Special Health Care Needs
- Zero to 3 Report
- Child care expulsions in Wisconsin from the Supporting Families Together Association

Continuous Improvement

Data from the above internal and external sources are gathered regularly. Wisconsin Birth to 3 Program analyses statewide Child and Family Outcome data, both on a statewide level, and regionally or by county, to identify trends or outliers in the data, and will continue to do so. Stakeholders have regular opportunities for feedback to the State, including regional meetings, ICC meetings, and other ad hoc stakeholder meetings.

The State is also aware of many organizations that collect data on infant and toddler well-being, and monitors these through list serves and web distributions to efficiently gather the newest research.

Disaggregated Data

The Wisconsin Birth to 3 Team disaggregated the Child Outcomes data in many different ways, mainly by state region, by demographic characteristics, and by program implementation. The methodologies used were selected through talking to stakeholders and technical assistance partners, as well as by thinking of the various characteristics that are collected that may lead to different Child Outcomes. This detailed data analysis was done after narrowing the focus to be on Indicator 3: Outcome A. The goal was to identify if there were certain groups of infants and toddlers lagging behind in this outcome, either by progress category or summary statement.

Wisconsin State Regions

The State of Wisconsin often breaks out data into five different regions – Northern, Northeastern, Southern, Southeast, and Western. These regions are different in terms of population size, rural and urban division, income levels, racial breakouts, and other characteristics, due to the municipal differences in Wisconsin. Despite the differences, or perhaps because of them, however, state programs, including parts of the Wisconsin Birth to 3 Program, often administer programs regionally. Basic information about the five regions in Wisconsin can be found in Figure 10. Child Outcomes progress category distributions were different between regions, as were summary statement calculations, which indicate some level of difference either in the infants and toddlers served, or in the practices across regions. The Southeast region showed the highest Summary Statement 1 scores for Outcomes A, B and C. The Western and Northeastern regions generally showed lowest SS1 scores for all Outcomes (Figures 11 through 13). Additionally, the differences between regions were reviewed in terms of Meaningful Differences (Figure 14). These differences in summary statements by region highlight the need for enhanced consistency across the programs in rating, child find, and practice.

Because of differences between the population of infants and toddlers, served by different regions, the Wisconsin Birth to 3 Program had concerns that some differences between regions in summary statements were due to population rather than

performance. To review if this was the case, the Wisconsin Birth to 3 Program looked at the disability for the population by region and found that the Southern region had the highest population of infants and toddlers with Communication delays (67 percent vs. 58 percent statewide). Other delays have small numbers making it difficult to compare across regions. Furthermore, though PPS now collects broad categories of disability, this information was not added to the system until after 2010, creating a barrier to review. In the future, the Wisconsin Birth to 3 Program will be able to analyze data by eligibility reason for a broad review of disability and if that impacts state-wide or regional differences. What the data currently show, though, is that potentially the Southeast region enrolls individuals with lower severity of delays and disabilities. Another proxy of diagnosis is age at entry into the Birth to 3 Program, or the length of time spent in the Program, with the assumption that more significant delays and disabilities are found at an earlier age. The Wisconsin Birth to 3 Program thus reviewed the trend of Age at Entry and Length of Time in Program by region, finding that there were not significant differences between regions for either of these metrics. These data can be found in Figures 15 and 16.

One of the improvement strategies that will be introduced is additional cohesion throughout the state to improved consistency of practice, which could help in such cases.

Practice differences, in rating infants and toddlers or in treatment and in the provision of services, could also explain some differences in ratings, again indicating the need for enhanced consistency across the state, as proposed in our Coherent Improvement Strategies. However, though Regional differences exist, the Wisconsin Birth to 3 Program choose not to implement Coherent Improvement strategies, nor associate the SiMR, with these regions so as to not continue the regionalization within Wisconsin, but to build consistency across regions by allowing counties from different geographical areas to share practices and knowledge.

Demographic Characteristics

The Wisconsin Birth to 3 Program also disaggregated Child Outcome data by basic demographic categories, including race, gender, and income where available.

Child Outcome data was reviewed by race category. Initially, progress categories were broken out by race, to indicate that there were similar distributions of progress categories across racial groups. Figure 17 shows sample sizes and racial categories. When Summary Statement scores were broken out by racial category, differences were visible between races, but with no trend as to which race did the best or the worse, across outcomes and summary statements. That is, though Whites scored highest on Outcome A, Summary Statement 2, they were not unilaterally the highest ranked groups. Overall, summary statement scores ranged about ten percentage points between racial groups. While this range is not expected, the lack of pattern across summary statements indicates that racial groups may not differ, but programs with higher percentages of certain racial groups may make the difference. However, some racial categories were too small to allow the Wisconsin Birth to 3 Program to draw conclusions about child outcomes for these groups including Hawaiians, American Indians, and Asians.

Data were also reviewed within gender categories, showing that males and females have similar progress category distributions, without significant differences either in distribution of progress categories or in summary statements (Figure 18). Income was another data point which was of interest for desegregation, but across four years of data, around 85 percent of the records were missing income information. This field is not required by OSEP, nor by the State of Wisconsin Birth to 3 Program. Future analyses may support mandating reporting of income, though there are no plans to do so presently.

PCATT Implementation

The Wisconsin Birth to 3 Program initially was interested in identifying if there were differences in outcome scores based on the date of county implementation of Primary Coach Approach to Teaming in Natural Environments (PCATT). PCATT was rolled out beginning in May of 2011 with counties receiving targeted training over the next few years on how to implement evidence based practices through PCATT. In May 2013, counties self-reported their progress in

implementing PCATT. Using the self-reported ratings, the Wisconsin Birth to 3 Program reviewed the association of Child Outcomes with county implementation of PCATT, and found no significant difference. There was no association between the self-reported county ratings and summary statements. A qualitative review of counties that the Wisconsin Birth to 3 Program State team believed to have higher fidelity of practice of PCATT also showed no relationship with the summary statements. One potential reason for this lack of relationship is the small number of infants and toddlers in many counties, leaving them with very high or very low summary statements. Additionally, the self-reported review of a county's implementation of PCATT is subjective, and a more objective tool would provide the needed rigor to correlate practice with outcomes.

Cohort Year

The final method of desegregating the data was by on-site cohort year. The Wisconsin Birth to 3 Program created four on-site cohort years to be balanced in terms of number of participants, and various demographic points, including race, ethnicity, age of infants and toddlers at entry into the program, and to have a geographically representative sample of counties in every year. The division is also balanced in that each Wisconsin Birth to 3 Program State Lead and each RESource team member is involved every year. The Wisconsin Birth to 3 Program aims to balance practices and knowledge across regions, making the cohort years an excellent place to being information dissemination. Further description of the cohort year breakout is provided in the SiMR section of this report.

Initially, Milwaukee County was excluded from the cohort year analysis, as they are visited annually while other cohorts are visited once every four years. The initial analysis indicated that there were differences between cohort years for Indicator 3, Outcome A progress categories (Figure 19). Differences in the SiMR (Indicator 3, Outcome A, Summary Statement 1) are expected because programs were not placed into their cohort based on outcomes but on demographic characteristics. Ideally, improved practices as outlined in the Coherent Improvement Strategies section will help to elevate the outcomes for infants and toddlers in all groups up to a similar level where possible with different populations. The Wisconsin Birth to 3 Program will continue to monitor and review the Child Outcome ratings for the on-site cohort groups to insure data quality, and to help support practice improvements.

Data Quality

The Wisconsin Birth to 3 Program believes that general program data collected is of high quality. The Program has collected data in the Program Participation System (PPS) for seven years and has a system in place not only for training new staff to use the PPS system, but also to review data within the system after it is entered. County Birth to 3 Programs are intimately familiar with their county data as they engage in regular review times to monitor trends and outliers. State staff identifies outlying data and work with County staff to correct any incorrect entries.

Another measure of data quality is consistency in data. The Wisconsin Birth to 3 Program has worked closely with technical assistants such as the North Central Regional Resource Center (NCRRC) and SRI International Research & Development (SRI), in addition to national technical assistance centers to insure that data are reviewed for quality. One such metric of data quality is if Indicator 3, Child Outcomes data Progress Categories (for a description of Progress Categories see Figure 4). The ECTA Center provided the State with data quality expectations for the distribution of progress categories, indicating that the population falling in the "a" progress category should be no more than 5 percent of the total, "b," "c," and "d" should be between 5 and 50 percent, and the percentage of infants and toddlers falling in the "e" category should be between 5 percent and 65 percent. Wisconsin Birth to 3 Program data has consistently fallen in these progress categories. A graph of this measurement of data quality using 2012/2013 exit data can be found in Figure 20.

An additional measurement of data quality is consistency in scores, without wide variation. Wisconsin Birth to 3 Program consistently has summary statement scores that are within a few percentage points. This regularity points to consistent rating. Though scores vary between counties that counties themselves are consistent in their scores indicates a high degree of data quality.

There are some indicators of lower data quality within the Wisconsin Birth to 3 Program, however, such as the variability between counties and regions. Ideally, counties would have more similar summary statement and progress category distributions, but as is seen in the previous data analysis, there is variation in progress categories and summary statements. The variation may demonstrate differences in practices of entry and exit ratings for infants and toddlers within the Wisconsin Birth to 3 Program, which the State aims to allay through the systemic improvement. Currently, Wisconsin Birth to 3 Program does not mandate consistent usage of a single assessment tool used in the County Birth to 3 Programs, nor is there a mandatory ongoing assessment tool, which could lead to the variations seen in ratings.

Another potential source of variation of entry and exit scores is a difference in knowledge of social and emotional needs for infants and toddlers. The Wisconsin Birth to 3 Program has received feedback that County staff and practitioner's desire and could benefit from additional subject matter trainings, as well as recommendations for assessment tools. These strategies are outlined in the Coherent Improvement Strategies section of the SSIP.

Additional information about our strengths and weaknesses in data collection and quality is found in the Infrastructure Analysis section of Indicator 11.

Compliance Data

The Wisconsin Birth to 3 Program has demonstrated high compliance data after achieving "Meets Requirements" status. Such strong performance in the compliance data demonstrates the Wisconsin Birth to 3 Program's commitment to high quality program administration. This commitment extends throughout the implementation of the SSIP and Coherent Improvement Strategies, as the State continues to build upon existing infrastructure to implement these strategies.

Furthermore, the Wisconsin Birth to 3 Program reviews annual findings of non-compliance, working with county staff to correct any processes that may have led to the non-compliance. This continual improvement strategy of identifying the root cause of issues and working at all levels of the Wisconsin Birth to 3 Program to correct it, including State, Regional, and County, allow the program to continue to function with high compliance data.

High compliance data will also allow the Wisconsin Birth to 3 Program to effectively deliver and monitor any improvement strategies used throughout the SSIP. For instance, as over 99 percent of infants and toddlers receive their services in a timely manner and over 99 percent of infants and toddlers receiving their IFSP within the 45 day time frame, the Early Interventionists will be able to spend the most time possible providing services with each child and family throughout their participation in the program. This will maximize the ability to transfer information and support from the Wisconsin Birth to 3 Program to the family and infant or toddler.

Additional Data

The Wisconsin Birth to 3 Program will utilize existing data and data systems for future analyses. Potential future additions, however, include surveys to county Birth to 3 Programs regarding rating practices and understanding of early intervention topic areas, or additional fields added to the PPS system to capture what tools the county staffs use to rate infants and toddlers. This information could help the state determine which topics and practices need to be supported further through technical assistance and professional development trainings.

Another data point that may be helpful is an objective tool for reviewing a county's implementation of Primary Coach Approach to Teaming, to allow the Wisconsin Birth to 3 Program to identify gaps in practice and to correlate high fidelity of practice with improved Child Outcomes.

Stakeholder Involvement in Data Analysis

As previously mentioned, stakeholder involvement was a crucial component of data analysis. Stakeholders were presented

with the Child Outcomes data at various points in the SSIP process, including at regional meetings, focus groups, ICC meetings, and through informal conversations with providers, county Birth to 3 programs, families, and others. Stakeholders were instrumental in identifying the importance, through both qualitative and quantitative data review, of addressing social and emotional development of infants and toddlers enrolled in the Wisconsin Birth to 3 Program.

Key meetings and opportunities for stakeholder involvement included:

- Stakeholder Meeting on Child Outcomes (June 2014).
- Stakeholder Meeting on Primary Coach Approach to Teaming in WI Birth to 3 Program (September 2014).
- Quarterly ICC meetings 2014.
- OSEP visit and data review with stakeholders (November 2014).
- Spring Regional Meetings with County Birth to 3 Programs (April 2014).
- Fall Regional Meetings with County Birth to 3 Programs (October 2014).
- Monthly Meetings with RESource, and WPDP staff, who encompass the full Wisconsin Birth to 3 Program team.

