

ANNUAL PERFORMANCE REPORT

IDEA Part C

FFY 2006 (2006 – 2007)

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State of Wisconsin

Wisconsin Department of Health and Family Services

Bureau of Long Term Support

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Madison, Wisconsin 53707-7851

2006 FFY APR Results

Monitoring Priorities and Indicators	Target	Results	Page
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. [Compliance Indicator]	100%	98%	6 - 10
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.	95.68%	95.21%	11 – 15
3. 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. [Results Indicator]		Targets to be set once baseline established. This is estimated to FFY 2008	16
4. 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. [Results Indicator]	83% 90% 91%	83% 90% 89%	17 – 23
5. Percent of infants and toddlers birth to 1 with IFSPs compared to: [Results Indicator]	1.14%	0.95%	24 – 29
6. Percent of infants and toddlers birth to 3 with IFSPs. [Results Indicator]	2.82%	2.61%	30 – 34
7. Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator]	100%	91.25%	35 - 39

Monitoring Priorities and Indicators	Target	State Results	Page
8A. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: IFSPs with transition steps and services; [Compliance Indicator]	100%	83.32%	40 – 45
8B. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community service by their third birthday including: Notification to LEA, if child potentially eligible for Part B; and [Compliance Indicator]	100%	80.71%	41
8C. Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including: Transition conference, if child potentially eligible for Part B. [Compliance Indicator]	100%	82%	42
9. General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. [Compliance Indicator]	100%	85.3%	46 – 50
10. Percent of signed written complaints with reports issued that were resolved within 60 days [Compliance Indicator]	100%	NA—none received	51
11. Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline [Compliance Indicator]	100%	NA—no hearings requested	52
12. Percent of hearing requests that went to resolution sessions that were resolved through settlement agreements [Compliance Indicator]	100%	NA	53
13. Percent of mediations held that resulted in mediation agreements [Compliance Indicator]	100%	NA—no mediations held	54
14. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. [Compliance Indicator]	100%	100%	55 - 57
Fiscal Audit Findings	100%	100%	

Part C State Annual Performance Report (APR) for 2006

Overview of the Annual Performance Report Development:

County agencies, families, advocates and the Wisconsin Interagency Coordinating Council (ICC) are among the broad array of stakeholders in Wisconsin's early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Part C Program, including 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). The ICC has diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. In 2002, prior to the 2004 reauthorization of the Individuals with Disabilities Act (IDEA), the ICC adopted a set of Birth to 3 Program Outcomes and developed corresponding indicators to measure the progress related to each outcome. Each year, the Department of Health and Family Services (DHFS) has provided data to the ICC on the status of these outcomes. Subsequently, the ICC has made data-driven recommendations to the Department regarding strategies for improvement related to these outcomes. In addition, the information has been broadly disseminated to key stakeholders through an annual report. These outcomes closely align with the indicators developed under IDEA. The process of the ICC advising the DHFS on salient priorities and recommendations, followed frequently by DHFS implementation, demonstrates Wisconsin's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

The SPP is posted to the DHFS website (<http://dhfs.wisconsin.gov/bdds/birthto3/reports/index.htm>) and the Annual Performance Report (APR) is also posted on the DHFS website upon submission to the U.S. Department of Education. Both documents are available in printed format and alternate formats upon request. The Department provides information to the public regarding accessing the Wisconsin SPP and APR through e-mails, trainings, teleconferences, regional meetings, and local county outreach. The DHFS meets the requirement for public reporting of early intervention services by county through its website via a link to the North Central Regional Resource Center (NCRRC). Performance results are currently displayed in a dashboard format, allowing interested readers to compare different counties compliance on any of the first eight federal indicators. The link to NCRRC is http://www.northcentralrrc.org/wisconsin/05_06_apr.aspx. The data collected around Indicator 8A and 8B for the FFY 2005 APR was through file review of 380 children's records. Wisconsin did not have de-aggregated data for 8A and 8B for all 72 counties for that year, so was unable to report that. Public reporting for all 72 counties for all other compliance indicators was available. For FFY 2006, all the compliance indicators will have reportable data for all 72 counties. It is anticipated that FFY 2006 updated data will be available through the NCRRC dashboard display by the middle of May, 2008. This can also be accessed through the DHFS website at <http://dhfs.wisconsin.gov/bdds/birthto3/reports/index.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.

Wisconsin's counties are fully informed of the SPP and the resulting outcome data in the APR. The 2006-2010 SPP was reviewed in-depth with county agencies and Birth to 3 Program service providers at a series of regional meetings in 2006. On June 15, 2007, the State of Wisconsin received the first issuance of determinations from the Office of Special Education Programs (OSEP). Wisconsin was determined to "need assistance in meeting the requirements of Part C of the Individuals with Disabilities Act (IDEA)". In the State of Wisconsin, EIS responsibilities are contracted to the 72 Counties in the state. In August 2007, DHFS carefully deliberated with the assistance of staff from the Wisconsin Personnel Development Project (WPDP) and Cooperative Education Service Agency (CESA 5) RESource personnel during a strategizing session facilitated by NCRRC. Key stakeholder groups were involved in developing the implementation plan for this new requirement for public reporting and issuance of local determinations. Stakeholders specifically recommended maintaining transparency on the process and criteria for implementing this new requirement. DHFS staff provided a webcast on August 10, 2007, to inform counties about the issuance of county determinations. A wide group of stakeholders, including county personnel, early intervention providers, the ICC, and other interested members of the public participated in the webcast and provided public comments. Handouts and PowerPoint materials from this presentation are posted at <http://dhfs.wisconsin.gov/bdds/b3etn/schedule.htm>

The public comments were compiled, analyzed, and presented to Wisconsin's key stakeholder group, the ICC, in September 2007. Additionally, the ICC reviewed charts disclosing each county's performance on nine of the federal indicators. After careful deliberation, the ICC recommended that counties receive clear criteria defining the expectation for each indicator and their specific performance data. In October 2007, counties received an over-all determination and a determination specific to each indicator. Counties had the opportunity to clarify results and ask questions via teleconference calls and during the Regional Meetings in October 2007. Counties are responsible for sharing their data with local advisory groups and using other communication strategies in their communities. RESource staff (Wisconsin's technical assistance and monitoring partner) met with each county to discuss and analyze local performance on each indicator and to develop plans through use of the Program In Partnership Plan (PIPP).

The ICC also spent an entire day in December 2007 evaluating the data for each of the federal indicators and analyzing the results. Results for all indicators were examined closely to determine appropriate follow-up and improvement strategies. The ICC recommended amending baselines for Indicators 1 and 4, and targets for Indicators 2 and 4. This will be more thoroughly discussed in the narrative for these indicators.

The Human Services Reporting System (HSRS) is the DHFS statewide mainframe data collection system. To improve the comprehensiveness and accuracy of data collection for reporting on indicators, HSRS was revised to the extent possible within the current system. The revisions included new data elements and guidance for reporting the required data. The improved HSRS data collection system was implemented in April 2007 with a retroactive effective date of January 1, 2007. The HSRS enables DHFS to track statewide and county status by analyzing patterns and progress or slippage in meeting targets for the indicators. To improve the infrastructure in Wisconsin DHFS for collecting data, two primary actions have occurred. The first is to modify the current HSRS system within the parameters and limitations of the current system. The second is to commit to the development of a HSRS replacement system expected to be launched after July 1, 2008. DHFS has prioritized the Birth to 3 Program for this Department-wide initiative and funds from the General Supervision and Enhancement Grant (GSEG) awarded by OSEP to Wisconsin have been committed to this task.

Ongoing collaboration also exists between the Part C, Birth to 3 Program and Part B, Section 619, Early Childhood Program through the Inter-Department Early Childhood Workgroup, which is comprised of key staff from DHFS, Department of Public Instruction (DPI), and training and technical assistance providers. The group has cross-membership with the ICC and a parent member. In response to IDEA 2004 reauthorization, the workgroup has actively implemented a work plan to address mutual or inter-related program enhancements, with specific emphasis on early childhood outcomes and transitions.

The DHFS will distribute the APR via a comprehensive list serve immediately upon submission to the U.S. Department of Education. The department will also post the APR on the DHFS website at <http://dhfs.wisconsin.gov/bdds/birthto3/reports/index.htm>. These results will be comprehensively reviewed by the ICC and will be the focus topic for the Spring 2008 regional meetings with counties and other provider agencies in May 2008. These forums will provide an opportunity to review progress or slippage related to the SPP targets as well as broad-based input related to areas of improvement. Local Early Intervention Service (EIS) providers will in turn share both state and local data as appropriate with county advisory groups and other interagency committees related to children and families.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 1: 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)

Measurement:

Percent = [(number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total number of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services.

Wisconsin has implemented changes to data collection and verification procedures to meet the OSEP requirements as described in the 2005 SPP/APR Response Table. These changes include (1) measuring the timeliness of initiation for all new Part C services on all IFSPs and (2) demonstrating compliance with the state-defined timely services as 30 days from parental consent. As identified in the Response Table from OSEP for FY2005 (received on June 15, 2007), the State is now using the standard of timely initiation of Part C services on initial IFSPs and on subsequent IFSPs. The State of Wisconsin submitted the following amended definition of timely services in March of 2007: "The IFSP must identify resources, supports and services for each outcome established. All services on the IFSP must start within 30 days of the IFSP meeting date." The following activities address the required actions specified by the OSEP letter to correct non-compliance:

- The Human Services Reporting System (HSRS) was updated to include fields that capture dates of both initial and subsequent IFSPs, and to track the actual number of days between IFSP dates and initiation of any services.
- Counties were required to correct and re-enter appropriate dates in HSRS for children back to January 1, 2007, for both initial and subsequent IFSPs (as far back as the HSRS system allowed entry of the new fields).
- To address the need to report information from July 1, 2006, through December 31, 2006, a statewide random, stratified sample of 500 files were reviewed to determine compliance on this indicator.
- Counties received required actions for non-compliance with this indicator. The required actions were issued through the on-site review and monitoring process and/or the local determination process. There were 14 required actions related to timely services, two specific to providing services in 30 days, 12 based on related requirements. All of these non compliances were corrected in the 12 month timeframe.

The Human Services Reporting System (HSRS) is the DHFS statewide mainframe data collection system. The initial IFSP date and the start date for each service are data elements reported on HSRS. The HSRS enables DHFS to track statewide and county status and larger system issues by analyzing patterns and delays in projected service start dates within each county. The DHFS added additional data fields to HSRS to track services added to a child's IFSP and the timely delivery of each service per the definition for this indicator. This revision to the system also documents reason codes for any service that starts beyond the 30-day timeline. These reason codes document exceptional family circumstances, family preference, or early intervention team recommendations. There is also a reason code to capture system or staffing issues. These changes took effect in April 2007. Counties received training at the spring Regional Meetings and through a WisLine conference call in March 2007. Counties were required to begin using these additional fields for all children in April 2007, and to go back and enter these new fields for all new or exiting children from January 1, 2007, through June 30, 2007. Because the HSRS system freezes all data input for the previous calendar year in March of the subsequent year, counties were unable to enter these new fields for

children who had services added from July 1, 2006, through December 31, 2006. Through discussions with OSEP personnel, it became clear that it would be important to document state compliance for the first half of the year. To provide evidence of compliance for July 1, 2006, through December 31 2006, staff examined 500 records.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006:

In 2005/2006, Wisconsin reported on timely delivery of service using HSRS data from the initial IFSP, which made it difficult to compare to this year's data. The revised baseline for this indicator from 2005/2006 is 85.79 percent as documented in the data collected in the sample from that year. This baseline accurately includes both IFSP initial services and subsequent services. The baseline also accounts for family circumstances that delayed start of services. The data was also re-analyzed to reflect the accurate measurement of number of children with timely services, rather than the number of services. The revised SPP reflects our updated baseline.

This year, to ensure accurate reporting of progress for the entire year, Wisconsin used two sources of data; 500 records from July 1, 2006, through April 4, 2007, and Human Services Reporting System (HSRS) data from April 4, 2007, through June 30, 2007. The HSRS data reflected 98 percent compliance and the file review data reflected 93.4 percent compliance.

	Data from HSRS Children with active IFSPs from April 1, 2007 – June 30, 2007	
	Number of Children with Services	%
1. Received timely services, within 30 days (includes A, B, C)	5595	98%
A. Added Services & Received timely services	2289	40.09
B: Added Services with delays due to exceptional family circumstances	129	2.25
C. No new services added, received ongoing timely services	3177	55.64
2. Delays in delivery of services over 30 days related to program	114	2%
Total of 1 & 2	5709	100%

Table C1 *Data Source:* Wisconsin Human Services Reporting System (HSRS) data system.

In addition to HSRS data, individual file review is the most reliable way to determine if services are timely and identify documentation related to the reason(s) for any delay with regard to timely delivery of each early

intervention service. For example, families may choose to have services start at staggered times to best serve the individual needs of the child, or the file may show that a service planned to start on a certain date, was delayed due to a change in the child or family's availability. File review occurs during routine periodic on-site monitoring visits by State and RESource staff. All counties are monitored with an on-site visit at least once in a four-year cycle.

	File Reviews (Gathered from 500 files selected from 69 counties) July 1, 2006 – March 31, 2007	
	Number of Children with Services	%
1. Received timely services, includes A, B, C	467	93.4%
A. Added services and Received timely services	184	36.8
B: Delays due to exceptional family circumstances	29	5.8
C. No new services added, received ongoing timely services	254	50.8
2. Delays in delivery of services related to program	33	6.6%
Total of 1 & 2	500	100%

Table C1 - Data Source: Review of 500 files.

The record review consisted of 500 records for children receiving services between July 1, 2006, and March 31, 2007, throughout the state. These are included to provide a representative examination of timely delivery of services for the portion of the year HSRS data was unable to capture prior to the additional fields, and to provide validation for the HSRS results. Though the percentage is 4.6 points lower than the percentage reflected in the HSRS data for the last quarter of the year, it appears to justify an expectation that the entire year demonstrated similar results. These records were selected through a stratified and random sampling process. The sample was stratified to ensure that it included children from birth to one year of age, one to two years of age, and two to three years of age, including children from 69 of the 72 counties. Thirty nine percent of the sample came from the four largest counties: Milwaukee, Dane, Waukesha, and Racine. The other 61 percent came from the other 65 counties. The sample included 139 children from Milwaukee, the county with the most diverse population of children. By ensuring there were children from each of the counties, and by over-sampling our most diverse population of children, the sample is representative of the diversity of children throughout the entire state. Each of the files of the 500 children in the record review was evaluated based upon written documentation that each service on a child's IFSP (both initial and subsequent) met the definition of timely services. Twenty nine children had services delayed due to child and family circumstances. This includes 11 children where the early intervention team, including the family, determined at the time of the IFSP that the service should be initiated later. The most common reason for this decision was the family's desire to phase in needed supports and services.

Routinely, each of the 72 counties is monitored with an on-site review on a four-year cycle. In addition, a self-assessment process was piloted in FFY 2006 (2006-07) and implemented statewide in FFY 2007 (2007-08). Counties are required to use data from their HSRS summary reports, file reviews and other internal processes for completing the annual self-assessment process. The self-assessment process results in a report to DHFS. Data in this report is clarified with a telephone call or on-site visit from the RESource staff as well as DHFS staff, if warranted. If these actions do not clarify data, then a targeted review will be conducted to resolve findings and develop any indicated compliance plans. The RESource staff will work

with the county to develop a plan to correct any issues of non-compliance and technical assistance is provided as described in the plan. RESource will track progress toward correction of non-compliance in its database. Reports of non-compliance and progress toward correcting non-compliance are provided quarterly to DHFS

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

The HSRS data reveals which counties had service start dates beyond 30 days. As indicated previously, this data is collected through new fields in the data system. This data indicates there has been progress with this indicator, from 85.79 percent in 2005 to 98 percent in 2006 as reflected in data analysis of the last quarter of FFY 2006. File reviews revealed 93.4 percent timely services for the rest of FFY 2006. In accordance with the OSEP response table, Wisconsin spent significant energy in reviewing and implementing improvement strategies, to good success. Following are some of the improvement strategies that are impacting the successful progress around this indicator.

Program in Partnership Plan (PIPP) for improvement: This year, upon issuance of the first round of determinations to the counties in October 2007, RESource staff has provided targeted follow-up with counties with data that indicate compliance with timely services is an issue. The focus on timely services will be further addressed with these counties through their Program In Partnership Plan (PIPP). The PIPP lists specific timelines and target measures for improvement. Ongoing status is reported in the RESource database to track the progress of each county in remedying non-compliance of timely initial and subsequent IFSPs. There is also statewide data about the types of service that were most often delayed so state and local planners can develop ways to improve the access to and the timeliness of specific service delivery. Since Wisconsin is still below the 100 percent target, RESource staff will provide technical assistance to individual counties to result in correction of non-compliance.

Improvements to HSRS Data System: As noted previously, DHFS developed and implemented an improved data collection system in April 2007 with a retroactive effective date of January 1, 2007. HSRS was adapted to capture not only the initial IFSP date and delivery of initial services, but also the date of any subsequent additions and start date of each additional service. Counties made exceptional effort to enter the missing data into the system, during the months of May and June. With improved data collection in the updated HSRS system, Wisconsin has increased capacity to monitor future compliance on this indicator. DHFS formally notified counties who were non-compliant and will monitor their corrective action progress on the PIPP and through the RESource Data base. DHFS will also provide quarterly HSRS reports to the counties to track their improvement efforts in moving closer to the 100 percent target.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

The updated SPP includes a corrected baseline, on pages 8 and 9. Indicator 1 data had been re-evaluated from the previous year's APR to include both IFSP initial services and subsequent services. The new baseline also accounts for family circumstances that delayed start of services. The data was also re-analyzed to reflect the accurate measurement of number of children with timely services rather than the number of services.

The following improvement strategies are also in place for the next FFY. These are also included in the revised SPP on page 10.

Targeted Technical Assistance: More targeted technical assistance is being provided as State and local systems are examining current practices and strategies for improvement. Two of Wisconsin's biggest counties are receiving additional technical assistance and monitoring, with the Birth to 3 Program Part C coordinator providing direct oversight and support to each of these counties. County administrative staff has met with the State Birth to 3 team to examine more precise ways to provide monitoring oversight to the agencies that are contracted by those counties to provide early intervention services. Wisconsin's largest county will be linking contracts with provider agencies to performance on the indicators. As a part of this, provider agencies within this county will provide monthly data analysis to examine their progress or slippage on this Indicator. The county as a whole will then provide a data analysis on progress or slippage to the

DHFS. DHFS's Technical Assistance and Monitoring partner, RESource, will work with each provider agency within this county to develop a Program in Partnership Plan (PIPP) identifying strategies to correct any non-compliance issues to allow progression towards the required target of 100 percent.

County Self Assessment and Ongoing Monitoring: In addition to the actual on-site review performed in each county on a four-year cycle, Wisconsin is improving system administration and monitoring to provide counties more opportunity to self-monitor in addition to their on-site review by the State Birth to 3 team. This includes the new self-assessment process piloted in FFY 2006 (2006-07) and implemented statewide in FFY 2007 (2007-08). Each county will complete a self-assessment and submit a report to the State for review yearly. As part of the self-assessment, each county program reviews and reports on their process to ensure timely delivery of services identified on any IFSP. A comprehensive file review of 10 percent of the children in each county identifies which services were not delivered in a timely manner, and documents the specific reason. If the reason identifies a system or staffing issue, further evaluation of the necessary policy and system changes is required. When a self-assessment indicates ongoing issues with compliance necessitating more state over-site, an additional focused monitoring visit will be scheduled for more precise evaluation and technical assistance to that county.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children.¹

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

Measurement: Percent = [(number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or programs for typically developing children) divided by the (total number of infants and toddlers with IFSPs)] times 100.