Stakeholders were invited to meetings based on their current and past involvement in the Wisconsin Birth to 3 Program, their experience with early intervention systems including the Birth to 3 Program, and understanding of social and emotional development, having infants and/or toddlers who were enrolled in the Wisconsin Birth to 3 Program. Individuals who attended the Wisconsin Birth to 3 Program stakeholder meetings represented such roles as:

- Parents of infants and toddlers with delays or disabilities
- Interagency Coordinating Council members
- Child care providers
- Wisconsin Part B staff
- Early Interventionists
- County Birth to 3 Program staff
- Regional Enhancement Support (RESource) Technical Assistance staff
- Wisconsin Professional Development Program (WPDP) staff;
- Physicians
- Speech, Language, Occupational, and Physical Therapists

Analysis of State Infrastructure to Support Improvement and Build Capacity

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in EIS programs and/or EIS providers to implement, scale up, and sustain the use of evidence-based practices to improve results for infants and toddlers with disabilities and their families. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and other early learning initiatives, such as Race to the Top-Early Learning Challenge and the Home Visiting program and describe the extent that these new initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

The Infrastructure Analysis component of the State Systemic Improvement Plan (SSIP) for the Wisconsin Part C Early Intervention Program included an array of activities starting in the fall 2013 through early 2015 that included various stakeholders who work with infants and toddlers to assess the status of the State's Part C Early Intervention System; these activities are described in detail below.

The broad Infrastructure Analysis process began with Wisconsin Birth to 3 Program team members analyzing the program's strengths, weaknesses, opportunities, and threats (SWOT) in September 2013 during a North Central Regional Resource Center (NCRRC) meeting. This discussion continued through November 2013 and assisted in identification of

general trends and themes related to the resources, coordination, and needs of the Birth to 3 Program; see Appendix for the SWOT results. The broad infrastructure analysis continued through 2013 and 2014, expanding to include the larger Birth to 3 Program All Team comprised of Regional Enhancement Support (RESource) Technical Assistance and Wisconsin Professional Development Program (WPDP) staff during All Team Meetings.

In addition, the Wisconsin Birth to 3 Program engaged county Birth to 3 Programs in discussions about SSIP requirements and measuring and improving outcomes for children and families during Birth to 3 Program Spring 2014 Regional Meetings. The specific discussions included Results-Driven Accountability, Indicator 4: Family Outcome Survey data and desired outcomes for both children and families as a result of their involvement with the Birth to 3 Program.

The Birth to 3 Program provided information about the SSIP to the Interagency Coordinating Council (ICC) members during meetings in February 2014 and April 2014, which provided an introduction of SSIP concepts and requirements, an overview of SSIP activities, and opportunities for discussion about the process and results to date. During the February meeting, additional stakeholders from family engagement and advocacy groups joined the meeting. NCRRC staff attended multiple ICC meetings during Phase I to assist with explaining the SSIP process and requirements.

The Wisconsin Birth to 3 Program transitioned to the SSIP in-depth infrastructure analysis with specific examination of two focus topics that emerged from the broad data and infrastructure analysis. Two state-wide stakeholder focus groups on June 3, 2014, addressing Child Outcomes, and September 30, 2014, addressing implementation of evidence-based practices included examination and discussion of concepts, analyzing current trends and results, and discussing needed next steps or practice recommendations. Each stakeholder focus group meetings were followed by an All-Team debriefing day during which the team debriefed the stakeholder meeting, discussed themes, and identified areas for next steps. See Appendix's for Stakeholder Report dated June 3, 2014, for the list of stakeholders.

The Wisconsin Birth to 3 Program continued engagement with county Birth to 3 Programs to discuss more specific details of the SSIP during the Fall 2014, Regional Meetings in October 2014. This continued discussion involved the identification of primary outcomes for children and families and how these priorities guide our work; this process will assist in moving toward developing a vision for the Birth to 3 Program, an item that was identified as a gap in the infrastructure analysis process.

The Wisconsin Birth to 3 Program team compiled information from SSIP activities completed by the fall of 2014 to identify emerging themes within each of infrastructure analysis areas as outlined in the OSEP evaluation tool. This assisted in preparation for the OSEP technical assistance visit in November 2014. During this visit, the Birth to 3 Program presented initial information for the infrastructure analysis in each of the identified areas and received feedback regarding the information and content. The Wisconsin Birth to 3 Program continued consulting with OSEP staff throughout the SSIP development process.

The Birth to 3 Program also continued discussion of the SSIP with the ICC in August 2014 and December 2014, including a report of the outcomes and themes that emerged from the two large stakeholder meetings; a few members of the ICC and parent engagement subcommittee provided their perspective as participants in the stakeholder meeting

The Wisconsin Birth to 3 Program consulted regularly with NCRRC staff throughout all phases of the SSIP, starting with the NCRRC Regional Meeting in October 2013 and through the end of the NCRRC contract. NCRRC staff provided assistance and facilitation of discussions of SSIP planning on April 10-11, 2014, were members of the facilitation team for both stakeholder meetings in June and September, facilitated discussions and planning for next steps during debriefing following the stakeholder meetings, attended the OSEP On-Site Visit, assisted with presentation of SSIP information at ICC meetings, and participated in ongoing phone consultations throughout the fall 2014. This consultation assisted with understanding SSIP requirements, identifying next steps, and engaging stakeholder input.

In 2014, the Wisconsin Birth to 3 Program and Wisconsin Department of Public Instruction (WDPI) Special Education leadership team began holding joint planning and consultation meetings related to Results-Driven Accountability and SSIP planning. These meetings assisted in learning about each other's programs and work, describing preparation and activities conducted in Phase I of the SSIP, and discussing ways to partner on the SSIP and ongoing work. These meetings are

scheduled to continue throughout the SSIP process.

The infrastructure analysis process identified broad topic areas of Child Outcomes practices and implementation of evidence-based practices as areas needing improvement as well as illustrated specific improvement recommendations to increase outcomes for children and their families. The information gained from the process directly informed the SiMR, Coherent Improvement Strategies, and Theory of Action.

The section below provides a description of the strengths of the Wisconsin Birth to 3 Program and areas identified for improvement. The Infrastructure Analysis process illustrated the solid infrastructure and stable foundation within the Birth to 3 Program in Wisconsin at both the state and county levels. The areas for improvement that are identified are opportunities to refine and focus the efforts and resources of the Birth to 3 Program to have a more deliberate focus on improving children's social and emotional development.

Governance

The Wisconsin Birth to 3 Program developed Guiding Principles in 1988 to outline the framework of beliefs for an effective early intervention system. The Guiding Principles have been reviewed with county Birth to 3 Programs during Regional Meetings, discussed with RESource and WPDP staff during All Team Meetings, and are introduced to new staff during Orientation to Best Practices. They continue to provide a relevant and meaning framework for decision-making and engagement with families in the Birth to 3 Program in Wisconsin. Refer to Appendix's for a copy of the Guiding Principles.

The Wisconsin Birth to 3 Program is located in the Division of Long Term Care, Bureau of Children's Services within the Department of Health Services (DHS); the Bureau of Children's Services was newly created in 2014 to focus specifically on programs that serve children with disabilities. The location of the Birth to 3 Program within the DHS creates a link to the Medicaid program and staff, reinforcing the identification of Medicaid as an established funding source for the Birth to 3 Program.

The Wisconsin Birth to 3 Program provides oversight, monitoring, and leadership for state-wide administration of state-wide Birth to 3 Program services. Leadership in the Wisconsin Birth to 3 Program is provided through the Department of Health Services (DHS) Birth to 3 Program Part C Coordinator and four state leads; the state leads are assigned to regional groups of counties and have identified program topic areas.

The Wisconsin Birth to 3 Program state team, RESource, and WPDP partner to provide comprehensive direction regarding federal and state policy, technical assistance, and professional development to assist county providers successfully implement IDEA Part C requirements. Additional information about the technical assistance services provided by RESource and professional development activities provided by WPDP are described in the respective sections below.

The Birth to 3 Program ICC meets on a quarterly basis and advises and assists the Wisconsin Birth to 3 Program in administration of the responsibilities established under IDEA, Part C. In recent years, the Wisconsin Birth to 3 Program has provided program performance data to the ICC for discussion and recommendations. Most recently, the ICC was involved in setting SPP targets and development of the SSIP.

Direct services to children and families are provided through DHS contracts with the 72 counties in Wisconsin. The provision of services at a county level supports individualization of program administration and service provision to families. In recent years, the partnership between the state and county Birth to 3 Programs has been strengthened through regional state lead assignments, retention of state and contract staff, and the leadership and retention of the Part C Coordinator.

Initial implementation of evidence-based practices began with the use of ARRA funding in 2008. In May 2011, the Part C Coordinator formally endorsed the Primary Coach Approach to Teaming in Natural Environments evidence-based practices during a Leadership Event, and, in May 2013, formal self-assessment tools based upon concepts of implementation science were introduced and completed during the Leadership Event that year. The tools were introduced to identify specific measures of fidelity of implementation and assess implementation of evidence-based practices at the county level. A state-wide self-assessment was also completed to identify strengths and gaps related to state-wide implementation.

Fiscal

The Wisconsin Birth to 3 Program is supported by diverse sources of funding, including: private insurance, Parental Cost Share System, Medicaid, county funds, state General Purpose Revenue (GPR), federal IDEA Part C funds, and smaller sources of funding such as private donations or grants obtained by county Birth to 3 Programs. The Wisconsin Birth to 3 Program continually explores additional funding to supplement state and local funding sources, such as a federal Medicaid home and community-based waiver to expand Medicaid reimbursement to support implementation of evidence-based practices.

The Wisconsin Birth to 3 Program disseminates the following contracts to support successful implementation of federal IDEA Part C requirements:

- Contracts with 72 counties for provision of Birth to 3 Program services.
- Statewide technical assistance through the RESource Project. Refer to the Technical Assistance Section below for additional detail.
- State-wide professional development services through the Wisconsin Personnel Development Project (WPDP). Refer to the Professional Development Section below for additional detail.
- Grants to 11 federally-recognized tribes and the Gerald L. Ignace Tribal Health Center, Inc. in Milwaukee County for targeted outreach to Indian families.
- A contract for mediation services as required under federal IDEA Part C requirements.
- A contract for state-wide resource and referral services through Wisconsin First Step.

The Wisconsin Birth to 3 Program monitors county contracts through an annual reconciliation process. Other contracts are evaluated with the use of outcomes identified in work plans and contracts, and review of program and state-wide data. During the fiscal reconciliation process, the Wisconsin Birth to 3 Program reviews a summary of revenues and expenditures submitted by county Birth to 3 Programs. This process also evaluates the county Maintenance of Effort (MOE), the amount that county Birth to 3 Programs are required to contribute from county funds toward the operation of their county Birth to 3 Program. The Wisconsin Birth to 3 Program uses the data gathered during the reconciliation process to evaluate the cost of operating the Birth to 3 Program in Wisconsin and track revenue sources and funding amounts that support the program at the federal, state, and local levels.

The allocation formula for issuance of state-county contracts to support implementation of the Birth to 3 Program at the county level was originally developed by evaluating each county's share of the state's Medicaid population, the urban or rural county demographic, and per capita market value of the taxable property in each county. In addition, the formula has been adjusted in the past to reflect child count trends, the total number of children served by the program, and the number of children identified as potentially needing services.

The Wisconsin Birth to 3 Program uses program resources for targeted activities to build capacity of state and county Birth to 3 Programs to successfully implement IDEA Part C requirements. In 2008, The Wisconsin Birth to 3 Program utilized the federal IDEA Part C American Recovery and Reinvestment Act (ARRA) funds for initial implementation of the Primary Coach Approach to Teaming in Natural Environments evidence-based practices through intensive institutes with select counties as well as state-wide strategies through collaboration coaches and program consortia. Ongoing program funds supported the creation of state-wide professional development resources for all county Birth to 3 Programs to continue implementation and practice change.

In 2014, the Wisconsin Birth to 3 Program submitted an application to the Centers for Medicaid Services (CMS) for a home and community-based waiver to provide Medicaid reimbursement for additional Birth to 3 Program services beyond the existing Medicaid State Plan in Wisconsin to services provided to families under the Primary Coach Approach to Teaming in Natural Environments evidence-based practices, such as joint visits and team meetings.

In 2014, the Wisconsin Birth to 3 Program participated in the Infant, Toddler Coordinator's Association (ITCA) national

fiscal cohort. Through participation in this cohort, the Birth to 3 Program developed stronger relationships with Department of Health Services fiscal staff, conducted in-depth analysis of fiscal resources, initiated development of a state fiscal strategic plan, and learned from other state Part C systems to inform potential fiscal initiatives in Wisconsin.

The Wisconsin Birth to 3 Program provides direct funding for professional development in the form of scholarships for county Birth to 3 Program staff to participate in the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program, an intensive academic program providing information and skill development to support the social and emotional well-being of young children in the context of family relationships.

Refer to Monitoring and Accountability Section below for additional detail related to Fiscal monitoring.