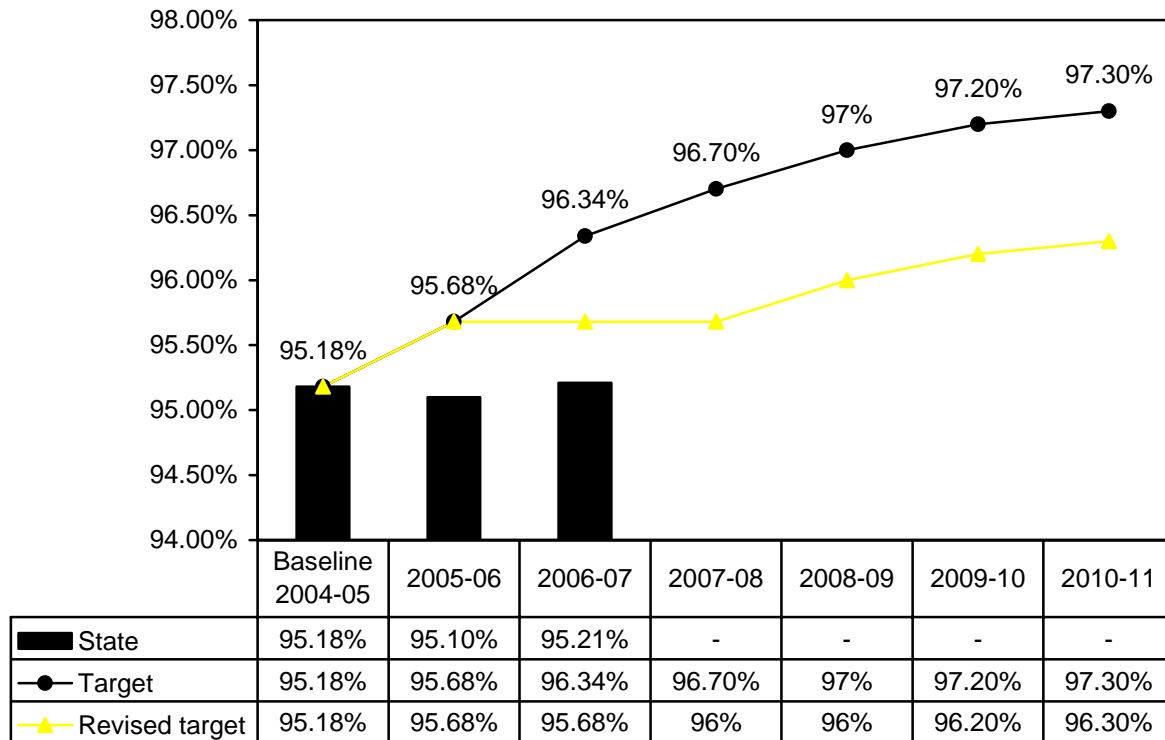
The provision of early intervention services in natural environments is a performance indicator. Therefore, OSEP allowed each state to set their own target from baseline data. The Lead Agency with input from the Wisconsin Interagency Coordinating Council (ICC) established a measurable and rigorous targets ranging from 95.18 percent to 96 percent for the six-year state performance plan.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	95.68 percent of infants and toddlers with IFSPs primarily receive early intervention services in the home or programs for typically developing children.

Actual Target Data for FFY 2006/2007:

Results of data for FFY 2006 (2006-07) indicated that 95.21 percent of infants and toddlers received early intervention services in the home or programs designed for typically developing children. The following figure presents the State baseline and target data, including revised targets. The data presented is from the statewide data system (HSRS).

Figure C2.1 Percent of Early Intervention Services Provided in Natural Environments.



Data source: Wisconsin State Performance Plan 2004; Wisconsin 618 Settings Table, FFY 2005 (2005-06); Wisconsin 618 Settings Table, FFY 2006 (2006-2007).

Table C2.1 Percent of Wisconsin early intervention services provided in the settings defined by the 618 Settings Table, FFY 2006 (2006-2007)

Natural Environments	Number	Percentage
Home	4971	90.48%
Community-Based Settings	260	4.74%
Other Settings	263	4.78%
Total	5494	100%

Data Source: Wisconsin 618 Settings Table, FFY 2006 (2006-2007)

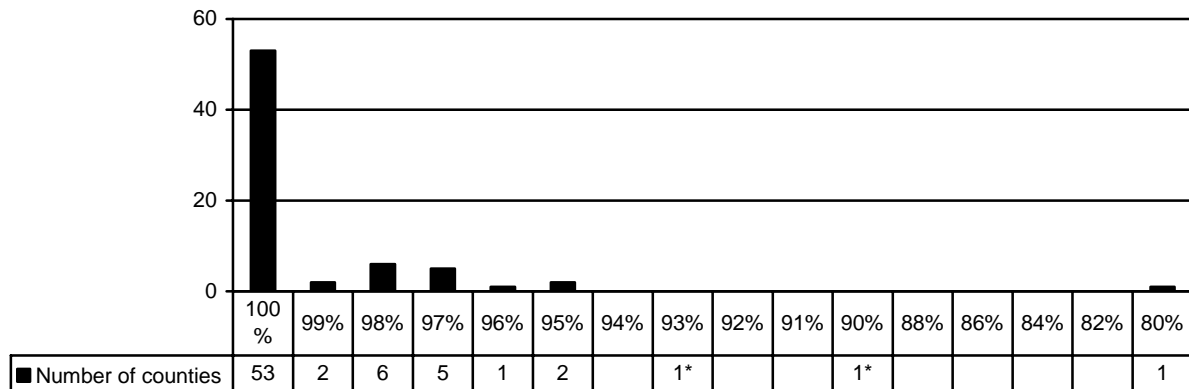
Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-2007):

Results of the data indicate that 95.21 percent of infants and toddlers received early intervention services in the home or programs designed for typically developing children. Wisconsin did not meet its measurable and rigorous target this year of 96.34 percent. The target was missed by 1.13 percentage points. However, this data demonstrates improvement from the previous year and from the baseline. (See Figure C2.1.)

Wisconsin has embraced a model of providing services to children in the natural environment. The commitment to natural environments is illustrated in Figure C2.2. Wisconsin's Part C program is a county-based system. There are 72 counties in Wisconsin. Of the 72 counties, 53 counties provided 100 percent of the services in natural environments. Sixty-nine (69) counties provided 95 percent or

more services in natural environments. Two (2) counties provided services 90-93 percent of the time in natural environments. One county provided services 80 percent of the time in natural environments.

Figure C2.2 Number of counties providing services in a natural environment by percentage of services to children.



*In this county, one child was reported not to receive services in the natural environment. Due to the county size, the difference of one child significantly reduced the county's compliance.

Data Source: Wisconsin Human Services Reporting System Wisconsin 618 Settings Table, FFY 2006 (2006-2007)

As stated in the OSEP FFY 2005 Response Table, "It is important that the State monitor to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention services, in accordance with Part C natural environment requirements."

Clarification through Bulletin: Wisconsin has a history of encouraging services in the natural environment. The DHFS revised and disseminated a Bulletin on natural environments in 2003 stressing the benefits of incorporating intervention services into the child and family's daily life.

Technical Assistance and Professional Development: DHFS training and technical assistance efforts move providers beyond the idea of the natural environment as a location and toward involving the parents or child care providers in continuation of the strategies for enhancing the child's natural development. Natural environments policy and best practices are also integrated into other technical assistance materials, including those provided in Putting the Guiding Principles into Practice in Natural Environments available in the WPDP website at: <http://www.waisman.wisc.edu/birthto3/index.html>. Natural environments have been a priority for professional development in Wisconsin since the IDEA 1997 reauthorization. It is a key component of the Orientation to Best Practices in Early Intervention offered at least twice a year by WPDP. This session addresses strategies for planning interventions in natural environments, including routines-based intervention. Many state and county staff also have participated in training with Robin McWilliam on Routines-Based Intervention. In addition, all orientation materials are on the WPDP website mentioned above for supervisors to use with new employees, including service coordinators.

Self-Assessment: The new self-assessment process described above (page 6) includes a section on natural environments. The self-assessment report includes a description of how each county program reviews and reports on its process to make individualized decisions regarding the settings in which infants and toddlers receive early interventions services. As described above, the self-assessment document is reviewed and monitored by state and REsource staff. Both parties provide technical assistance to improve practices that result in delivery of services in natural environments.

Inclusion in Determinations Decisions: In addition, when issuing determinations to county programs this past year, compliance with Indicator 2 was included in the decision process. This continues to demonstrate the high priority of natural environments for the ICC and other stakeholders

Analysis of County-Specific Data: The majority of counties provided services to children in a natural environment more than 95 percent of the time. Wisconsin's 2006 target expects the percentage of children receiving services in the natural environment to be at 96.34 percent. Further analysis of the data revealed that Milwaukee County provided services in a natural environment 81 percent of the time. Milwaukee County is the largest county in Wisconsin comprising approximately 20 percent of the Part C enrollment. As illustrated in Table C2.3, when Milwaukee County data is removed from the rest of the state, counties in Wisconsin are providing services in the natural environment 99.07 percent of the time.

Table C2.3 Percentage of children receiving services in a natural environment.

	Number of Children	Number of Children receiving services in a natural environment	Percent receiving services in a natural environment
71 Counties in Wisconsin	4301	4261	99.07%
Milwaukee County	1193	970	81.31%

Data Source: Wisconsin Human Services Reporting System Wisconsin; 618 Settings Table, FFY 2006 (2006-2007)

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006/2007:

Improvement Activities: (Also added to revised SPP on page 14)

In accordance with the OSEP response table, Wisconsin continues to monitor to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention services. Milwaukee County will receive targeted assistance on this Indicator. Milwaukee County will complete a self-assessment and participate in an on-site visit from state staff yearly. In addition, the following targeted and focused improvement activities are being conducted in Milwaukee County:

1. Regular Milwaukee Area Directors' meetings will be held to facilitate understanding and compliance with natural environments, as well as scheduled meetings with service coordinators and Birth to 3 supervisors. This will include an examination of barriers to providing natural environments with an emphasis on agency- and community-level changes that would support individualized approaches to natural environments.
2. IFSP will continue to be reviewed by county Birth to 3 staff including all justifications for services out of natural environments and the plan for how services will be moved back into the natural environments.
3. Training and technical assistance will be provided to those Milwaukee agencies, identified during program review, providing services outside of the child's natural environments with improper justification.
4. A system of ongoing monitoring will be developed which includes a template for ongoing reporting from agencies that can be submitted electronically. Data will be compiled and utilized for ongoing monitoring of contract agencies.
5. IFSP guidelines will be revised to reflect the new State IFSP with justification for services out of natural environments.
6. County contract management will monitor natural environment compliance through ongoing agency reporting twice yearly and through annual reporting process.

7. Natural environment compliance and philosophy was identified in contract application reviews and language has been added to contracts to ensure agencies are providing services in natural environments.
8. Monthly analysis of data and reporting on progress or slippage around this indicator will be required.

Revised Targets: Since Milwaukee County serves the highest population of children in the Birth to 3 system, the ICC, Wisconsin's key stakeholder group, analyzed the data reflective of requirements around natural environments and the impact of Milwaukee County on statewide performance on this indicator during a day-long meeting in December of 2007. Based on the 618 FFY 2006 (2006-07) data, Milwaukee County comprises 20 percent of all children enrolled in Wisconsin Part C. Due to the high percentage of children being served in Wisconsin's most complex urban system, this analysis resulted in the decision to change the targets to allow the time it will take to impact a systems change of such magnitude. The State will work with Milwaukee to meet annual targets that demonstrate progress toward the natural environment target of 96 percent. The State will support the county in including performance measures in contracts with providers as a means of increasing the number of services provided in natural environment. By impacting Milwaukee County performance, the overall State data will improve. The DHFS proposes to change the rigorous and measurable targets as proposed in the attached chart. This revision is also included in the SPP, on pages 12-14.

FFY	Revised Measurable and Rigorous Target	Original Targets
2007 (2007-2008)	96	96.70
2008 (2008-2009)	96	97
2009 (2009-2010)	96.20	97.20
2010 (2010-2011)	96.30	97.30

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 3: 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)

As required in the instructions for preparing the 2005/2006 APR, progress on this indicator is reported in the revised SPP template, on pages 18-20.

Monitoring Priority: Early Intervention Services In Natural Environments

Indicator 4: 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)

Measurement:

- A. Percent = [(number of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (number of respondent families participating in Part C)] times 100.
- B. Percent = [(number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs) divided by the (number of respondent families participating in Part C)] times 100.
- C. Percent = [(number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (number of respondent families participating in Part C)] times 100.

Baseline Data

The amended baseline results for the federal indicators are as follows:

Indicator 4A:	82.4 percent Report they know their rights
Indicator 4B:	89.1 percent Report they can effectively communicate their children's needs
Indicator 4C:	90.4 percent Report B-3 helped the family help their children develop and learn

Wisconsin distributed the Early Childhood Outcomes (ECO) survey to conduct a statewide survey of families active in the Birth to 3 Program as of November, 2006. The surveys were distributed to each family by the agency providing their child's early intervention services. Families were provided a postage paid return envelope that was mailed to DHFS and were given the option of entering their responses directly into a web-based application. Each survey was identified by the child's HSRS number to assure that each family only completed one survey and to permit analysis by demographic and other relevant characteristics later, by matching the survey to the information contained within the HSRS system. Additional surveys continued to come in through the spring of 2007. The baseline has been adapted to include the results from those 185 additional surveys. The results are described more completely in the revised SPP, on pages 31-37.

Actual Target Data for FFY 06:

The sampling methodology as approved by OSEP is described in detail in the SPP, covering the entire four-year cycle of county reviews. 21 of the 72 counties will be sampled each year. Milwaukee, Waukesha, Dane, and Racine counties administer the four largest Birth to 3 Programs; a random sample of families from each of these counties will be selected and surveyed each year. These programs will be over-sampled to some extent, compared to other counties, as described in the section on sample sizes. Families will be sampled without replacement; a family selected to receive a survey in a given year will not be surveyed in subsequent years.

The reason for including families from these counties each year is that these are the largest Birth to 3 Programs in Wisconsin and these counties, particularly Milwaukee, Dane, and Racine, serve higher than average percentages of non-white families. Therefore, in order to ensure that the overall sample of families surveyed each year is representative of the entire state's racial/ethnic composition, it is important to include a sufficient number of families from these programs among those families surveyed each year.

Sample Sizes

The sample will consist of parents and primary caregivers of approximately 722 children receiving Birth to 3 Program services during a calendar year. A desired sample size of 361 was determined using a sampling calculator, www.raosoft.com/samplesize.html, by Raosoft, Inc. This desired sample size is based on a confidence level of 95 percent, with a confidence interval of + / - 5 percent. The sample included 722 children as described in the following tables:

Calculation of Sample Size – 2006-2007

Region	Remaining 68 Counties	Point in time HSRS 12/1/05	Year of Survey and Review	Sample size = co. child count / child count in selected cos. x number to come from selected cos. (i.e. 722 - 400 = 322)	Sample size, rounded
S	Adams	8	1	2.9	3
NE	Brown	201	1	71.7	72
S	Dodge	82	1	29.2	29
W	Dunn	55	1	19.6	20
W	Eau Claire	103	1	36.7	37
N	Forest	21	1	7.5	8
S	Green	17	1	6.1	6
S	Juneau	18	1	6.4	6
NE	Manitowoc	141	1	50.3	50
W	Monroe	35	1	12.5	12
N	Oneida	39	1	13.9	14
N	Sawyer	14	1	5.0	5
NE	Shawano	29	1	10.3	10
N	Taylor	12	1	4.3	4
N	Vilas	26	1	9.3	9
SE	Walworth	92	1	32.8	33
NE	Waushara	10	1	3.6	4
	Sub-total Yr 1	903			322

Calculation of Sample Size---additional counties sampled EVERY year

Region	Four Largest Counties	Point in time HSRS 12/01/2005	Sample size = co. child count/statewide child count x desired sample size (722)	Over sample: Calculated sample x 1.25	Sample size each year (rounded)
SE	Milwaukee	1,614	197.0	246.3	246
SE	Waukesha	425	52.0	65.0	65
S	Dane	41.0	41.0	51.3	51
SE	Racine	30.0	30.0	37.5	38
	Sub-totals:	2,618			400

Actual Target Data for FFY 2006:

Wisconsin distributed the ECO survey to conduct a statewide survey of families active in the Birth to 3 Program as of September 28, 2007. The surveys were distributed in November 2007. This was later than the projected target of September 2007. The surveys were distributed to each family by the agency providing their child's early intervention services. Families were provided a postage paid return envelope that was mailed to DHFS and were given the option of entering their responses directly into a web-based application. The number of surveys distributed was 722, with a rate of return of 146. This is a return rate of 20 percent. Of those returned, 27 percent of the surveys were completed by non-white families. This is consistent with Wisconsin 618 Settings Table, FFY 2006 (2006-2007) data demonstrating 28 percent of Wisconsin families are non-white, thus representing a population of families that matches the demographics of children enrolled throughout the system. To ensure validity and reliability of the data, each survey was identified by the child's HSRS number to assure that each family only completed one survey and to permit analysis by demographic and other relevant characteristics later, by matching the survey to the information contained within the HSRS system. In addition, agencies providing services had no access to the completed surveys. The data was carefully entered into a web application through a link with the NCRRC site by neutral professionals from WPDP from paper surveys returned directly to the DHFS by families.

The results are as follows:

Indicator 4A: 83 percent Report they know their rights

Indicator 4B: 90 percent Report they can effectively communicate their children's needs

Indicator 4C: 89 percent Report B-3 helped the family help their children develop and learn

Indicator 4 A:

16. To what extent has the Birth to 3 Program helped your family *know and understand* your rights?

	Frequency	Percent	
1 Birth to 3 has not helped us know about our family's rights	5	3%	
2	1	1%	
3 Birth to 3 has done a few things to help us know about our rights	7	5%	
4	11	8%	
5 Birth to 3 has provided good help so that we know our family's rights	35	24%	
6	16	11%	
7 Birth to 3 has done an excellent job of helping us know about our family's rights	69	48%	
	144	100%	

Percent Agree
(5, 6, 7)
83%

The responses of 5, 6 and 7 were the categories utilized to establish a score for families participating in Part C who report that early intervention services have helped the family to know and understand their rights. The rate of return for the surveys is 146 (two people did not respond to this question). The number of surveys distributed was 722. This is a return rate of 20 percent. This results in 83 percent of families who stated that the Birth to 3 Program staff helped their family to know and understand their rights. This demonstrates progress from the baseline of 82.4 percent and meets our target for 2006-2007.

Indicator 4B:

17. To what extent has the Birth to 3 Program helped your family **effectively communicate your child's needs**?

	Frequency	Percent
1 Birth to 3 has not helped us effectively communicate our child's needs	1	1%
2	0	0%
3 Birth to 3 has done a few things to help us effectively communicate our child's needs	3	2%
4	11	7%
5 Birth to 3 has done a good job of helping us effectively communicate our child's needs	36	25%
6	22	15%
7 Birth to 3 has done an excellent job of helping us effectively communicate our child's needs	72	50%
	145	100%

Percent Agree
(5, 6, 7)
90%

The responses of 5, 6 and 7 were combined to establish a score for families participating in Part C who report that early intervention services have helped the family to effectively communicate their children's needs. As noted for Indicator 4A, the rate of return for the surveys is 146 (one person did not answer this question). The number of surveys distributed was 722. This is a return rate of 20 percent. This results in 90 percent of families who stated that Birth to 3 Program staff helped their family to communicate about their child's needs. This demonstrates progress from the baseline of 89.1 percent and meets our target for 2006-2007.

Indicator 4C:

18. To what extent has the Birth to 3 Program helped your family be able to **help your child develop and learn**?

	Frequency	Percent
1 Birth to 3 has not helped us help our child develop and learn	0	0%
2	0	0%
3 Birth to 3 has done a few things so that we can help our child develop and learn	10	7%
4	6	4%
5 Birth to 3 has done a good job of helping us help our child develop and learn	27	19%
6	25	17%
7 Birth to 3 has done an excellent job of helping us help our child develop and learn	76	53%
	144	100%

Percent Agree
(5, 6, 7)
89%

The responses of 5, 6 and 7 were combined to establish a score for families participating in Part C who report that early intervention services have helped the family to help their children develop and learn. As noted for Indicator 4A and 4B, the rate of return for the surveys is 146 (two people did not answer this

question). The number of surveys distributed was 722. This is a return rate of 20 percent. This results in 89 percent of families who stated that Birth to 3 Program staff helped their family to help their child develop and learn. This demonstrates slippage from the baseline of 90.4 percent and does not meet our target for 2006-2007.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

Wisconsin DHFS used the ECO Family survey. The various stakeholder groups including the ICC, county and other early intervention providers, and family advisors had a strong preference for the clarity of language in the ECO survey, as well as the future capability to evaluate results in the context of child outcomes. The North Central Regional Resource Center is assisting in the web-based data collection and analysis of the surveys, and it required some effort in the Fall of 2007 to revise the ECO survey for the collection of post-baseline results. Baseline surveys were collected through April 2007, and new surveys for the FFY 2006 were sent to counties six months later in October, 2007.

The distribution method utilized for this survey is comparable to the process used for the Program Review Survey tool previously developed by Wisconsin. The surveys for the Program Review were typically mailed or delivered by the local county-based program. These were distributed to families in November 2007 and returned by mail directly to the Wisconsin DHFS. Families had the option of entering their responses directly into a web-based application.

Our return rate for the family surveys was 20 percent compared to 34 percent when our baseline data was gathered.

The return rate of 146 of the 722 surveys distributed can be attributed to the late distribution of the ECO Family surveys to counties. This late distribution occurred due to staff vacancies during the first half of 2007. The time to construct the updated survey, develop the process of distribution and distribute the surveys did not allow a lot of time for family responses.

In the future, the family surveys will be distributed to counties in August of a given year to allow families time to complete the survey before the holidays and allow data to be used during county self assessments in the coming year. In addition, by doing this, the ECO Family survey will have been distributed during the FFY covered in the APR report.

Now that the distribution methodology, the completion of the web-based data entry format, and multiple translations of the survey are done, future distributions of the survey will be less complex. In future years, the ECO surveys will be sent annually prior to the county on-site program review process, which are staggered throughout the year. For 2007-2008 FFY the Family Assistance Center for Education, Training and Support (FACETS) has been contracted to assist families with oral translation and support in completing the survey. Great Lakes Intertribal Council (GLITC) will follow up with Indian tribe families to assist in an increased rate of return in addition to helping families complete the survey.

For the first two indicators, 4A and 4B, Wisconsin has progressed in helping families. Families continue to report that the Birth to 3 program assist them in understanding their rights (83 percent) and communicating their child's special needs (90 percent). Both scores have increased since baseline was determined and both meet our targets for 2006-2007. These increases are due to continued technical assistance and monitoring on meeting the HFS 90 requirements of providing rights regularly to families during their participation in the Birth to 3 Program.