Quality Standards

The Wisconsin Birth to 3 Program has the following established state policies and documents operationalizing federal IDEA requirements, Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- WI Stats s. 51.44 "Early Intervention Services"
- Administrative Rule Ch. DHS 90 "Early Intervention Services for Children from Birth to Age 3 with Developmental Needs"
- Administrative Rule Ch. 227 "Administrative Procedure and Review"
- A variety of guidance documents, model forms, and templates

The DHS Office of Legal Counsel review all template forms or documents and confirm that model documents are in compliance with current federal and state laws and policies. Examples of model documents for use by counties include the System of Payments document and recently issued template IFSP. OSEP staff are consulted as needed to review for IDEA Part C regulation compliance.

Examples of additional state-wide resources developed by the Wisconsin Birth to 3 Program to support county implementation of Part C IDEA requirements and state policies include brochures and publications for state-wide child find efforts and to assist with implementation and messaging of Primary Coach Approach to Teaming evidence-based practices.

Federal requirements are implemented through both state and county-level policies; program activities and data are reviewed during Self-Assessments and On-Site Visits to evaluate implementation of program standards. The semi-annual Orientation to Best Practices professional development opportunity orients new staff to program standards, requirements, and guiding principles. Ongoing technical assistance with county Birth to 3 Programs staff apply implementation science principles to guide implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practices.

Refer to the Data Section and Monitoring and Accountability Section for additional detail regarding the activities conducting by the Wisconsin Birth to 3 Program to assure implementation of federal and state requirements.

The Wisconsin Birth to 3 Program is also involved with a variety of state-wide initiatives focused on quality services for families with young children including:

- Partnership with the Wisconsin Department of Public Instruction
- The Infant, Early Childhood and Family Mental Health Capstone Certificate Program
- The Wisconsin Early Childhood Collaborating Partners Healthy Children Subcommittee of the Wisconsin Early Childhood Advisory Council (ECAC)

- Home visiting programs, including Project Launch
- Office of Children’s Mental Health and trauma-informed care initiatives
- Pyramid Model and Parents Interacting with Infants (PIWI)
- DHS Division of Public Health Medical Home Initiative

Race to the Top Early Learning Challenge Grant, and other initiatives

Professional Development

The Wisconsin Birth to 3 Program provides and participates in a wide variety of professional development opportunities to support implementation of requirements in IDEA Part C and support county Birth to 3 Programs to build capacity for implementation of evidence-based practices.

The Wisconsin Personnel Development Project (WPDP) provides statewide professional development events through an established contract with the Wisconsin Birth to 3 Program, including:

- Semi-annual Orientation to Best Practices,
- A biennial leadership event,
- Development and maintenance of professional development resources to support implementation of the Primary Coach Approach to Teaming in Natural Environments evidence-based practice.

The Wisconsin Birth to 3 Program provides direct professional development to county Birth to 3 Programs regarding state and federal policies and requirements, monitoring and supervision expectations, and forms or resources published by the Department to support programs. These professional development opportunities include:

- Semi-annual Regional Meetings in all five regions of the state,
- Monthly Data Discussion trainings, and
- Special topic WisLines or recorded presentations as needed

Additional professional development opportunities were provided in late 2014 and early 2015 through a partnership with WDPI and the Wisconsin Birth to 3 Program targeting improvements in Child Outcome practice

Wisconsin Birth to 3 Program team members, RESource staff, and WPDP staff regularly participate in professional development opportunities offered at the regional and national level by OSEP and technical assistance agencies, including:

- Improving Data, Improving Outcomes annual conference
- Infant and Toddler Coordinators’ Association (ITCA) meetings
- ITCA fiscal cohort
- Infant and Toddler policy initiative supported by Zero to 3
- OSEP leadership conference
- NCRRC webinars and regional meetings
- Mindful Leadership institute offered through NCRRC
- SSIP webinars

Additional professional development initiatives that the Wisconsin Birth to 3 Program supports or participates in include:

- Intersecting Interests, Wisconsin Early Childhood Collaborating Partners, Governor's Early Childhood Advisory Council
- Infant, Early Childhood and Family Mental Health Capstone Certificate Program and Infant Mental Health Endorsement
- Office of Children's Mental Health
- Wisconsin Model Early Learning Standards
- Race to the Top Early Learning grant
- Pyramid Model and Parents Interacting with Infants (PIWI) training

Data

The Wisconsin Birth to 3 Program uses the Program Participation System (PPS), a centralized, web-based data system, to collect specific data elements from county Birth to 3 Programs for federal reporting and ongoing analysis. County Birth to 3 Programs are required to report identified data elements into PPS on a monthly basis and to develop processes for reviewing and assuring accuracy of program data on an ongoing basis. The Wisconsin Birth to 3 Program requires county Birth to 3 Programs to certify the accuracy of their data on an annual basis after the end of every fiscal year. Statewide data is reviewed and used for annual issuance of findings of non-compliance, APR reports, and EdFACTS reports. The Wisconsin Birth to 3 Program maintains very high performance and quality with identified OSEP compliance indicators.

In 2012, the Wisconsin Birth to 3 Program introduced the Data Mart, a statewide data warehouse that provides the ability to directly access Birth to 3 Program data. The Data Mart includes state-wide reports for the Wisconsin Birth to 3 Program to monitor state-wide performance as well as template reports for use by county Birth to 3 Programs to monitor local program performance and practice. The Wisconsin Birth to 3 Program provided training to RESource staff and county Birth to 3 Program staff to learn how to run reports in the Data Mart and apply that information to inform program improvements. RESource staff have provided individualized and ongoing technical assistance to county Birth to 3 Programs to assist in access and use of Data Mart reports.

Through the roll-out of the Data Mart and increased access to program data, the Birth to 3 Program has been creating a culture of data review and application which supports the federal focus on Results-Driven Accountability. During Self-Assessment calls and On-Site Visits, the Wisconsin Birth to 3 Program team and RESource staff engage in discussions with county Birth to 3 Program staff to review, analyze, and identify areas for improvement or expansion using program data. Over the past two years, discussions have included the impact of Birth to 3 Program services and practice on engagement with families and the impact on the development of infants and toddlers,

The Wisconsin Birth to 3 Program has shared program data on an ongoing basis with key state-wide stakeholders, including the ICC and county Birth to 3 Programs, to analyze annual performance, identify concerns and next steps, and inform any changes to APR targets.

The Wisconsin Birth to 3 Program also partners with a variety of initiatives and programs to share program data. This process involves identifying the specific business need, applicable confidentiality standards, and scope of data to be shared. Examples of partnerships include:

- Race to the Top Early Learning Challenge grant, within the Department of Health Services, Department of Public Instruction, and Department of Children and Families related to plans for an early childhood longitudinal data system.
- Sound Beginnings Early Hearing Detection and Intervention (EDHI) Program
- WDPI during joint meetings discussing transition, Child Outcomes, low incidence populations, and SSIP planning

- Data use agreements/data sharing with related programs

Refer to the Technical Assistance Section and Monitoring and Accountability Section for additional information about the use of data with technical assistance and monitoring

Technical Assistance

Technical assistance within the Wisconsin Birth to 3 Program is provided through an established contract with the RESource Technical Assistance Project which includes five staff assigned to support counties identified within their region. The DHS Wisconsin Birth to 3 Program team divided county assignments to closely match RESource regions to develop in-depth knowledge and relationships with related counties. The RESource team includes staff with in-depth knowledge and experience in early intervention and working with infants, toddlers, and their families.

The contract requirements for technical assistance with county Birth to 3 Program includes:

- Ongoing support and communication with all counties, including a minimum of quarterly contacts.
- Assisting county Birth to 3 Programs prepare for and participate in an On-Site Visit every four years with counties in their region.
- Assisting county Birth to 3 Programs complete an annual Self-Assessment process and develop annual improvement plans.
- Support county Birth to 3 Program access and use program data to inform continued program development, including use of the Data Mart.
- Expectation for support, resources, and individualized levels of outreach to county Birth to 3 Programs based upon their unique needs.

The Wisconsin Birth to 3 Program regularly accesses national technical assistance resources including staff and resources through OSEP and the former NCRRC; research and consultation with national experts regarding implementation of evidence-based practices including M’Lisa Shelden and Dathan Rush; use of national implementation science materials and resources; and participation in nation conferences and training opportunities such as the OSEP Leadership Conference and ITCA Fiscal cohort.

Monitoring and Accountability

The Wisconsin Birth to 3 Program has an established and systemic process for monitoring and oversight of Part C IDEA requirements that includes the following strategies:

- General supervision and enforcement pyramid, which includes varying levels of technical assistance and intervention based upon county program needs,
- On-Site Visits that occur within a four year cycle, including the application of a file review checklist for all Part C requirements,
- Annual Self-Assessments including the application of a file review checklist for all Part C requirements,
- Development of annual Program in Partnership (PIPP) improvement plans, and
- Access and application of state-wide and county Birth to 3 Program data.

In FFY 2013-14, the Wisconsin Birth to 3 Program achieved a determination status of “Meets Requirements” through development of processes to support county Birth to 3 Programs conduct root cause analyses, identify improvement strategies, and achieve timely correction of findings of non-compliance. The Birth to 3 Program state leads and RESource staff have ongoing communication to identify and track the correction process with individual counties.

The Wisconsin Birth to 3 Program regularly uses data to review and monitor state-wide and county Birth to 3 Program performance and to issue findings of non-compliance to any program not achieving 100% compliance during On-Site Visits or through the annual data review. Additional factors contributing to “Meets Requirements” determination status include consistent high performance on compliance indicators across county Birth to 3 Programs.

A variety of statewide resources have been developed to assist county Birth to 3 Programs implement Part C regulations:

- Statewide brochures and child find resources,

- Template forms, including model IFSP integrating written prior notice requirements, Child Outcome information, and Primary Coach Approach to Teaming in Natural Environments evidence-based practices,
- Child Outcomes professional development resources, and
- A self-assessment tool for implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practice at a state and county level.

The Wisconsin Birth to 3 Program communicates practice expectations through monthly Data Discussions, bi-annual Regional Meetings, ongoing Part C Coordinator's communication, quarterly All-Team Meetings, and other activities as necessary.

Refer to Fiscal, Professional Development and Technical Assistance Sections for additional detail related to Monitoring and Accountability.

Governance

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program Governance were identified as strengths:

- Continued application and relevance of the Birth to 3 Program Guiding Principles developed in 1988.
- Provision of quality and essential services to county Birth to 3 Programs Services through ongoing contracts for technical assistance (RESource) and professional development services (WPDP) using skilled and knowledgeable staff.
- Provision of individualized program administration, contracting, and service provision through coordination of Birth to 3 Program services at the county level.
- Increased relationships and trust with state and local programs fostered through identified regional state leads, retention in state and contract staff, and leadership and presence of Part C Coordinator.
- Implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practices since 2008.
- The ICC has a strong member representation including parents.
- Participation in a variety of system-wide collaborations and increased collaboration with key program partners including: WDPI Early Childhood Special Education (ECSE) and with the Sound Beginnings Early Hearing Detection and Intervention (EHDI) Program.
- Increased application of program and fiscal data (refer to Fiscal and Data Sections below).

Areas identified for improvement:

The following aspects of the Wisconsin Birth to 3 Program Governance were identified as areas for improvement:

- Need for a statewide Birth to 3 Program vision statement.
- Need for additional resources to comprehensively support the work of the Wisconsin Birth to 3 Program including DHS state team resources, RESource technical assistance services, and professional development services.
- Need for comprehensive planning and resources for state-wide implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practices with fidelity and application of implementation science
- Need for a strategic plan to identify, assess, and support social and emotional development of infants, toddlers, and their families
- Need for support to assist county Birth to 3 Programs build and maintain infrastructure at the local level; need to assure basic consistency across county Birth to 3 Programs.
- Continued recruitment and development for new members for the ICC, including parents and parent stakeholder groups. Opportunity to continue to more fully engage the ICC.
- Opportunity for continued partnership with organizations and initiatives such as WDPI, the Office of Children's Mental Health, and the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program Fellows.
- Status of ITF Waiver application and approval; changes in federal Home and Community-Based Medicaid Waiver

regulations.

Fiscal

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program Fiscal operations were identified as strengths:

- Stability of contracts and contracting processes, including contracts with county Birth to 3 Programs, RESource for ongoing technical assistance services, and WPDP for ongoing professional development services.
- Provision of individualized services to meet the needs of the varied communities across the state through contracting with county Birth to 3 Programs.
- Diverse sources of funding to support EI program, decreasing the reliance on any single funding source.
- Improvements in the communication, oversight, and monitoring of the state-county contracts through the annual reconciliation process, including revisions to the process and reporting categories, ongoing communication of requirements, increased review of data, and general and targeted technical assistance.
- Participation in the ITCA fiscal cohort resulting in development of strategic vision and planning for comprehensive Birth to 3 Program fiscal administration, enhanced relationships with internal fiscal staff, and increase knowledge of state and national resources.
- Revisions from a state-wide contract to local tribe contracts to support outreach and child find efforts with tribes across Wisconsin based upon a thorough review of identified goals, program data, and contract outcomes.
- Targeted use of fiscal resources to support Primary Coach Approach to Teaming evidence-based practices through the use of American Recovery and Reinvestment Act (ARRA) funds and the proposed Infant, Toddler and Family (ITF) Home and Community-Based Medicaid Waiver.

Areas identified for improvement

The following aspects of the Wisconsin Birth to 3 Program Fiscal operations were identified as areas for improvement:

- General lack of increases in state and federal funding levels resulting in increasing levels of funding required at the county level and budget constraints within county departments.
- Increasing cost of ongoing and specialized services.
- Need for resources to continue analysis of Birth to 3 Program costs and resource provision at the state and county level to inform recommendations for improvements to program funding levels.
- Need for greater alignment of fiscal resources at the state and local levels to support implementation of SSIP, including technical assistance in the application of implementation science principles and development of targeted and ongoing professional development resources.
- Need to develop resources and technical assistance to support county Birth to 3 Program with fiscal analysis related to general program operations and implementation of evidence-based practices.

Quality Standards

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program Quality Standards were identified as strengths:

- Continued partnership with OSEP to document compliance with federal Part C Grant application assurances
- Development of state-wide materials implementing Part C IDEA requirements and state policies, including child find efforts and implementation of Primary Coach Approach to Teaming evidence-based practices.
- Implementation and monitoring of federal and state requirements through county-level policies.
- Application of technical assistance at the state and county level for any identified areas of support
- Use of state-wide data to monitor and review program activities and data
- Consistent orientation of staff to the Wisconsin Birth to 3 Program, guiding principles, and requirements through the provision of semi-annual Orientation to Best Practices professional development days

- Introduction of implementation science principles
- Involvement with a wide variety of state-wide initiatives and activities focused on quality services for infants, toddlers, and their families.

Areas identified for improvement

The following aspects of the Wisconsin Birth to 3 Program Quality Standards were identified as areas for improvement:

- Need for increased consistency in best practices in Early Intervention for the Wisconsin Birth to 3 Program and need for established measures of fidelity.
- Need for identification of specific skills, training, or experience to qualify as an “Early Intervention Practitioner” in Wisconsin
- Need for identified vision to guide program standards.
- Improve consistent application of implementation science principles to assure fidelity of implementation of Primary Coach Approach to Teaming evidence-based practices
- Embed principles and language from Primary Coach Approach to Teaming in Natural Environments evidence-based practices, family outcome measures, Child Outcomes practices, and social-emotional and infant mental health initiatives into state-wide program documents and policies.
- Continue opportunity for relationship-building with new and existing partners, including the WDPI, the Office of Children’s Mental Health, Race to the Top Early Learning Challenge grant initiatives, and the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program graduates.

Professional Development

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program Professional Development were identified as strengths:

- An established contract with WPDP supporting state-wide and ongoing professional development events to enhance provider knowledge, skills, and capacity.
- Additional professional development provided by the Wisconsin Birth to 3 Program team to enhance implementation of program requirement.
- Support for implementation of Primary Coach Approach to Teaming in Natural Environments, including the use of ARRA funds to host state-wide and regional institutes and build capacity within county Birth to 3 Programs
- Support from the Wisconsin Birth to 3 Program for additional professional development initiatives and capacity-building at the local level such as the Infant, Early Childhood and Family Mental Health Capstone Certificate Program and Infant Mental Health Endorsement.
- Regularly participation of the Wisconsin Birth to 3 Program team in professional development opportunities at the regional and national level.

Areas identified for improvement

The following aspects of the Wisconsin Birth to 3 Program Professional Development were identified as areas for improvement:

- Professional development currently provided is more episodic than comprehensive; need to allocate resources for development of a comprehensive professional development system.
- Need to develop comprehensive plan to support, monitor, and evaluate implementation of evidence-based practices with fidelity using implementation science principles and research, including identified professional development strategies
- Need for additional support to county Birth to 3 Programs in the identification, assessment, and provision of services in the area of social and emotional development of infants and toddlers
- Opportunity for increased presence and partnership with ongoing, state-wide professional development

initiatives

- Maintain continued partnership with Wisconsin Birth to 3 Program and WDPI.

Data

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program use and application of data were identified as strengths:

- The existence and use of Program Participation System (PPS), a web-based data system that gathers data related to APR indicators
- Creation and use of the Data Mart, which provides reports for monitoring state-wide and county Birth to 3 Program performance and practice.
- Training provided by the Birth to 3 Program to access the Data Mart system and run reports; ongoing technical assistance provided through RESource directly to county Birth to 3 Programs to support Data Mart use.
- Emphasis on Results-Driven Accountability and the application of compliance and results data to understand the impact of programs services on infants, toddlers, and their families and inform continued program development.
- Annual data review conducted to review quality and accuracy of data and inform annual issuance of findings of non-compliance and federal reporting.
- Very high performance on compliance indicators; no data or performance concerns identified.
- Increased sharing of data with stakeholders, including the ICC, to inform program decisions and next steps.

Areas identified for improvement

The following aspects of Wisconsin Birth to 3 Program Data were identified as areas for improvement:

- Need for continued professional development and technical assistance for consistent access and application of data to inform local program decisions and measure outcomes
- Need for increased state-wide resources for development of expanded template reports and a community of practice to inform creation of additional reports to assist with use and application of data
- Identification of additional data elements necessary to monitor, evaluate, and report SSIP progress related to implementation of the SSIP
- Increased resources and funding to facilitate data reporting, if necessary
- Improvements with identification and documentation of outcomes of assessment and evaluation of infants and toddlers in the area of social and emotional development; need for improvement of collecting, capturing, and analyzing data
- Need to identify or develop tool for measurement of fidelity of implementation of evidence-based practices and collection of data to analyze.

Technical Assistance

Identified Strengths

The following aspects of the Wisconsin Birth to 3 Program Technical Assistance were identified as strengths:

- Skilled and knowledgeable staff; experienced in relationship building and reflective practice
- The established contract with proven outcomes; tracking of and access to data about services provided
- Support for Implementation of state requirements and messaging with local programs through consistent technical assistance services
- Ongoing and specific outreach, information-sharing, and collaboration with counties through a regional approach
- Integrated and informed early childhood technical assistance system networks at the local and regional levels through participation in local, regional, and state early childhood collaborations
- Activities and outreach to support high performance and compliance within county Birth to 3 Programs such as: correction of Findings of Non-compliance, access and use of Data Mart reports, application of implementation science principles, completion of On-Site Visits, Self-Assessments, and Program in Partnership Plans (PIPPs)

Areas identified for improvement

The following aspects of the Wisconsin Birth to 3 Program Technical Assistance were identified as areas for improvement:

- Need for additional new funding and staff resources to support all 72 counties across Wisconsin implement existing IDEA Part C regulations, DHS ch. 90, and compliance requirements; Primary Coach Approach to Teaming evidence-based practices with fidelity; and any new initiatives or requirements, including Results-Driven Accountability and changes to fiscal processes.
- Need for comprehensive, state-wide plan to guide, evaluate, and support implementation of SSIP coherent improvement strategies using implementation science principles
- Need for identification and prioritization of technical assistance topics and target areas with county Birth to 3 Programs
- Need to identify additional training and technical assistance for technical assistance staff to increase the capacity to provide targeted technical assistance with county Birth to 3 Programs.

Monitoring and Accountability*Identified Strengths*

The following aspects of the Wisconsin Birth to 3 Program Monitoring and Accountability were identified as strengths:

- Systemic process for monitoring and oversight of Part C IDEA requirements: general supervision pyramid, On-Site Visit four year cycle, annual Self-Assessments, annual Program in Partnership (PIPP) improvement plans, and access and application of data
 - Includes application of self-assessment file review checklist for all Part C requirements
 - Includes varying levels of technical assistance based upon identified needs in local programs
- Ongoing review and use of data to monitor state-wide performance, issue findings of non-compliance to any program performing less than 100% compliant during the annual data review and On-Site Visits and review root causes of findings of non-compliance, corrective action plans (CAPs), and correction of long-standing findings of non-compliance.
- Introduction of self-assessment tool for implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practices during 2013 state-wide Leadership Event
- State-wide resources for consistent implementation of Part C regulations including: state-wide child find brochures, file review checklist, and template forms, including model IFSP integrating written prior notice requirements, Child Outcomes information, and Primary Coach Approach to Teaming in Natural Environments evidence-based practices
- Ongoing communication of practice expectations through Data Discussions, Regional Meetings, Part C Coordinator's communication, All-Team Meetings, and ongoing interactions
- High performance on compliance indicators.

Areas identified for improvement

The following aspects of the Wisconsin Birth to 3 Program Monitoring and Accountability were identified as areas for improvement:

- Need to develop comprehensive plan to evaluate, support, and monitor implementation of SSIP and SIMR using implementation science, addressing the areas of: funding, expectations for ongoing professional development of team, application of self-assessment tool, and data elements for measuring fidelity.
- Need for resources to support SSIP implementation plan at the state and local levels, including technical assistance

and professional development resources.

- Identification of county Birth to 3 Program needing targeted technical assistance to support implementation of SSIP and SIMR
- Selection of implementation tool for fidelity of implementation of Primary Coach Approach to Teaming in Natural Environments evidence-based practices
- Continue focus on compliance outcomes and results with a balance of evaluation of results outcomes, including Child Outcomes practices.

State-Level Improvement Plans and Initiatives

This section includes descriptions of current state-level improvement plans or other early learning initiatives that impact infants, toddlers, and their families, how the Birth to 3 Program is involved with the initiative, and any potential connection with the SSIP and SIMR.

• **Wisconsin Department of Public Instruction Partnership**

The Wisconsin Birth to 3 Program and Wisconsin Department of Public Instruction (WDPI) coordinate a variety of state level partnerships related to efforts or topics that cross both Departments. These partnerships and activities are listed below.

- The leadership team of the WDPI and the Wisconsin Birth to 3 Program began meeting in 2014 to discuss topics of Results-Driven Accountability and SSIP development and implementation. This partnership has improved collaboration between the two special education programs, which are located in different state departments. The programs conducted a joint technical assistance visit with OSEP and continue to discuss the relationship between each program's SSIP submitted to OSEP.
- The Child Outcomes Birth-6 Professional Development initiative is a collaborative effort between Wisconsin's Birth to 3 Program and WDPI to provide an overview and opportunity to practice the Child Outcomes process through the lens of the IFSP and IEP. The goals of this partnership include: increasing the fidelity of Indicator 3 Child Outcomes rating process, increasing the inter-rater reliability across Birth to 3 Program team members, and increasing the interagency reliability rating across Wisconsin Birth to 3 Program Exit ratings and Part B 619 Entry Child Outcomes. This collaborative is directly related to improvement of the Child Outcomes rating process and data.
- The inter-agency transition work group meets regularly to discuss practice issues and review data related to transitions between the Birth to 3 Program and Early Childhood Special Education. Collaborations have included the development of resources to illustrate the steps in the transition process for families, communicating consistent messaging of interpretation of program requirements, and problem-solving any challenges in the transition process. This collaboration continues to support high performance on compliance indicators, primarily Indicator 8 transition indicators. There is a signed Interagency Agreement on transition between the DHS and DPI.
- The inter-agency low incidence work group meets regularly to identify how DHS and WDPI will collaborate and coordinate in order to inform programs and services on improving outcomes for children with sensory disabilities. The group consists of the Birth to 3 Program, the Early Hearing Detection and Intervention (EHDI) program, Sound Beginnings and the two WDPI Outreach programs for hearing and vision, Center for the Blind and Visually Impaired and Wisconsin Educational Services Program Deaf Hard of Hearing. Goals of the work group include: identifying overlaps and gaps among current services/programs, identifying any areas for clarity around services and develop a communication plan to address this, clarifying roles and responsibilities of the programs to support county Birth to 3 Programs, identifying and analyzing available data for children with sensory disabilities and exploring the feasibility of developing a system for identifying children with sensory disabilities.

- The Wisconsin **Early Childhood Collaborating Partners Healthy Children Subcommittee** of the Wisconsin Early Childhood Advisory Council (ECAC) examines screening and assessment practices for young children,

including a focus on children ages birth to three, with goal to align existing practices and assure a consistent approach to screening and assessment. One goal of the larger ECAC is to create systems to improve the consistency of information gathered regarding young children at key developmental milestones for use in planning early childhood policies, programs and services, including a focus on social emotional development. The work of the Healthy Children Subcommittee, including participation from the Wisconsin Birth to 3 Program, will inform the alignment of screening and assessment practices across all programs that serve young children, including infants and toddlers with delay or disabilities. The work of this group will assist in the identification and use of screening and assessment tools, especially related to the assessment of social and emotional development in infants and toddlers.