Helping a family help their child develop and learn has decreased since baseline to a result of 89 percent. This result is below baseline of 90.4 percent by 1.4 percent and short of the DHFS target by 2 percent. Wisconsin continues to promote family-centered services with a focus on parent participation and involvement in the child's learning of skills. Wisconsin's technical support project, RESource, works with each individual county to plan its continued progress toward family-centered care. Each county's plan for this progress is documented on their PIPP. Professional development experiences continue to support knowledge of family-centered practices. Most recently, Robin McWilliams from Vanderbilt University provided training on gathering family assessment information and developing functional outcomes.

Wisconsin has conducted family forums connected with our ICC to gather feedback from families on these indicators in addition to other areas. This information will continue to inform DHFS about family outcomes and additional strategies to improve family outcomes.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006 – 2007:

Revision to Baseline and Proposed Targets:

The baseline has been changed and targets updated since the SPP was submitted in 2005 to reflect additional data collected from Milwaukee County in March/April 2007. By doing this, an additional 185 surveys are included in our baseline or another 4 percent. Including Milwaukee County surveys in our baseline incorporates data from our largest county with high populations of African-American, Hispanic, Native American and Laotian/Hmong families. This expanded baseline data is more representative of both the program sizes and the racial/ethnic composition of the Birth to 3 Program statewide. The ICC, Wisconsin's key stakeholder group, analyzed the data and the impact of Milwaukee County on statewide performance on this indicator during a full-day meeting in December of 2007, and recommended revising targets to be more reflective of the realistic timeline required for systems change and revision and dissemination of materials that assist families to better understand their rights. This information is also included in the revised SPP on pages 31- 37.

Family Outcomes Measurable and Rigorous Target

FFY	Revised Measurable and Rigorous Target	Original Targets
2005 (2005-2006) Baseline	Measurement A =82.4% Measurement B =89.1% Measurement C =90.4%	
2006 (2006-2007)	Measurement A = 83% Measurement B = 90% Measurement C = 91%	Measurement A=88% Measurement B=92% Measurement C=94%
2007 (2007-2008)	Measurement A = 85% Measurement B = 91% Measurement C = 92%	Measurement A=92% Measurement B=93% Measurement C=95%
2008 (2008-2009)	Measurement A = 88% Measurement B = 93% Measurement C = 93%	Measurement A=95% Measurement B=95% Measurement C=95%
2009 (2009-2010)	Measurement A = 90% Measurement B = 94% Measurement C = 94%	Measurement A=95% Measurement B=95% Measurement C=95%
2010 (2010-2011)	Measurement A = 95% Measurement B = 95% Measurement C = 95%	Measurement A=95% Measurement B=95% Measurement C=95%

Revisions to Improvement Strategies (also included in amended SPP on page 38):

January 2008 - DHFS will provide the Family Assistance Center for Education, Training and Support (FACETS) and Great Lakes Intertribal Council (GLITC) lists of names of families who have not completed the survey. FACETS and GLITC will follow up with phone calls to complete the surveys. This will improve the rate of return for future surveys. Resources: FACETS, GLITC, NCRRC

2008 – DHFS will convene a review panel of parent advisors to determine any improvements that could make written materials about rights even more understandable. Resources: ICC, FACETS, DPI

2008 - 2009 – DHFS will update materials to reflect the improvements suggested by the review panel of parent advisors.

2008 - 2009 - DHFS will develop a web cast of rights for families that can be used by local agencies and accessed directly by families. Resources: Department IT

2008 -2009 - DHFS will coordinate input from the ICC by incorporating family survey results into the current ICC outcomes, indicators, measurements and recommendation process as described in the Overview of the State Performance Plan Development.

2008 - DHFS will provide a Wisline conference call to county programs on communicating with parents in an ongoing manner to help them understand their child's needs and how to share that information with others working with their child and family. Resources: Wisline system and schedule, Department IT, speaker on communicating with parents

2009 - 2010 – DHFS will provide a Wisline conference call to county programs on transition that focuses on supporting counties in educating parents on how to share information about their child's disability with future providers such as the school district. Resources: Wisline system and schedule, DPI, Department IT, parent advisors

Ongoing - DHFS is seeking guidance through Parent Forums hosted by the ICC to address greater support to families in the area of helping them be able to help their child develop and learn. Resources: Department representative, ICC representative, county request, facilitator

Ongoing – The DHFS contract with WPDP provides trainings for county staff on Family-Centered practices. RESource staff, through a DHFS contract, provides ongoing technical assistance on an individualized basis to promote Family-Centered practices. Resources: contracts with WPDP and RESource, CESA

Ongoing - DHFS will use the annual self-assessment process to assess a county's results on meeting each of the indicators for this outcome. If a county does not meet the State target, they will be provided technical assistance through RESource with documentation on the PIPP to support and monitor growth in this area. Resources: Department staff, RESource staff, PIPP process, ongoing survey distribution, technical assistance

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

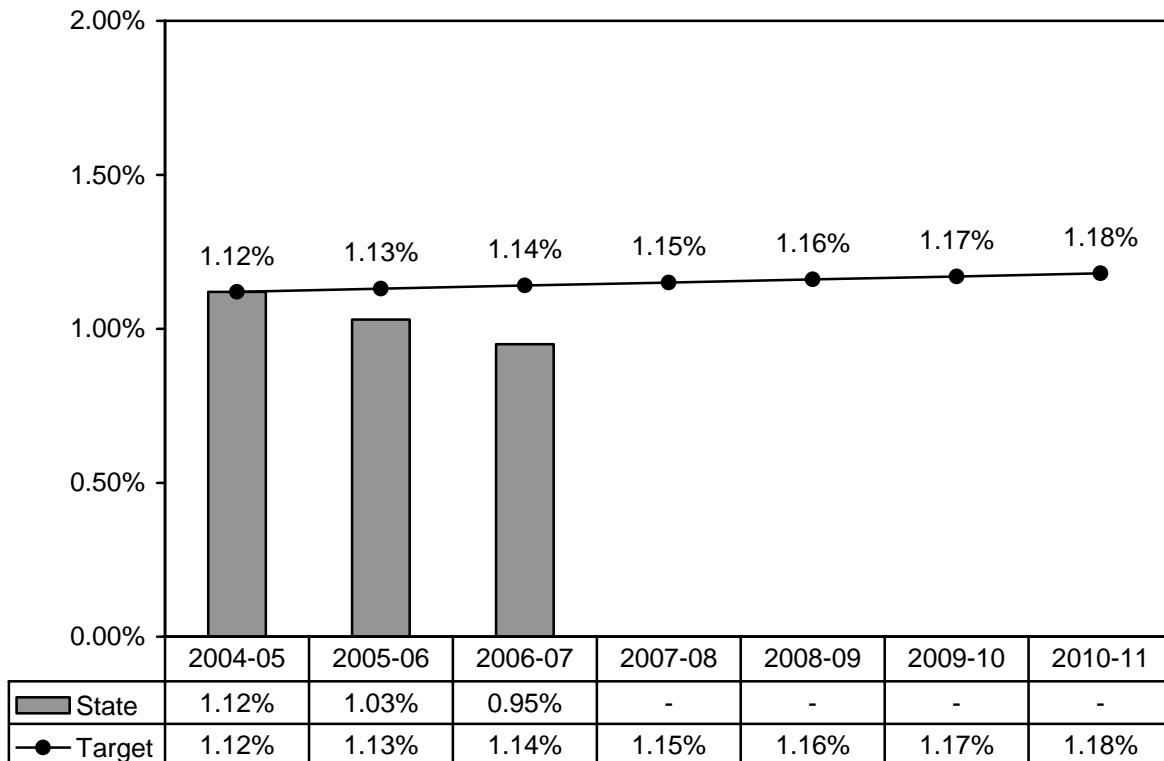
- A. Percent = [(number of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(number of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	1.14% infants and toddlers birth to one with IFSPs

Actual Target Data for 2006:

Results of data for FFY 2006 indicate that 0.95 percent of Wisconsin infants and toddlers birth to 1 had IFSPs. The following figure presents State baseline and target data. (This data does not include a comparison to other states with similar eligibility.)

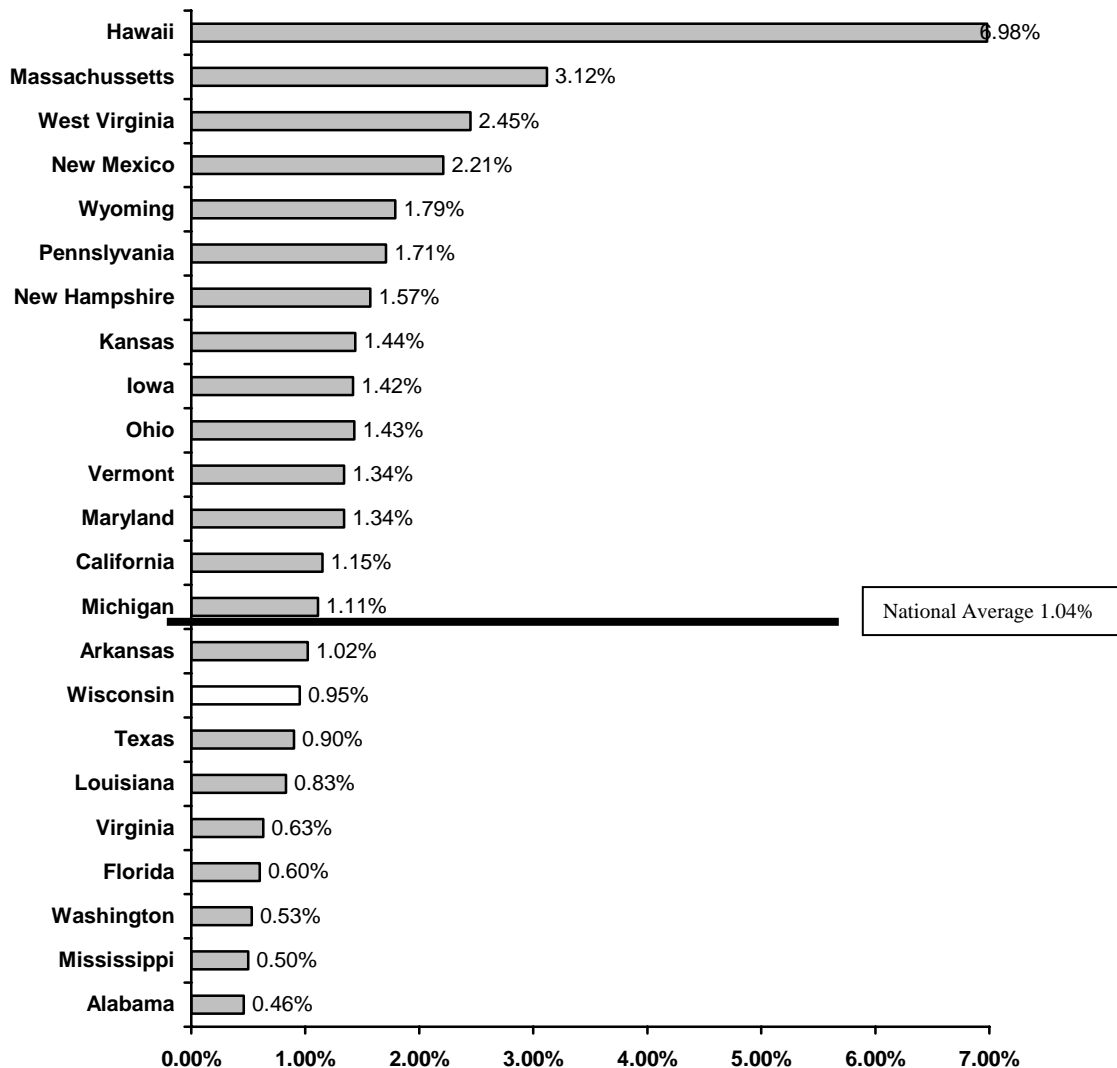
Figure C5.1 Baseline, target, and performance of percentage of infants and toddlers birth to 1 with IFSPs in Wisconsin



Data Source: Wisconsin SPP 2005-2011; Wisconsin Human Services Reporting System (HSRS); U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems (DANS), OMB #1820-0557 "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2006.