Statewide Home Visiting Programs

- Home Visiting services are provided in the homes of pregnant women, children from birth to eight years, and their families with a goal to improve parenting, school readiness, and health, and assist in the prevention of child abuse and neglect. The Wisconsin Department of Children and Families administers funding and evaluates home visiting programs across the state. Birth to 3 Program Part C Coordinator collaborates through cross sector early childhood meetings with other initiatives. This collaboration includes cross sector work to build common strategies to support infant and toddlers' social and emotional development.
- Project Launch: This Substance Abuse and Mental Health Services Administration (SAMHSA) funded initiative was created to improve the lives of children ages 0 to 8 years and their families by increasing the availability of evidence-based services, improving collaboration among child-serving agencies, and integrating physical and behavioral health services for children and families. Wisconsin became a Project Launch grantee in 2009 and focused on 12 neighborhoods at high risk for poor birth outcomes in the city of Milwaukee. During the five year grant, partners at the local and state level worked together to implement new and enhanced service programs and initiatives in these communities. While Project Launch was active in the state of Wisconsin, the Part C Coordinator served on the advisory committee. The success of Project Launch in supporting the development of systems of care to support social and emotional development in children created a solid knowledge base to which to build on for serving children and families in large urban areas.

The **Infant, Early Childhood and Family Mental Health Capstone Certificate Program** is an interdisciplinary academic program for professionals who work with families in the prenatal and postpartum periods and with children ages birth through five years. Participants gain an enhanced understanding of parent, infant and early childhood mental health and develop new skills to support the social and emotional development and well-being of young children in the context of their family/caregiver relationships. Current Birth to 3 Program provider certificate fellows participate in a Community of Practice group facilitated by WPDP staff. The Wisconsin Birth to 3 Program supports attendance of Birth to 3 Program staff through scholarship funds and reviews the application of the information during Self-Assessments and On-Site Visits. The content included in the certification program is relevant to supporting the social and emotional development of infants and toddlers in the context of the parent-child relationship, an area of need identified in the SSIP infrastructure analysis.

The **Wisconsin Statewide Medical Home Initiative's** purpose is to promote the concepts of medical home for primary care clinicians, families, and service providers throughout Wisconsin. Training, technical assistance and resources are provided to support Medical Home implementation at the local level with a focus in the areas of early identification of developmental concerns in the primary care practice and coordination of care and services including those for youth with special health care needs. Part C Coordinator attends Medical Home Collaborative meetings to build strong relationship with the medical community for child find activities and referrals to the Wisconsin Birth to 3 Program.

The **Office of Children's Mental Health** (OCMH) was created in 2014 as part of a larger mental health initiative included in 2013 Act 20. The purpose of the OCMH is to improve the lives of Wisconsin's children by facilitating communication and collaboration across state agencies serving children and families, which includes: identifying gaps and redundancies, monitoring child and family outcomes, and creation of a governmental entity focused on

improving children's mental health. OCMH has the charge of facilitating communication with all state agencies serving children, coordinating initiatives, monitoring program performance focused on children's mental health, and reducing duplication efforts among state organizations working with children's programs. OCMH collaborates with the Birth to 3 Program and participated in the 2014 Birth to 3 Program spring regional meetings to share information about the scope and intention of their work. The Birth to 3 Program Part C Coordinator attends the OCMH Executive Council Meetings and plans to continue to engage with the OCMH to discuss trauma-informed care initiatives and state-wide planning for integrated systems to support the mental health of children in Wisconsin.

- **Sound Beginnings**

Since 2012, the Wisconsin Birth to 3 Program and Sound Beginnings Early Hearing Detection and Intervention (EDHI) Program have developed a closer partnership to examine program outcomes and data. In 2014, the Sound Beginnings Program created the Coordination, Assistance, Resource and Evaluation Services (CARES) position to provide more in-depth support to county Birth to 3 Program staff to support families who have an infant or toddler identified as deaf or hard of hearing. This position is currently serving one region of the state with the intent of expanding state-wide when funding is available.

- **Pyramid Model**

- Pyramid Model for Social-Emotional Competence

The Pyramid Model for Social-Emotional Competence is an evidence-based prevention and intervention framework that prevents challenging behaviors and promotes healthy social and emotional development. It is a relationship-based model with goals to support positive relationships, create engaging environments, provide concrete teaching strategies, and create individualized interventions for children to ensure a healthy foundation for future success. Some state wide work as already happened to connect county Birth to 3 staff to Pyramid Implementation sites. The Wisconsin Birth to 3 Program plans on building on our relationship to the Pyramid Model and develop more intentional connection to the Pyramid content and structural framework.

- Parents Interacting with Infants (PIWI)

The Parents Interacting with Infants (PIWI) module of the Pyramid Model focuses on enhancing the social and emotional capacity of children. Emotional development of infants and toddlers by expanding, strengthening, and enhancing parent-child interactions and relationships. The information and strategies can be broadly applied by any program or entity working with infants, toddlers, and their families, including home visiting programs.

The Birth to 3 Program Part C Coordinator participates on the collaborative cross-discipline state leadership team guiding Pyramid Model state implementation. In addition, the Wisconsin Birth to 3 Program has provided funding to support implementation of the Pyramid Model framework across the state. The strategies emphasized in the Pyramid Model and PIWI trainings reflect and compliment Birth to 3 Program practices of contextualized engagement with parents, individualized interventions, and support of the parent-child dyad.

- **Race to the Top Early Learning Challenge Grant**

The Race to the Top Early Learning Challenge (RTT-ELC) grant awards are a combined \$34 million grant award from the federal Department of Education focused on supporting children's development from birth and kindergarten. The grant spans from January 2013 through December 2016 and is being implemented across three state departments: the Department of Children and Families, the Department of Public Education, and the Department of Health Services. The state is using the award to build upon current programs being used to make enhancements in the early childhood education system and further improve access to quality early learning for the state's children.

The Wisconsin Birth to 3 Program has been included in the following initiatives within the RTT-ELC:

- Longitudinal Data System (LDS), including initial planning and development of data sharing agreements and processes within programs in the Department of Health Services through the Early Childhood Integrated

Data System: Analytic Opportunities Develop Team.

- Inclusion initiatives, including work to enhance the Child Care System to increase their competency and confidence to serve children with special needs. Ongoing work group are developing professional development opportunities for child care professionals to serve children with special needs.
- Tribal-State Connections work group, the work includes connecting 11 Wisconsin tribes to the early childhood support and services in the state. Barriers and opportunities are being identified across Wisconsin to help ensure tribal children have access and use of needed programs and supports.

The Birth to 3 Program plans to continue to be involved in work groups connected to Race to the Top Early Learning Challenge grant to engage with various groups to discuss continued opportunities for partnership and inclusion of infants and toddlers with disabilities in RTT-ELC projects,

- **Other initiatives or collaborations**

- **Wisconsin Model Early Learning Standards**

The Wisconsin Model Early Learning Standards specify developmental expectations for children from birth through entrance to 1st grade and reflect the domains of a child's learning and development. Each domain is divided into sub-domains which include developmental expectations, program standards, performance standards, and developmental continuum. Birth to 3 Program staff use the Wisconsin Model Early Learning Standards to maintain knowledge and awareness of expectations of typical child development

- **Early Childhood Comprehensive Systems Project**

- Early Childhood Comprehensive Systems (ECCS) Project is an initiative focusing on mitigating toxic stress and trauma in infancy and early childhood funded from the federal Department of Health and Human Services Maternal and Child Health Program. The Wisconsin “Building Health through Integration” project proposes to improve the healthy physical, social, and emotional development during infancy and early childhood; reduce disparities; and increase access to needed early childhood services. The strategy of the group is to build on past successes of systems development and integration activities using a collective impact approach to strengthen communities where families and young children live by improving the quality and availability of early childhood services at the state and local levels. The Birth to 3 Program DHS staff participate in a variety of activities that are focused on serving infants, toddlers and their families. HeadStart and Early HeadStart programs collaborative work with the Birth to 3 Program happens within the ECCS Collaborative Work groups.

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- **Wisconsin Alliance for Infant Mental Health Endorsement in Infant and Early Childhood Mental Health** is an overlay to professional credentials that recognizes achievement of knowledge and training in the area of infant and early childhood mental health. The endorsement is within an organized system of culturally sensitive, relationship-focused learning and work experiences that promote infant mental health. A variety of Birth to 3 Program staff have pursued endorsement through WAIMH to enhance their individual and team’s knowledge, skills, and abilities to support positive mental health in infants. The WAIMH endorsement helps build knowledge and skills among Birth to 3 Program staff to support positive social-emotional development among infants, toddlers, and their families

- **Infant and toddler policy initiative supported by Zero to Three Policy Center**

The Zero to Three Policy Center’s work is informed by the science of early childhood development and guided by an infant and toddler policy agenda to help infants and toddlers achieve good health, strong families, and positive early learning experiences. The Zero to Three Policy Center is working to build comprehensive services that allow families with infants

and toddlers to thrive with the needs of the whole child in mind. The Wisconsin Birth to 3 Program Part C Coordinator participates on the Zero to Three team in Wisconsin to further initiatives supporting the health development of infants and toddlers.

- **Wisconsin Department of Health Services** programs

The Wisconsin Birth to 3 Program regularly engages with Medicaid (MA) staff in the Department of Health Services to discuss issues related to MA funding and reimbursement processes within the Birth to 3 Program such as: the proposed Infant, Toddler and Family Medicaid waiver, billable services, prior authorization processes, MA certification of local providers, and membership on the ICC. The Wisconsin Birth to 3 Program developed partnerships with fiscal staff within the Division of Long Term Care to assist in analysis of Birth to 3 Program fiscal operations and inform development of a strategic plan related to fiscal topics within the program. Partnership with both MA and fiscal staff are necessary to support the SSIP plan and continued work of the Birth to 3 Program.

- **WIFACETS**

The Wisconsin Family Assistance Center for Education, Training and Support (WI FACETS) supports families in Wisconsin to understand special education systems. The Birth to 3 Program and WI FACETS have increased partnerships through invitations to participate in ICC meetings, provide three annual trainings for parents, and participate in the two SSIP stakeholder meetings. This partnership has strengthened Birth to 3 Program connection to families with younger children and increased parent engagement with the ICC.

- **Children and Youth with Special Health Care Needs**

The Children and Youth with Special Health Care Needs Program operates five Regional Centers dedicated to supporting families with children and youth with special health care needs and the providers who serve them. It is primarily funded by the Maternal and Child Health Title V Services Block grant through the federal Department of Health and Human Services. The program collaborates with national, state and community-based partners, including the Wisconsin Birth to 3 Program, to link children to appropriate services, close service gaps, reduce duplication, and develop policies to better serve families.

Representatives Involved

The following representatives were involved in the development of Phase I of the SSIP and will be involved in the development and implementation of Phase II. Stakeholders were identified based upon their involvement with implementation of Birth to 3 Program services in Wisconsin, administration of other programs that serve infants and toddlers, and participation or representation of families involved with the Birth to 3 Program or other programs that serve children and families with disabilities. The participants who attended the two state-wide stakeholder days are listed in Appendix's Stakeholder Reports.

- Wisconsin Birth to 3 Program, including RESource and WPDP

The Birth to 3 Program “All Team” includes the three agencies or organizations responsible for successful implementation of Birth to 3 Program requirements through implementation of federal and state policies, technical assistance, and professional development. The All Team is crucial to successful implementation of any initiative in the Birth to 3 Program in Wisconsin. SSIP planning and developing in Phase I included the following representatives:

- Wisconsin Birth to 3 Program: Part C Coordinator and four Birth to 3 Program State Leads
- RESource: RESource director and five Regional RESource facilitators
- WPDP: Coordinator and identified WPDP staff

All staff will be included in continued SSIP planning, implementation, and evaluation.

- County Birth to 3 Program staff

County Birth to 3 Program staff were involved in SSIP planning through Regional Meetings, two state-wide stakeholder groups, monthly Data Discussions, and other professional development opportunities. As the staff directly responsible for implementation of SSIP strategies at the program level, ongoing engagement and involvement with county programs is critical to success all phases of the SSIP.

The following staff within county Birth to 3 Programs participated in the activities above:

- Administrators,
- Coordinators, and
- Other staff designated by the county. This could include Service Coordinators and other members of the team such as special educators, speech therapists, occupational therapists, and physical therapists. Some programs require or invite their full team to participate in state-wide professional development activities.

Select counties were also invited to participate in the OSEP SSIP Technical Assistance On-Site Visit in November 2014.

The Wisconsin Birth to 3 Program engaged in specific outreach and conversation with the Milwaukee County Birth to 3 Program, as the largest program in the state, to discuss individualized implementation strategies with this program. Conversations included the Birth to 3 Program Administrator, Coordinator, and program staff. The Milwaukee County Birth to 3 Program was also represented on the ICC and during both state-wide stakeholder meetings.

- Interagency Coordinating Council

The following members of the state Interagency Coordinator Council (ICC) and invited guests participated in SSIP discussions and planning representing:

- County Birth to 3 Program Providers
- Milwaukee County Department of Health and Human Services
- Department of Public Instruction Early Childhood Special Education, Section 619
- Division of Health Care Access and Accountability Medicaid Program
- Personnel preparation from University of Wisconsin Whitewater
- Division of Public Health, Children and Youth with Special Health Care Needs Program
- Office of the Commissioner of Insurance
- Department of Public Instruction McKinney-Vento Homeless Education Assistance
- Wisconsin tribal nations
- Parent involvement subcommittee
- Parent and family advocacy agency representatives.

The Birth to 3 Program will continue to consult with the ICC throughout all phases of the SSIP.

Parents and family advocacy groups

The following parents and representatives from parent and family advocacy groups were identified to bring the voice of individual families as well as state-wide advocacy organizations to the SSIP development process. Representatives from the ICC Parent Involvement Subcommittee and all three primary advocacy organizations will continue to be invited to participate in the SSIP process; they also expressed interest in continuing to participate in SSIP planning and implementation after the OSEP On-Site Visit.

- Members of the ICC Parent Involvement Subcommittee
- The Executive Director from the Wisconsin Board for People with Developmental Disabilities
- The Public Policy Coordinator from Disability Rights Wisconsin

- Representatives from WI FACETS

Department of Health Services fiscal staff

The following staff was identified as a key resource in conducting fiscal analysis of the Birth to 3 Program, participated in the ITCA Fiscal Cohort, and will be an ongoing resource through implementation of the SSIP for fiscal analysis.

- Budget and Operations Section Chief, Bureau of Long Term Care Fiscal, Division of Long-Term Care
 - Additional staff from the Budget and Operations Section may be included in fiscal analysis and planning.
- Wisconsin Department of Public Instruction (WDPI)

The Wisconsin Birth to 3 Program and WDPI hold regular meetings to discuss Results-Driven Accountability, SSIP planning, and ongoing partnerships between the Part C and Part B programs of IDEA. The following staff have been regularly involved in these collaborative meetings:

- WDPI:
 - Director, Special Education
 - Three Special Education Assistant Directors
 - Early Childhood Special Education, Section 618 Coordinator
 - Early Childhood Special Education Data Coordinator
 - Wisconsin Birth to 3 Program:
 - Part C Coordinator
 - Four Birth to 3 Program state lead
 - Program Integrity and Policy Integration Section Data Analyst
- Other invited stakeholders:

The following additional stakeholders participated in the two state-wide stakeholder events:

- Representatives from the Wisconsin Department of Children and Families
 - Foster Care Program Section Chief
 - Child Welfare Policy Program Section Chief
 - Race to the Top Early Learning Challenge Grant Inclusion in Childcare Specialist
- Head Start Director and Wisconsin Head Start Association Executive Director
- Physicians and a representative from Wisconsin Pediatricians' Association
- Institutes for Higher Education and university teaching staff
- Therapy providers

Stakeholder Involvement in Infrastructure Analysis

The following agencies and representatives were referenced in Section 2(e) above as participating in the SSIP Infrastructure Analysis:

- Wisconsin Birth to 3 Program, including RESource and WPD
- County Birth to 3 Program
- Interagency Coordinating Council (ICC membership described above)
- Parents, through the ICC Parent Involvement Subcommittee and individual participation
- Parent and family advocacy group
- Department of Health Services staff, including fiscal staff

- Wisconsin Department of Public Instruction staff
- Collaboration with related initiatives and programs

The stakeholders outlined above participated in the following activities as a part of the broad and in-depth Infrastructure Analysis:

- Participated in the broad SWOT analysis and related discussions.

This activity included the Birth to 3 Program team and directors of RESource and WPDP. Continued discussions related to the broad infrastructure analysis and identification of strengths and weaknesses included additional RESource and WPDP staff.

- Reviewed and analyzed quantitative data, including:
 - Child Outcome data,
 - Compliance indicator data,
 - Results indicator data,
 - Program fiscal data,
 - Targets for APR, and
 - SiMR and targets.

The key stakeholders involved in data analysis included: Wisconsin Birth to 3 Program All Team, Child Outcomes Stakeholder Focus Group, ICC members, county Birth to 3 Programs, and Department of Health Services fiscal staff.

- Discussed program qualitative data, including:
 - Identified outcomes for children and measurements.
 - Identifying outcomes for families and measurements.

These issues were discussed with county Birth to 3 Programs during Regional Meetings:

- Analyzed Child Outcome practices, including:
 - Review of fidelity of practices
 - Review of state-wide data and trends
 - Recommendations for next steps or areas for development

This discussion primarily occurred during the Child Outcomes stakeholder day and included the stakeholders listed in Appendix's Stakeholder Reports. Conversation regarding Child Outcome practices also occurred on an ongoing basis with RESource and WPDP team members during All Team meetings and during SSIP planning within the Birth to 3 Program team. Recommendations from participants in the Child Outcomes stakeholder group in the area of Child Outcomes included: improvement in practice with Child Outcome ratings and increased focus on the social and emotion needs of infants, toddlers, and their families.

The Wisconsin Birth to 3 Program also partnered with WDPI Early Childhood Special Education staff in the analysis of Child Outcome practices and development of professional development opportunities to improve consistency in state-wide practice and improve data.

- Analyzed implementation of evidence-based practices, including:
 - Discussion of present level of implementation
 - Review of fidelity of practices with national experts
 - Recommendations for next steps or areas for development

This discussion primarily occurred during the Evidence-Based Practices stakeholder day and included the stakeholders listed in Appendix's Stakeholder Reports. Conversation regarding implementation of evidence-based practices also

occurred on an ongoing basis with REsource and WPDP team members during All Team meetings and during SSIP planning within the Birth to 3 Program team. Recommendations from participants in the evidence-based practices stakeholder group included: focusing on fidelity of practices, developing consistent messaging, and improving engagement with families.

- Participated in the OSEP SSIP Technical Assistance Visit

The Wisconsin Birth to 3 Program hosted OSEP State Contacts for an On-Site Technical Assistance Visit related to SSIP planning and development in partnership with WDPI. This visit included a review of SSIP planning to date and a discussion with stakeholders about SSIP planning and future directions for the Birth to 3 Program.

- Participated in fiscal data analysis, including:
 - Analyzing trends in funding sources at the state and county level, with a specific focus on Medicaid reimbursement levels and trends
 - Identifying continued areas to address in fiscal planning and data analysis.

These discussions occurred with representatives from county Birth to 3 Programs and DHS fiscal staff. Fiscal staff also participated in the ITCA fiscal cohort.

- Conducted an in-depth analysis and summarization of process.

The Wisconsin Birth to 3 Program team, with support from WPDP and REsource staff, analyzed the wide variety of information and topics discussed with the multitude of stakeholders listed in the previous sections to identify the trends and common themes across quantitative data, qualitative data, and ongoing discussions. These common themes directly lead to the SiMR, Coherent Improvement Strategies, and Theory of Action.

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

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families must be clearly based on the Data and State Infrastructure Analyses and must be a child- or family-level outcome in contrast to a process outcome. The State may select a single result (e.g., increase the rate of growth in infants and toddlers demonstrating positive social-emotional skills) or a cluster of related results (e.g., increase the percentage reported under child outcome B under Indicator 3 of the SPP/APR (knowledge and skills) and increase the percentage trend reported for families under Indicator 4 (helping their child develop and learn)).

Statement

An increased percentage of children who enter the Wisconsin Birth to 3 Program below age expectations in positive social and emotional skills, including social relationships, will make greater than expected gains by the time they exit the program as measured by Indicator 3 Child Outcomes, Outcome A, Summary Statement 1.

Description

The process of identifying the Wisconsin Birth to 3 Program SiMR began once the Office of Special Education Programs (OSEP) identified the new State Performance Plan (SPP) would be centered on Results Driven Accountability (RDA) and Indicator 11, the State Systemic Improvement Plan (SSIP). The measurement was to include a child level performance indicator. Wisconsin Birth to 3 Program began alignment to an SPP/APR indicator to the Indicator 11 SiMR over the next year and a half. This period of time included numerous stakeholder conversations, structured meetings, and intensive data and infrastructure analysis. Wisconsin Birth to 3 Program also had discussions with our state Part B Department of Public Instruction partners, support from technical assistance staff including participation in community of practices and

attending webinars. Wisconsin Birth to 3 Program along with our Part B Department of Public Instruction held a week long technical assistance visit from the Office of Special Education Program team in November of 2014.

Wisconsin Birth to 3 Program have clear factors to support the use of Indicator 3, Child Outcomes as the basis of our SiMR. Further in the SiMR selection process it was clear that the focus on social and emotional development was identified by a variety of stakeholders as important. Social and emotional development of young children is also supported by a number of current Wisconsin initiatives supporting the social and emotional development of young children. The Wisconsin Birth to 3 Program selected their SiMR for Infants and Toddlers with Disabilities and their Families as:

An increased percentage of children who enter the Wisconsin Birth to 3 Program below age expectations in positive social and emotional skills, including social relationships, will make greater than expected gains by the time they exit the program as measured by Indicator 3 Child Outcomes, Outcome A, Summary Statement 1.

The selection of the SiMR was supported during the preparations for the Wisconsin Birth to 3 Program Child Outcomes Stakeholder meeting on June 3, 2014. Preparations included considerable amount of time to review, discuss and disaggregated the Child Outcomes data across all six Summary Statements. See the detail explained the data analysis section of the SSIP.

The review of the Child Outcomes data shows the majority of children entering and exiting at a much higher rating in social and emotional development compared to the other two outcomes which does not fit the expected or anticipated trend across the 3 Child Outcomes. The inferences made from this Child Outcome data review was substantiated by the qualitative data collected at the County Birth to 3 Program level. County Birth to 3 Program data indicated that currently used assessment tools are not sensitive enough to pick up on social and emotional developmental concerns, providers not feeling confident or skilled in identifying children with social and emotional developmental concerns and Child Outcome rating process not being measured with fidelity.

Another data analysis that occurred as part of the SiMR selection process was to compare county Birth to 3 Program's Child Outcomes outcome one, summary statements to the measurement of implementation progress on the county self-reported level of Primary Coach Approach to Teaming evidence-based practices. The hypothesis was that teams who were implementing an interaction style/relationship based approach with a higher level of fidelity would have outcome one ratings that closer reflect an expected trend of children varying only slightly across the three Child Outcomes. There was no significant difference in the counties who rated higher in implementation of evidence-based practices process then those who did not with their overall outcome one summary statement percentages. The data supported that there was no discernible difference among county Birth to 3 Programs in relationship to current implementation of Primary Coach Approach to Teaming evidence-based practices.

The Wisconsin Birth to 3 Program's next step in selecting the SiMR was to determine what state and local initiatives would align and support the improvement of social and emotional development. The Wisconsin Birth to 3 Program recognizes the importance of collaboration between our program and other state and local initiatives to provide comprehensive services for infants and toddlers with developmental delays and disabilities. Shared responsibility across systems is necessary to meet the varied needs of children and families. There are current initiatives in which the Wisconsin Birth to 3 Program has an active collaboration with that supports the selection of our SiMR. These current Wisconsin initiatives are described in detail in the infrastructure analysis section of the SSIP. The Wisconsin Birth to 3 Program will use the implementation science framework to make infrastructure changes supported by our leadership and stakeholders that will support our selected SiMR.

During the SiMR selection process Wisconsin Birth to 3 Program discovered an unusual Child Outcome patterns as seen in our Indicator 3 data. The unusual Child Outcomes patterns were examined by also reviewing on-site and self-assessment reports, discussions with county Birth to 3 Programs and our Part B DPI partners. The identified specific Child Outcome data unusual patterns are addressed in the data analysis section of the Wisconsin Birth to 3 Program SSIP. The Wisconsin Birth to 3 Program decided to address the unusual Child Outcomes patterns are described later in the SiMR section.

To begin to address these data concerns, the Wisconsin Birth to 3 Program in partnership with Wisconsin DPI 619 program

designed a full day professional development opportunity for Birth to 3 Programs and Wisconsin 619 Programs. The development of the professional development was to address best practices around integrating Child Outcomes into the IFSP / IEP process with fidelity. The components addressed during the professional development including teaming practices, age anchoring assessment tools, the “Bucket List” used in conjunction with the Decision Tree and the paradigm shift of viewing children within the context of everyday activities rather than specific developmental domains. The Child Outcomes Professional Development team included representatives from the Wisconsin Birth to 3 Program, Wisconsin DPI 619 and WPDP traveled throughout the state providing a total of nine opportunities. This professional development opportunity will be continued with alignment into coherent improvement strategies

During the selection process of the SiMR the State ICC invited Arlene Russell from NCRRC the February 19, 2014 meeting to provide an overview of the SSIP including OSEP’s focus on RDA. The presentation emphasized that in order to implement child level improvement, opposed to the previous 4 years of compliance driven data improvement, significant changes were necessary as part of the next SPP/APR. Arlene Russell shared the implications for the Wisconsin Birth to 3 Program including the significant amount of analysis to be done including infrastructure and data. Arlene concluded her overview by summarizing the SSIP as a comprehensive, multi-year process consisting of three phases of implementation over the next several years.

At the same ICC meeting, the Wisconsin Birth to 3 Program shared the most recent Child Outcomes data for the FFY 2013 APR/SPP including the five year data trends within Wisconsin Birth to 3 Program and a comparison to the national data. Based on information shared during the February 19, 2014 ICC meeting stakeholder input included:

- Continue stakeholder opportunities to provide ideas around improvement training/activities.
- Continue data review collection and measurement analysis around outcomes.
- Documenting and measuring families’ goals.