(A) Comparison of Wisconsin to states with similar eligibility definitions. Wisconsin is identified as one of 26 states and territories that ranks as having a "Broad" definition of eligibility. The FFY 2006 (2006-07) data from the 23 states displays a range of percentage of birth to one year olds served from 6.98 percent (Hawaii) to 0.46 percent (Alabama). Figure C5.2 Compares the State of Wisconsin Results with Other States with similar eligibility definitions

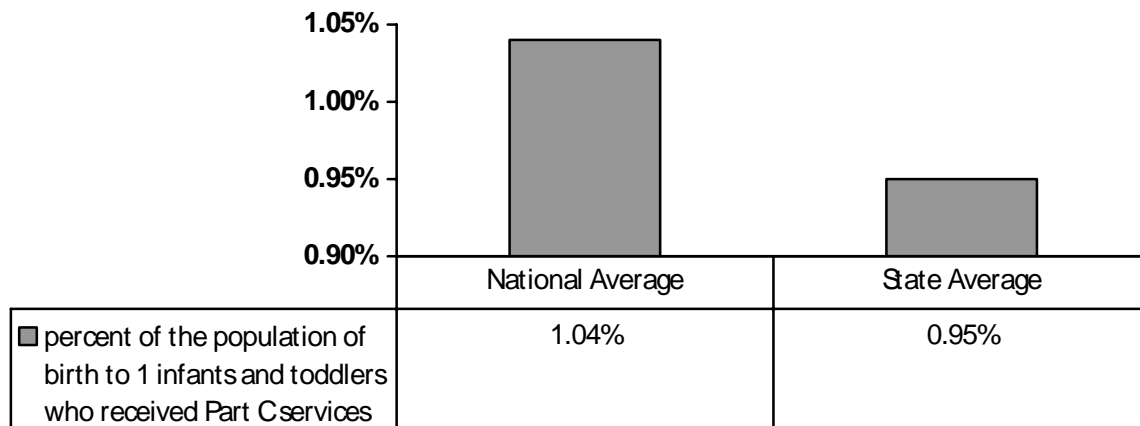
Figure C5.2 Compares the Wisconsin Results with Other States with similar broad eligibility definitions



Data Source: U.S Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB # 1820-0557: "Infants and Toddlers Receiving Early Intervention Service in Accordance with Part C", 2006.

(B) Comparison of Wisconsin to National data. The National percent of the population of birth to one infants and toddlers who received Part C services was 1.04 percent. The Wisconsin percent of the population of birth to one year old infants and toddlers who received Part C services was 0.95 percent. This is a difference of -0.09 percent. Figure C5.3 Compares the State of Wisconsin Results with the National Average for the percent of the population of birth to one year old infants and toddlers who received Part C services.

Figure C5.3 Comparison of the State of Wisconsin results with the National Average for the percent of the population of birth to age one infants and toddlers who received Part C services.



Data Source: U.S Department of Education, Office of Special Education Programs, Data Analysis System (DANS), OMB # 1820-0557: "Infants and Toddlers Receiving Early Intervention Service in Accordance with Part C", 2006.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006 (2006-07):

Results of data for FFY 2006 (2006-07) indicated that Wisconsin served 0.95 percent infants and toddlers birth to one year olds with IFSPs. Wisconsin performed below the national average of 1.04 percent and below the state's measurable and rigorous target of 1.14 percent. Wisconsin also demonstrated slippage from FFY 2005 (Dec 1, 2005). In FFY 2005 (Dec 1, 2005) Wisconsin achieved 1.03 percent. In FFY 2006 (Dec 1, 2006) Wisconsin slipped to 0.95 percent.

Of the 72 counties in Wisconsin, 25 counties served more than 1.04 percent of infants and toddlers birth to one with IFSPs. Milwaukee County, the largest urban county in Wisconsin comprising 20 percent of the Part C enrollment, served 1.03 percent of the infants and toddlers birth to one year olds with IFSPs.

Wisconsin has a number of initiatives to improve the number of infants and toddlers being served. Two key initiatives that specifically address early referral include:

ABCD Screening Academy: The Wisconsin Birth to 3 Program is partnering with the Division of Health Care Access and Accountability (State Medicaid Agency) to use the expertise and technical assistance offered through The Commonwealth Fund's *Assuring Better Child Health and Development (ABCD) Screening Academy*. The ABCD Screening Academy will develop and implement a model that utilizes practice-wide protocols for routine, systematic developmental surveillance; screening; and recommended follow-up, including anticipatory guidance, re-screening, and/or referral for children under age six that will be linked to key well-child visits.

Wisconsin CYSHCN Program Medical Home Initiative: The WI CYSHCN (Children and Youth with Special Health Care Needs) program has a number of existing initiatives that complement and support the ABCD and other developmental screening efforts, including:

- **Regional CYSHCN Centers**—as part of a statewide learning collaborative, the regional centers work with primary care providers to implement the concepts of medical home using the National Initiative for Child Health Quality (NICHQ) model of rapid-cycle quality improvement. In addition, all centers outreach to health care providers to increase their awareness of available community supports and services. Regional centers partner with the National Medical Home Autism Initiative (NMHAI) to

promote developmental screening in the practice setting consistent with the recommendations of the American Academy of Pediatrics.

- **Medical Home Local Capacity Grants**– In the 2006-07 and 2008-2009 grant cycles, grant funds support developmental screening capacity at a health care practice and community systems level.
- **Medical Home Summits**–Summits held in November 2006 and 2007, each with over 120 attendees, highlighted the importance of early and continuous screening as a critical component of medical home implementation, along with recommendations for the use of valid screening tools at the practice level.
- **Wisconsin Medical Home Toolkit** (www.wimedicalhometoolkit.aap.org) –features practical medical home implementation strategies for health care providers, including information on developmental screening and links to resources. The toolkit was a collaborative effort of the CYSHCN program, its Regional Centers, the WI Academy of Pediatrics, WI Academy of Family Physicians, and Family Voices of Wisconsin.

In addition to these initiatives, Wisconsin's early intervention newsletter Birth to 6 EVENTS dedicated several issues to early identification. In Fall 2006, "Early Identification, Child Find and Screening" was the featured theme, and in Spring 2007 an article specifically targeting pediatricians was entitled "Early Identification Physician Referral Checklist". The Birth to Three training and technical assistance partner, WPDP has also been concentrating on physician outreach training.

RESource will continue to provide targeted technical support to counties identified with less than one percent of children in this age cohort. This outcome will be identified as a non-compliance item and added to the county's PIPP with measurable targets to show improvements in a year or less. Counties will continue to be encouraged to confer with local advisory boards and their referral network to determine strategies to ensure early referrals to the program.

The Birth to 3 Program at the state and local level continues efforts in public awareness, community linkages and outreach to the medical community, primarily physicians. Local Birth to 3 Programs continue to work with Child Protective Services (CPS) in regards to CAPTA referrals. This ongoing work will allow more conversations about child development, with a focus on early referrals for children with suspected developmental delays.

Wisconsin is working in collaboration with the Great Lakes Intertribal Council (GLITC) to build relationships between the counties and the local tribes. A representative from GLITC is participating in on-site county reviews

The Wisconsin Birth to 3 Program will continue to partner with Wisconsin Sound Beginnings (WSB) and the Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESPDHH) for child find activities to identify children under the age of one who are deaf and hard of hearing. Wisconsin will continue efforts to identify children prior to their first birthday through linkages with Wisconsin Early Hearing Detection and Intervention Tracking and Referral Coordination system (WE-TRAC) database and the children with Special Health Care Needs Medical Home initiatives. WE-TRAC is currently utilized by 54 of 100 birthing units representing 80 percent of Wisconsin births, 16 of 20 Neonatal Intensive Care Units (NICUs) and 53 audiology organizations who enter hearing evaluation information, make online referrals for additional testing, and track individual babies through the confirmation of hearing loss and completion of the Confirmation of Hearing Loss (CHL) form.

A total of 75 children had CHLs submitted between October 2004 to October 2006. Among these 75 infants, the mean age at the time of identification of hearing loss was 295 days with a median age of 110 days. Among the 75 infants, 33 (44 percent) were not known to have enrolled in the state's Part C program. Of the 42 infants enrolled in Birth to 3, 16 were enrolled after 6 months of age, five of which were diagnosed prior to six months of age. From January 1, 2007, to October 25, 2007, 74 infants have been reported to the WSB Program through the CHL form. Based on an incidence of significant hearing loss of 2-4 infants per 1000 live births, it is expected that approximately 350 babies per year will be

identified as deaf or hard of hearing in Wisconsin. This data demonstrates the need to improve follow up to assure access to timely diagnosis and intervention services.

The challenges experienced by the Birth to 3 Program are a lack of an array of skilled providers with expertise in hearing loss and a lack of intervention providers that can meet the variety of intervention services families may need in most areas of the state. State Birth to 3 staff participate in a multi-disciplinary workgroup that is working toward the development of a proposal for an alternative, regionalized service delivery model of early intervention for children who are deaf or hard of hearing in Wisconsin.

Wisconsin will evaluate ways to work collaboratively with border states to meet the needs of children on the northern border of the state.