The Wisconsin Birth to 3 Program next step was to hold events to provide stakeholders an opportunity to share insights, inferences and recommendations on identifying and assist in narrowing the focus of our SiMR. The first state-wide stakeholder event was held on June 2014 with a focus on Indicator 3 Early Childhood Outcomes. The second state-wide stakeholder event was held on September 2014 and focused on the Exploration of Evidence-Based Practices and the Primary Coach Approach to Teaming within Natural Environments. The threefold purpose for these two stakeholder meetings was to; 1) inform Wisconsin Birth to 3 Program stakeholders about the federal focus on Results Driven Accountability (RDA) and the new Indicator 11 State Systemic Improvement Plan (SSIP) requirements; 2) to provide stakeholders a historical overview of Wisconsin Birth to 3 Program’s high priority initiatives including Indicator 3 Child Outcomes and; 3) implementation of evidenced based practices through the Primary Coach Approach to Teaming in natural environments.

Wisconsin Birth to 3 Program received broad stakeholder input during the spring and fall 2014 Birth to 3 Program regional meetings. Wisconsin Birth to 3 Program solicited County Birth to 3 Programs perspective to support the selection of the SiMR. As part of the 2014 spring and fall regional meetings we gathered county Birth to 3 Program stakeholder input based on the following two questions.

- “What outcomes do we want to see for children as a result of participating in the Birth to 3 Program?”
- “How can we gather/measure this information?”

Several hundred program responses were tallied and grouped into two broad categories. The first category “Increase the confidence and competence of the parent/caregiver.” Suggest the identified awareness and belief that the most effective way to support families is through a relationship based interactive style. The service provision outcome is to increase a parent’s own confidence and competence when interacting with their child and addressing developmental concerns including the child’s social emotional development.

The second category, “Ability to identify social and emotional developmental concerns.” Identifies the need for assessment tools sensitive enough to pick up on social and emotional developmental concerns among infants and toddlers and the confidence of Birth to 3 Program interventionists to recognize and address the social and emotional developmental needs in children and their families.

The Wisconsin Birth to 3 Program next decisions in the SiMR selection process was to decide an effective approach to select a subset of populations that would result in improved results state-wide. In 2007 the Wisconsin Department of Health Services developed a formula that would equally distribute Wisconsin’s various demographics by county over a four year rotation across all 72 counties, by race, ethnicity and population density. The sampling methodology account for the characteristics of Wisconsin are Birth to 3 Program populations and has been determined to be representative of families participating in Birth to 3 Program state-wide. For a full description of the distribution methodology from the Department of Health Services refer to the appendix’s WI Birth to 3 On-Site Schedule. The subsets of county Birth to 3 Programs are equally matched for demographics of the Wisconsin Birth to 3 Program. Improving results for one of these subsets of counties will support the scaling up of improving results for all groups of counties and all children by using the first cohort data to establish proven improvement strategies.

The County Birth to 3 Program cohort scheduled to begin January 2016 will be the Wisconsin Birth to 3 Program’s designated sub population and will used to monitor the progress towards meeting the annual SiMR targets identified in the SSIP. Each county Birth to 3 Program in the initial cohort will receive as part of their on-site visit an in-depth and focused analysis of their system to identify improvement strategies needed for a successful implementation of the SSIP, This County Birth to 3 Program cohort will have the most available time to implement the strategies within their local county system to show progress and measurable change for the SiMR. The Wisconsin Birth to 3 Program anticipates that over the four year cycle of on-site visits and delivering improvement strategies to county Birth to 3 Programs we will be successful in beginning to measure positive outcomes results state-wide.

The Wisconsin Birth to 3 Program will implement and scale up the SSIP across all 72 counties over four years using the county Birth to 3 Program cohort groupings. Technical assistance and professional development opportunities will then be individualized according to each county Birth to 3 Program’s identified needs. Each subsequent year at their on-site visit, the next cohort of county Birth to 3 Program will receive the same individual support to assure an equally successful implementation of the SSIP. The balance of Birth to 3 Programs will receive an annual self-assessment, an annual data review and additional technical assistance from RESource to directly support their implementation of the SSIP.

Selection of Coherent Improvement Strategies

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support EIS program and/or EIS provider implementation of evidence-based practices to improve the State-identified result(s) for infants and toddlers with disabilities and their families. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build EIS program and/or EIS provider capacity to achieve the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Data and Infrastructure Analyses

Previous improvement strategies of Wisconsin Birth to 3 Program that included infrastructure development of State-level policies and procedures were heavily influenced by the compliance Indicators The SSIP strategies will address Results Driven Accountability (RDA) for the Wisconsin Birth to 3 Program as measured by our SiMR. Coherent improvement strategies were selected based upon the accumulation of both the state wide data analysis and the infrastructure analysis.

The coherent improvement selected strategies are based on the analysis of the Wisconsin Birth to 3 Program infrastructure

systems that currently in place with identified strengths and needed areas of improvements. Strategies were chosen with consideration of integrating into the current system strengths with the current resources and other current initiatives in Wisconsin. Starting with strategies that are based in Wisconsin Birth to 3 Program strengths will allow some immediate capacity to initiate the work with county Birth to 3 Programs. The areas of improvement were then reviewed to ensure that the improvement strategies would provide both opportunities for change and for meeting the identified areas of concern within our current systems. Incorporating the systems areas of concern into the improvement strategies will ensure that the work will be new and will align with results driven accountability. This alignment of improvement strategies leads the Wisconsin Birth to 3 Program to the Theory of Action.

The strategies chosen include alignment with other current state initiatives focusing on social and emotional development of young children. Accessing trainings and data gathered by the other initiatives allows the Wisconsin Birth to 3 Program to increase early intervention providers' skills by using existing curriculum or training materials. The Wisconsin Birth to 3 Program utilizing the expertise in these initiatives will increase Birth to 3 Program provider skills and support the goals of the initiatives in expanding the workforce which serves young children with knowledge in social and emotional development. Phase II infrastructure development will include coordinating with the various Wisconsin initiatives that support social and emotional development of young children.

At the child level of improvement strategies, Wisconsin Birth to 3 Program will implement use Primary Coach Approach to Teaming evidence-based practices. Wisconsin Birth to 3 Program has a strong base of implementation of evidence-based practices within the county Birth to 3 Programs. New improvement strategies will address the use of a measurement of fidelity tool, so that county Birth to 3 Programs can strategically use their fidelity data to make an informed plan for implementation and sustainability. Counties will need to increase county Birth to 3 Program staff competence in understanding social and emotional development and the Child Outcomes process. Increased staff competence including knowledge of children's social and emotional development to be identified, assessed, and supported. Increase staff competence including knowledge on how the Child Outcomes process aligns with the fidelity of authentic assessment process.

1. Infrastructure analysis revealed the following:

The State of Wisconsin is focusing on social and emotional development as evidenced by several initiatives.

- a. Governor's Office of Children's Mental Health
- b. Pyramid Model for Social Emotional Competence
- c. Trauma-Informed Care Initiative
- d. WI Project LAUNCH
- e. Parents Interacting With Infants (PIWI) Model
- f. Medical Home
- g. Infant and Toddler Policy initiative supported by Zero to 3

2. Need for improved infrastructure and resource alignment

- The Wisconsin Birth to 3 Program will develop a comprehensive strategic plan for implementation of Primary Coach Approach to Teaming evidence-based practices to fidelity with all county Birth to 3 Programs including:
 - I. Developing a vision for the Wisconsin Birth to 3 Program.
 - ii. Adding an additional focus to the On-Site visit with county Birth to 3 Programs to support RDA, including implementation of Primary Coach Approach to Teaming evidence-based practices to fidelity, professional development for staff on social and emotional development of infants and toddlers.
 - iii. Adding an additional focus to the Self-Assessment process to include discussion for RDA

including implementation of Primary Coach Approach to Teaming evidence-based practices to fidelity, professional development for staff on social and emotional development of infants and toddlers.

- iv. Develop relationship with other states with like initiatives of implementation of evidence-based practices and social and emotional development.
- The Wisconsin Birth to 3 Program will develop an improved comprehensive Professional Development and Technical Assistance system to support ongoing and constant progress for each county Birth to 3 Program to move to fidelity around concepts.
 - v. Family centered care including family systems
 - vi. Parent-child relationship
 - vii. Teaming
 - viii. Developmentally appropriate practices
 - ix. Evidence based practices to fidelity including selection of fidelity tool
- The Wisconsin Birth to 3 Program will development a strategic plan to address state level infrastructure and implement change to better align with the Birth to 3 Program SSIP will include:
 - a. Develop comprehensive community awareness and messaging about Birth to 3 Program
 - i. Assure state wide emphasis
 - b. Additional State Lead position at DHS to increase capacity of DHS team meet needs of compliance and RDA indicators.
 - i. Define roles of State team around SSIP implementation
 - ii. Assure capacity to continue ongoing work of the program in meeting federal and state requirements

Stakeholder involvement

Stakeholders from various groups were updated throughout the SSIP process and were asked to provide input and feedback at each decision point in the development of the SSIP. Stakeholders helped identify the root causes for areas of improvement identified and recommended coherent improvement strategies that will lead to measurable improvement for infants and toddlers with disabilities and their families.

1. Stakeholders identified the following areas as areas of need related to serving children's social and emotional development:

- a. Identification of children with social and emotional developmental needs, including evaluation and assessment of the area of development.
- b. Importance of assessing the child within the context of the parent and child relationship.
- c. Identifying resources to support the Birth to 3 Program in serving the child and family.
- d. Identification of strategies and resources including community resources that the Birth to 3 Program staff will utilize to support the social and emotional development of the child and parent and child relationship.

- f. Fidelity of practice to include exploring the concept of role expansion to support professional ethics.

Stakeholder input into root cause analysis pointed to several impacting factors:

- a. Need for increased training and monitoring around the Child Outcome process than occurred in previous years.
- b. Need to increase early intervention staff understanding of the Child Outcome rating process, particularly the comparison of the child to typically developing peers (drift), ongoing assessment, tool use such as the decision-tree and bucket list.
- c. Need for early intervention staff understanding of social and emotional development including;
 - a. The breadth of this area of development and how children with all types of delays are impacted in this area.
 - b. Serving children with social and emotional delays from identification through intervention.
 - c. Assessment tool use for social and emotional development or inconsistent use of tools.
 - d. Need for a fidelity tool for implementing and sustaining Primary Coach Approach to Teaming in Natural Environments evidence-based practices.

SiMR Alignment

The Wisconsin Birth to 3 Program will develop strategies to address the SiMR and chose strategies that will include steps and/or activities for improvement at each of the following levels: state, local, interventionist, family and child. Each of the Coherent Improvement Strategies fall into one of the drivers of implementation science: a) competencies in regards to the Child Outcome process, social and emotional development, and the use of evidence-based practices; b) infrastructure related to organization of the Wisconsin Birth to 3 Program and use of other Wisconsin current initiatives; and c) leadership in regards to messaging, stakeholder input and implementation practices.

Strategies chosen to improve the fidelity of Primary Coach Approach to Teaming evidence-based practices support monitoring and gathering of outcomes of the children and families participating in the Birth to 3 Program. Through implementation Primary Coach Approach to Teaming evidence-based practices to fidelity (root cause), the core work of the Birth to 3 Program from referral through intervention, ongoing assessment and addressing all children's needs individually will be enhanced and improved. Moving to a higher level of fidelity of Primary Coach Approach to Teaming evidence-based practices builds on the current TA system (strength) in Wisconsin and increasing the ability of the county Birth to 3 Programs to address children's needs that will be sustained over time. The strategies around social and emotional development will be incorporated with these practices.

Strategies to improve understanding of social and emotional development will increase the competencies of the Birth to 3 Program staff (root cause) to address social and emotional development throughout the IFSP process. The Wisconsin Birth to 3 Program anticipates improved evaluation and assessment practices. The Wisconsin Birth to 3 Program expects the number of children identified with delays in the area of social and emotional development to increase, along with the number of children found eligible for the Birth to 3 Program due to a delay in the area of social and emotional development. Utilizing the current initiatives in the state (strength) by increasing interventionist competence to use strategies and resources will lead to improve the social and emotional outcomes for the children through parental awareness and improved parent and child interaction. The result is a change in the learning trajectory around social and emotional development for children participating in the Birth to 3 Program with an improvement in the quality of the data for Child Outcome A.

Strategies to address the Child Outcome process will improve consistency of Child Outcome practice across the state. The increase to staff knowledge of the process and resources (root cause) to support the work will increase the accuracy of the data (Child Outcome ratings, root cause). Utilizing the Primary Coach Approach to Teaming evidence-based practices (strength) to incorporate the Child Outcome process infuses the information into everyday tasks of the Birth to 3 Program staff for sustainability. Through the improvement in the Child Outcome process, in conjunction with an improvement in

addressing and supporting social and emotional development, the SiMR targets will be met.

Strategies to address infrastructure will reorganize the infrastructure (root cause) to assure capacity for implementing other new strategies. The strategies include a step of determining and collecting additional data needed have continuous flow of data driven decisions to assure that the incorporated strategies are making a difference before measured by the SiMR. The Wisconsin Birth to 3 Program will be able to sustain the work going forward by focusing resources where they are most needed to improve positive outcomes for children and families.

- The Wisconsin Birth to 3 Program will develop a strategic plan to increase the fidelity of Indicator 3 Child Outcomes rating process to increase the inter-rater reliability across Birth to 3 Program team members and also with interagency reliability rating across Wisconsin Birth to 3 Program Exit ratings ad Part B 619 Entry Child Outcomes will include:
 1. Clarify ongoing assessment tools and their use.
 2. Develop process to measure fidelity and rater reliability.
 3. Support fidelity of the process to assure the following: a) child is compared to typically developing peers; b) use of immediate foundational skills, foundational skills in the rating process; c) use of a tool for gathering the information and making the decision (decision tree/bucket list); and d) team decision-making.
 4. Develop assessment of current practices to determine baseline and next steps.
- The Wisconsin Birth to 3 Program will develop a strategic plan to improve the identification, evaluation, assessment, and support of social and emotional development of infants and toddlers with developmental delays and disabilities will focus on parent/child relationship including:
 1. Provide guidance on tools to evaluate and assess social and emotional development.
 2. Clarify determination of eligibility based upon social and emotional developmental delays.
 - i. Exploration of how to make this determination: who on the team, tools to use, etc.
 - ii. Gathering data on eligibility for this area of delay.
 3. Identify and utilize existing state-wide and local initiatives to support the Birth to 3 Program early intervention professional's development in the area of social and emotional development. See detailed descriptions of current state-wide initiatives in the infrastructure section of the SSIP.
 4. Develop a comprehensive professional development system for delivery of content and provision of technical assistance to county Birth to 3 Programs.
 - i. Create a Professional Development Coordinator position that will take the lead to build and organize the improved state comprehensive professional development system in alignment with RDA and act as an outreach coordinator to collaborate with established state groups and current initiatives for professional development opportunities.
 - ii. Expand on role of the state REsource TA staff to include delivery of professional development content based on the knowledge, skills and abilities of the current team members.
 - iii. Establish and embed implementation science framework into our comprehensive professional development plan to ensure instillation and sustainability of all initiatives with state and local programs.
 5. Create and establish state wide evaluation plan.
 - a. Assure fidelity of each strategy and its impact.

- b. Monitor progress to increase positive outcomes for children prior to results as measured by the SiMR.

Systemic Change

The Coherent Improvement Strategies were chosen to include implementation science framework for initiation to sustainability. Strategies fall into one of the following categories: a) competencies in regards to the Child Outcome process, social and emotional development, and use of Evidence-based practices; b) infrastructure related to organization of the Wisconsin Birth to 3 Program or use of initiatives; or c) leadership in regards to messaging, stakeholder input or implementation practices.

- An analysis of the Primary Coach Approach to Teaming evidence-based practices, its research and expected results when implemented to fidelity uncovered opportunities to utilize this approach as a means for improving both the Child Outcomes (CO) and social and emotional development processes within the program. Coaching is a key component of fidelity in the Primary Coach Approach to Teaming evidence-based practices. An expected outcome of using Primary Coach Approach to Teaming evidence-based practices is to increase a child’s participation in everyday learning activities.
 - Family members understanding the child’s needs and interests, strengths and next steps.
 - Family members are responsive to the child—listening and watching for cues.
 - Family members support the next step in development.
 - Family members praise the child when accomplishments are met.
- The Wisconsin Birth to 3 Program will develop a strategic plan to improve the leadership and collaboration with other state-wide initiatives including:
 - a. Identification of shared vision for infants and toddlers among programs.
 - b. Increase involvement and utilization of initiatives occurring in the state
 - c. Increased collaboration with other programs serving young children with disabilities such as foster care, child care, and Head Start.
 - d. Continued and increased involvement of stakeholders.

Theory of Action

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State’s capacity to lead meaningful change in EIS programs and/or EIS providers, and achieve improvement in the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Submitted Theory of Action: [Theory of Action](#)

Illustration

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Belief	Strategies (summary)	Improved Results	Related Guiding Principle
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<p>If the <u>Wisconsin Birth to 3 Program</u> implements state-wide improvement strategies to increase fidelity of Primary Coach Approach to Teaming in Natural Environments evidence-based practices with a focus on social and emotional development, and</p>	<ul style="list-style-type: none"> · Apply the process of implementation science in the incorporation of strategies developed in the SSIP to address the SiMR. · Provide joint training experiences, shared views of infant and family development, and commitment to team cooperation · Align current technical assistance system to provide more intentional and deliberate incorporation of training and support for PCATT · Maintain ongoing collaboration and training with PCATT –Shelden and Rush · Develop tool for state-wide use that measures fidelity of practice for PCATT 	<ul style="list-style-type: none"> · Every family receives support from a multidisciplinary team · Early intervention programs in the state of Wisconsin will increase knowledge across all domains of how to promote child learning and participation · Wisconsin Birth to 3 Program’s ability to identify, address, coach and support children and families in the areas of social and emotional development will demonstrate statically identifiable improvements. 	<ul style="list-style-type: none"> · The state must assume a role as a partner with local communities to enhance the Birth to 3 Programs’ ability to serve young children with disabling conditions and their families <ul style="list-style-type: none"> · Collaboration is the best way to provide comprehensive services · The goal to enhance the capacity of families to meet the special needs of their child
<p>If <u>County Birth to 3 Programs</u> implement local system change to increase team awareness and knowledge of social and emotional development and early intervention team practices of coaching and teaming within natural learning environments, and</p>	<ul style="list-style-type: none"> · Identify and implement activities and training opportunities to improve fidelity in the outcomes ratings and ongoing assessment of children · Restructure the State-level team to meet the county level needs for technical assistance and guidance · Design a professional development plan that utilized current technical assistance system and utilizes knowledge and resources of established groups and current initiatives 	<ul style="list-style-type: none"> · Early intervention staff with the county birth to 3 program will have improved consistency across counties in the appropriate identification of measurable entry ratings for children regarding social and emotional development · Building the competence and confidence of the early intervention professionals to coach, contextualized services, and team 	<ul style="list-style-type: none"> · Professionals are most effective when they can work as a team member with parents and others <ul style="list-style-type: none"> · The ability of a variety of individuals, to teach, assist and develop relationships which help families must be recognized and promoted. Early intervention enhances the development of children · Cooperation and shared responsibility are necessary components of a

			<p>service system that is able to meet the varied needs of children and families</p>
<p>If <u>Early Intervention professionals</u> implement coaching and teaming practices with knowledge of social and emotional development to increase effective engagement with families and caregivers, then...</p>	<ul style="list-style-type: none"> · Identify specific targets and training needs related SiMR and include in revised professional development plan for early intervention professionals · Revise current state technical assistance contracts to include education, on-site training and cohorts of support and collaborations for early intervention professionals. · Develop comprehensive community awareness plans and messaging about PCATT 	<ul style="list-style-type: none"> · Parents competence and confidence will be enhanced to understand and support their child’s social and emotional well being · Early interventionist will develop skill and understanding about how to work effectively with adults and enhance the role of the parent in promoting infant and toddler learning 	<ul style="list-style-type: none"> · Parents are partners in any activity that services their children <ul style="list-style-type: none"> · Parents are primary caregivers and teachers of their children-they must be afforded the opportunity and encouraged to be a part of the decision-making process and empowered to support their child’s development
<p><u>Families and caregivers</u> will increase their competence and confidence to understand and support their infant or toddler’s social and emotional development, and</p>	<ul style="list-style-type: none"> · Advise county Birth to 3 Programs to identify resources and provider networks that support parents and children’s social and emotional health and development · Identify resources and training needs for early interventionist to provide access and understand of the traditions, cultural and linguistic characteristics of families and communities 	<ul style="list-style-type: none"> · Parents will increase their confidence and competence to support and advocate for their child’s social and emotional health and development without the coach and in other situations and activities in the community · Parent and community relationships with the Birth to 3 program will evolve reducing disparity in early identification and increase community participation and referrals to the Birth to 3 program 	<ul style="list-style-type: none"> · Children’s greatest resource is their family. Children are best served within the context of family <ul style="list-style-type: none"> · Young children’s needs are closely tied to the needs of their family –both must be met to adequately serve the child · Supportive services value the integrity of the family, its unique needs and cultural heritage with linkages to traditional community resources
<p><u>Infants and toddlers</u> will demonstrate improved social and emotional functioning to enhance</p>		<ul style="list-style-type: none"> · Children exiting the Birth to 3 Program will have measurable improvements in their 	<ul style="list-style-type: none"> · Children’s optimal development depends on their being viewed first as children and

<p>their learning and participation in activities within the community.</p>		<p>social and emotional development and functioning</p> <ul style="list-style-type: none"> · Children entering Part B special education services or leaving the Birth to 3 Program are able to demonstrate measurable improvement in their overall development and functioning 	<p>second as children with a problem or disability</p> <ul style="list-style-type: none"> · Encourage the integration of children with disabilities with children who do not have disabilities · All children have the same basic needs for acceptance, affection, nurturing and security · The family is best support within the context of the community
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The theory of action graphic illustrates the Wisconsin Birth to 3 Program's belief that implementation of state-wide improvement strategies to increase fidelity of Primary Coach Approach to Teaming in Natural Environments evidence-based practices with a focus on social and emotional development will produce the target results identified as the Wisconsin Birth to 3 Program's state identified measurable-result (SiMR). The Wisconsin Birth to 3 Program team has described in the State Systemic Improvement Plan (SSIP) the broad analysis of data and infrastructure conducted to identify strengths and weakness and to outline the state's initiatives, current priorities and efforts. The information identified in the SSIP from the broad analysis of data, infrastructure and stakeholder input narrowed the focus in the

identification of the SiMR. The Wisconsin Birth to 3 Program team has also described in the SSIP the results of the in-depth analysis that identified weakness in the program contributing to the low performance of the (SiMR). The Wisconsin Birth to 3 Program theory of action hierarchy declares the intended results the Wisconsin Birth to 3 Program expects to achieve through implementation of the SSIP.

“Infants and toddlers will demonstrate improved social and emotional functioning to enhance their learning and participation in activities within the community.”

The Wisconsin Birth to 3 Program Theory of Action describes a scaffolding of progressive improvements in the program’s leadership, organization and competency. These progressive improvements are supported by state-wide implementation of strategies chosen to construct an early intervention environment that will yield a statistically significant increase in the percentage of children exiting the Wisconsin Birth to 3 Program with positive gains in social and emotional development. The Wisconsin Birth to 3 Program’s leadership has allocated funding for training and implementation of PCATT in addition to the Wisconsin Birth to 3 Program contracts outlined in detail the infrastructure analysis of the SSIP. In 2014 the Wisconsin Birth to 3 Program initiated development of the state fiscal strategic plan and submitted an application for a home community based waiver structured to provide additional Medicaid reimbursement in support of PCATT. The Wisconsin Birth to 3 Program has redesigned its state level organizational structure to include the addition of a fourth regional lead position. The addition of this position will decrease the number of counties each lead is responsible for monitoring and redistribute identified program focus areas for monitoring Part C compliance, collaborations and supervision of county programs. This redistribution of responsibilities will provide increased intentional and individualized county Birth to 3 Program support and performance improvement. The Wisconsin Birth to 3 Program professional development plan is intentional in its focus to build the confidence and competency of county early intervention programs capacity in the identification, evaluation and coaching of children and families in the areas of social and emotional development. The Wisconsin Birth to 3 Program professional development plan to build confidence and competence in the area of social and emotional development will utilize the strengths of the current technical assistance structure, as identified in the infrastructure analysis, as well as professional training initiatives related to social and emotional development throughout the state.

The Office of Special Education Programs (OSEP) acknowledged that the State Performance Plan focus on Results Driven Accountability (RDA) and indicator 11. Part C Programs were encouraged to use a child level performance indicator as the measurable result in the State Systemic Improvement Plan (SSIP). The Wisconsin Birth to 3 Program strongly considered using Indicator 3 ‘Child Outcomes’ as the measurable result and started the conversation with stakeholders as noted in the SiMR section of the SSIP. The conversation started by asking the following questions to stakeholders: 1) What outcomes do we want to see for children as a result of participating in the Wisconsin Birth to 3 Program? 2) How can the program best gather and measure child outcome information? Once the Wisconsin Birth to 3 Program completed its in-depth data and infrastructure analyses the state team used the information from the analysis and stakeholder meetings to give reason and rationale for the SiMR and develop the theory of action. Several versions of the theory of action were developed and the Wisconsin Birth to 3 Program team applied intentional consideration to ensure beliefs in the theory of action represent the programs guiding principles. The principle stakeholders identified in the SSIP were informed and provided opportunity to provide input in each step of development.

Certify and Submit your SPP/APR

This indicator is not applicable.