Wisconsin will evaluate ways to work collaboratively with the Amish population in the state. Wisconsin has the fourth largest Amish population in the nation behind Ohio, Pennsylvania, and Indiana. In Wisconsin the sixteen (16) counties with the highest estimated Amish population are serving below the state and national average of children between the ages of Birth to 1; the national average is 1.04 percent. Wisconsin's average is 0.95 percent. The 16 counties with the highest estimated Amish population serve an average of 0.66 percent infants and toddlers birth to age one.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006

No revisions proposed at this time.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to:

- A. Other States with similar eligibility definitions; and
- B. National data.

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

Measurement:

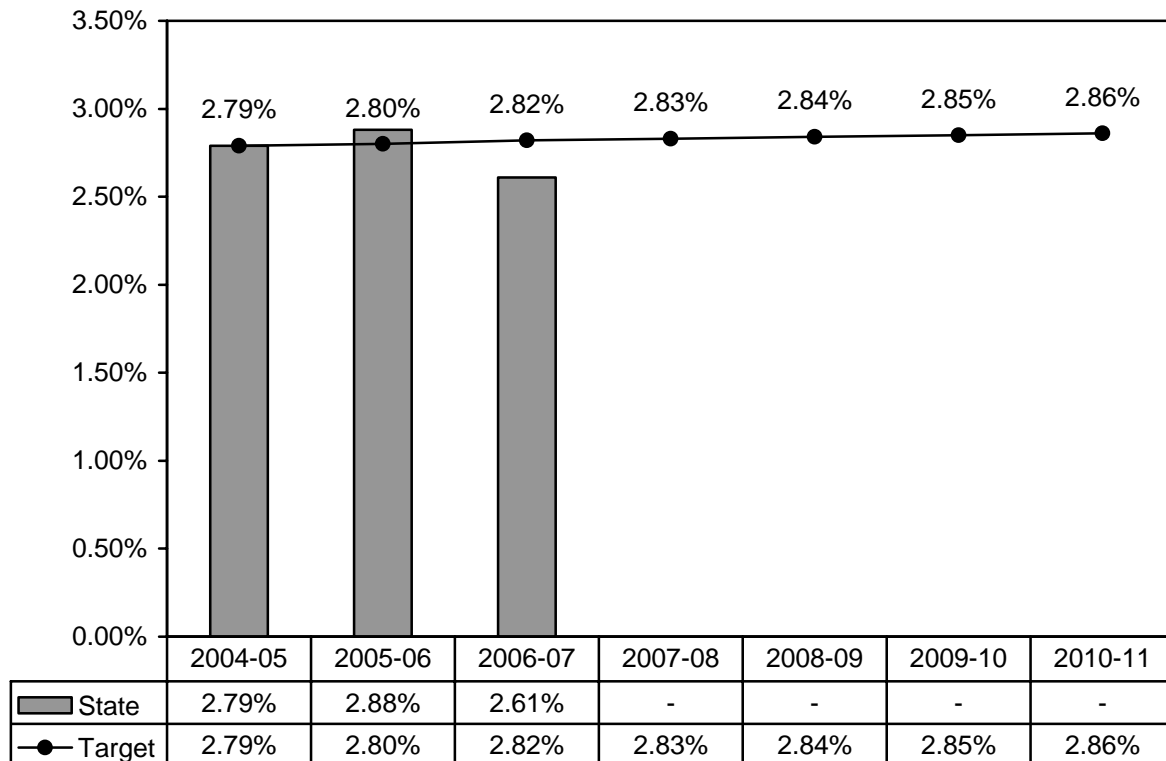
- A. Percent = [(number of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to the same percent calculated for other States with similar (narrow, moderate or broad) eligibility definitions.
- B. Percent = [(number of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to National data.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	2.82% of infants and toddlers birth to three with IFSPs

Actual Target Data for 2006:

Results of data for FFY 2006 indicated that Wisconsin served 2.61 percent infants and toddlers birth to age three with IFSPs. The following figure presents State baseline and target data. (This data does not include a comparison to other states with similar eligibility.) Figure C6.1 identifies the Wisconsin baseline, target and performance of the percentage of infants and toddlers birth to age three with IFSPs from FFY 2004 (2004-05) to the present.

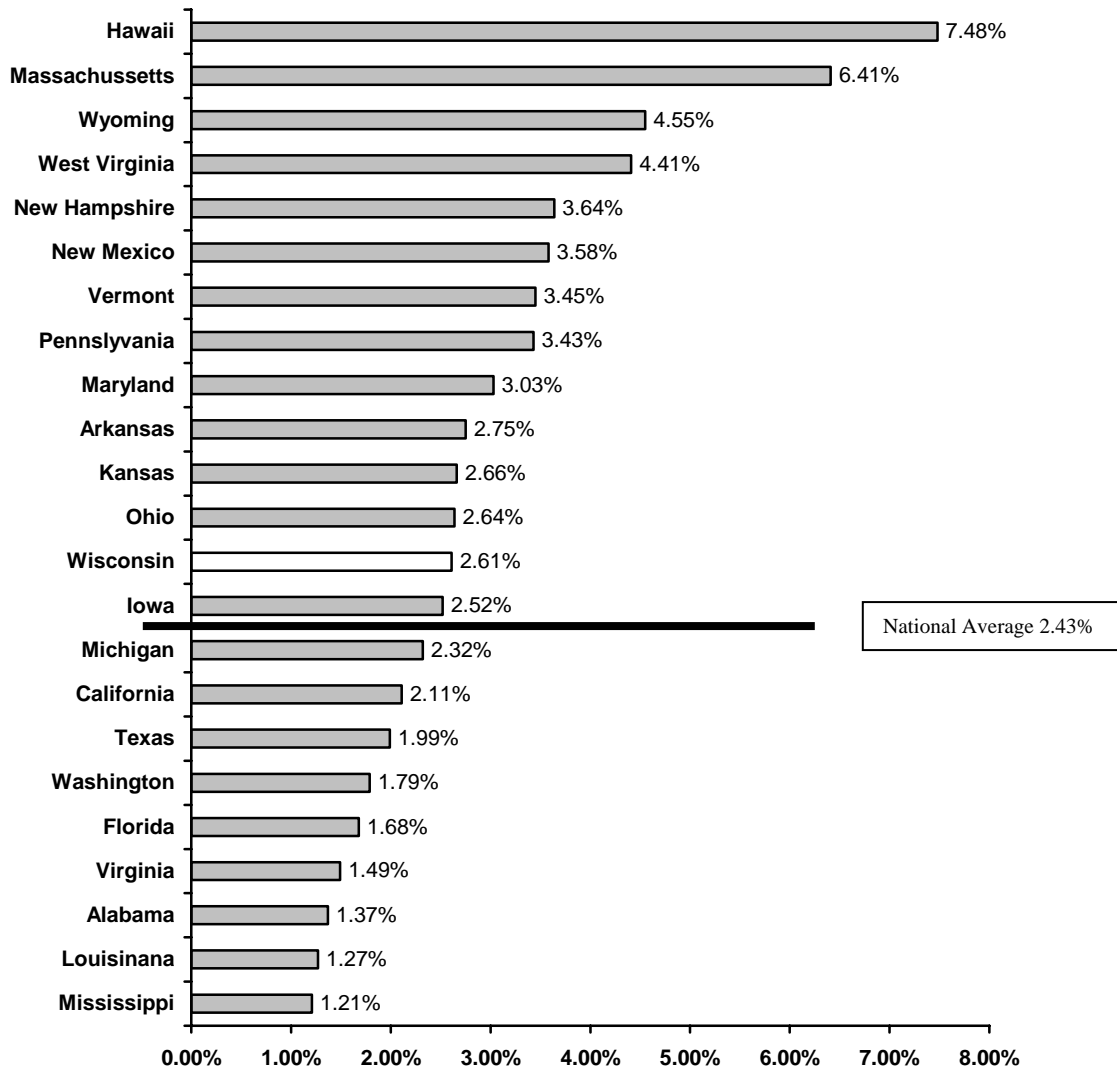
Figure C6.1 Baseline, target, and performance of percentage of children from Birth to Three Years Participating in Wisconsin Birth to 3 Program.



Data Source: Wisconsin SPP 2005-2011; Wisconsin Human Services Reporting System (HSRS); U.S. Department of Education, Office of Special Education Programs, Data Analysis Systems (DANS), OMB #1820-0557 "Infants and Toddlers Receiving Early Intervention Services in Accordance with Part C," 2006.

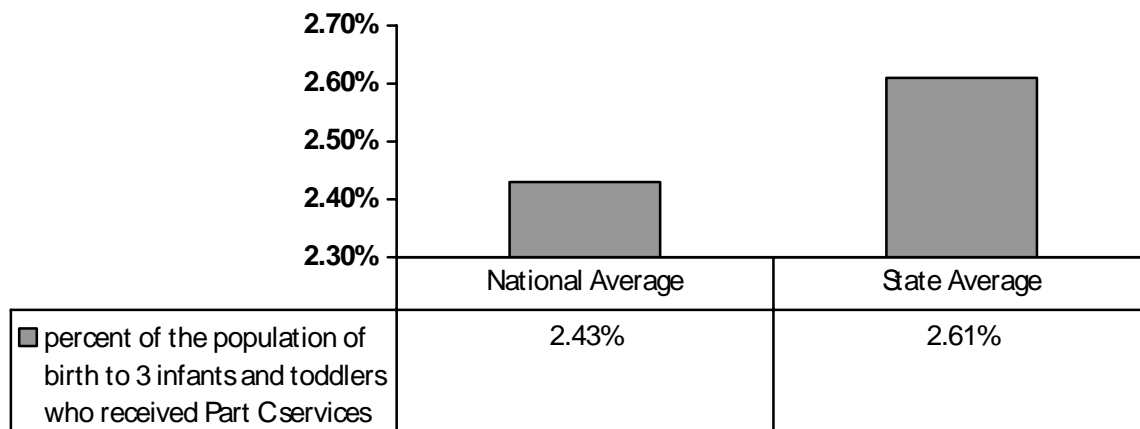
(A) Comparison of Wisconsin to states with similar eligibility definitions: Wisconsin is identified as one of 26 states and territories that ranks as having a "Broad" definition of eligibility. The FFY 2006 (2006-07) data from the 23 states displays a range of percentage of birth to three year olds served from 7.48 percent (Hawaii) to 1.21 percent (Mississippi). Figure C6.2 compares the State of Wisconsin Results with Other States with similar eligibility definitions.

Figure C6.2 Comparison of Wisconsin results with Other States with similar broad eligibility definitions



(B) Comparison of Wisconsin to National data. The Wisconsin percent of the population of infants and toddlers birth to age three with IFSPs was 2.61 percent. The National percent of the population of infants and toddlers birth to age three with IFSPs was 2.43 percent. Wisconsin is above the national average. Figure C6.3 compares Wisconsin's results with the National Average for the percent of the population of infants and toddlers birth to age three with IFSPs.

Figure C6.3 Comparison - Wisconsin results with the National Average for the percent of the population of birth to three infants and toddlers who received Part C services.



Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006):

Although Wisconsin did not meet the target of 2.82 percent, the 2.61 percent result for FFY 2006 is above the national mean. For the FFY 2006 data, the nation as a whole averaged 2.43 percent of the infants and toddlers birth to age three. Wisconsin exceeds the national average and ranks 24th among the 50 States and District of Columbia.

In FFY 2006, twenty-six (26) counties served above Wisconsin's target of 2.82 percent. Thirty-one (31) counties, including Wisconsin's largest urban county, served the statewide average of 2.61 percent or above. (Milwaukee served 2.72 percent)

Counties who served less than 2 percent of the age group will receive technical assistance to understand the reasons for fewer than expected children receiving services in their county and to improve their child find activities. DHFS will provide links to resources for obtaining promotional materials from other state programs and collaborating partners in their area. RESource will provide regional technical assistance including facilitating communication with neighboring counties concerning shared local resources for identifying children.

Wisconsin will also evaluate ways to address needs in the Amish community. Wisconsin has the fourth largest Amish population in the nation behind Ohio, Pennsylvania, and Indiana. In Wisconsin, the sixteen counties with the highest estimated Amish population served 2.27 percent of children birth to age three. This is below the state and national average.

In addition to these steps, the Birth to 3 Program is involved in a wide variety of collaborative activities to improve the early identification of children who may benefit from early intervention services. The following activities demonstrate the abundant partnerships which the Wisconsin Birth to 3 Program has established and the numerous activities to which Birth to 3 staff have provided leadership.

ABCD Screening Academy: The Wisconsin Birth to 3 Program is partnering with the Division of Health Care Access and Accountability (State Medicaid Agency) to use the expertise and technical assistance offered through The Commonwealth Fund's *Assuring Better Child Health and Development (ABCD) Screening Academy*. The ABCD Screening Academy will develop and implement a model that utilizes practice-wide protocols for routine, systematic developmental surveillance; screening and recommended follow-up, including anticipatory guidance, re-screening, and/or referral for children under age six that will be linked to key well-child visits.

BadgerCare Plus is Wisconsin's Medicaid reform initiative to create a comprehensive health care safety net that will serve all children. The implementation date is February 2008. A key component of BadgerCare Plus is implementation of a Benchmark Plan for the expansion population – primarily children in families with incomes over 200 percent of the federal poverty level (FPL) and pregnant women up to 300 percent of FPL. One of the benefits in the Benchmark Plan is early childhood developmental services – defined as developmental surveillance, screening, and assessment services; developmentally-based health promotion and education; developmentally-based interventions; and care coordination. The policy supporting these benefits will greatly enhance the ability to identify children early who may need early intervention services and connect families to the Birth to 3 Program.

Child Welfare Mental Health Screening—DHFS's Division of Children and Family Services issued a Request for Applications in March 2007 for counties to participate in a mental health (MH), substance abuse (SA) screening pilot project for children and families involved in the child welfare system. Successful applicants will implement a pre-selected MH/SA screening tool as a consistent part of Child Protective Services Initial Assessment and Ongoing Services; collect data on screening rates, referrals, and treatment; and provide feedback on the tool's application and efficacy in preparation for statewide implementation.

Wisconsin Early Childhood Collaborating Partners (WECCP) Healthy Children Work Group—The WECCP Healthy Children Workgroup recently convened to develop a statewide system of screening for children prior to school entry. The Workgroup is developing a periodicity schedule of screenings and tools to assist communities in creating a system of screening.

National Medical Home Autism Initiative (NMHAI)—The University of Wisconsin's Waisman Center supports implementation of office-based developmental surveillance and screening by primary care practices. NMHAI has collaborated with eight practices to promote developmental screening in Wisconsin.

Wisconsin CYSHCN Program Medical Home Initiative—The WI CYSHCN (Children and Youth with Special Health Care Needs) program has a number of existing initiatives that will complement and support the proposed developmental screening efforts as described earlier.

The Birth to 3 Program at the state level and local level continues efforts in public awareness, community linkages and outreach to the medical community, primarily physicians. Counties will continue to assess their child find efforts during annual self-assessment.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for 2006

No revisions proposed at this time.

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and 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)

Measurement:

Percent = [(number of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline) divided by the (number of eligible infants and toddlers evaluated and assessed)] times 100.

Account for untimely evaluations.

Percent of Children with an IFSP within the 45-Day Timeline

	Measurable and Rigorous Target
FFY 06-07	100%

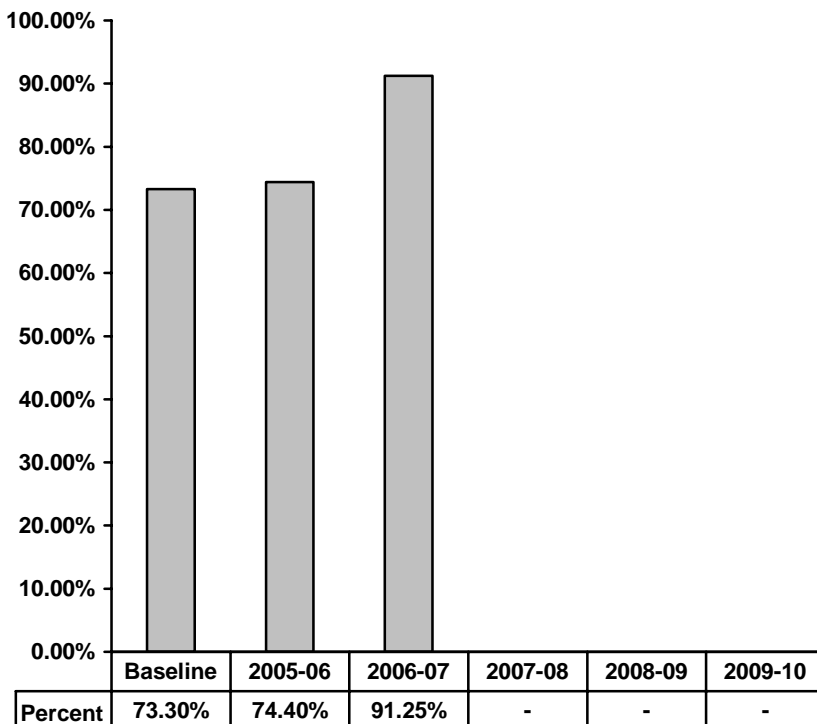
Actual Target Data for 2006:

Table C 7.1 exhibits data demonstrating percentage of children receiving the initial IFSP and evaluation within the 45 day timeline.

Data Source: Wisconsin SPP 2005-2011; Wisconsin Human Services Reporting System (HSRS)

Data for 2006-2007 that included documentation of exceptional family circumstances reveals improvements for many of the counties that were non-compliant in 2005-2006. The chart below shows the percent of children meeting the 45-day timeline when exceptional family circumstances are considered. Exceptional family circumstances are included in both the numerator and the denominator of this calculation.

Figure C7.1 Children with an IFSP within the 45-Day Timeline

Total number of children with initial evaluation, assessment and IFSP	Total number of children that received initial evaluation, assessment and IFSP within 45-day timeline	Resulting Percentage FFY2006	Performance FFY 2005 (without consideration of exceptional family circumstances)
5792	5285 (includes 892 with delay due to exceptional family circumstances)	91.25%	74.6%

Data Source: Wisconsin Human Services Reporting System (HSRS)

In accordance with the OSEP response table, Wisconsin continues to monitor and assist County C, identified as needing further assistance during a previous OSEP monitoring visit. County C was determined to be non-compliant related to meeting the 45-day timeline. County C has demonstrated substantial improvement in meeting the 45-day timeline. Data from 2006-2007 indicate that 92.99 percent of 428 eligible infants and toddlers with IFSPs received an evaluation and an initial IFSP meeting within the 45-day timeline, or had exceptional family circumstances that justified a delay. 112 of the 398 children who are considered to receive timely services experienced an exceptional family circumstance that resulted in the delay.

Figure C7.2 Children with an IFSP within the 45-Day Timeline for County C

County C children with initial evaluation, assessment and IFSP	County C children with initial evaluation, assessment and IFSP within 45-day timeline	Resulting Percentage FFY 2006	Performance FFY 2005 (without consideration of exceptional family circumstances)
428	398 (includes 112 with delay due to exceptional family circumstances)	92.99%	71.8%

As required in the 2005 SPP/APR Response Table received on June 15, 2007 from OSEP, Wisconsin has addressed timely evaluation and assessment of eligibility for Part C services and an initial IFSP meeting within 45 days. The baseline was updated in the SPP when the 2005 APR was submitted, as requested in the 2005 SPP/APR Response Table. In 2006, Wisconsin demonstrated substantial progress on this indicator from 74.6 percent in 2005 to 91.25 percent in 2006. County C also demonstrated substantial improvement from 71.8 percent in 2005 to 92.99 percent in 2006.

The required target for this indicator is that 100 percent of children will have the IFSP completed within 45 days of the date of referral for evaluation. When the IFSP meeting is rescheduled or otherwise delayed beyond 45 days, the program will document the exceptional circumstances that prevented the timeline from being met. Counties with appropriate justifications for exceptional family circumstances for delay will be considered compliant.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 06:

Progress was seen this year with 91.25 percent of children receiving an evaluation and initial IFSP within the 45 day timeline, with a total of 5285 of 5792 children for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline, or experienced exceptional family circumstances justifying the delay. Of those 5285 children, 892 children did experience a delay due to exceptional family circumstances. These children are included in both the numerator and denominator. Though this indicates dramatic improvement from 2005 (74.6 percent), Wisconsin did not previously report on children who had delays due to exceptional family circumstances. If we exclude the children with

exceptional family circumstances this year, our percentage is more comparable to the 2005 results, at 75.8 percent. In the 2006-2007 reporting year, DHFS required all programs to provide a reason code for any child who did not meet the 45-day timeline. We will continue this data collection process in the following year.

Corrections of non-compliance: During 2005 – 2006, DHFS began reviewing our existing data and monitoring system to determine compliance with the Indicator 7 45-day timeline. Early analysis revealed that there was confusion in the data collection system. Although DHFS has consistently defined referral date as the date a referral for evaluation was received, initial data analysis revealed very high non-compliance with this indicator because many counties were entering the date of referral for screening rather than evaluation. DHFS sent clarifying letters to counties and provided information at regional meetings to clarify this data entry. Data runs between January 2006 and March 2006 did demonstrate improvement in the rate of compliance with this indicator. Based on the March data, DHFS determined that counties with the highest rates of non-compliance (defined at that time as over 20 percent of children not meeting the 45 day timeline) would receive corrective action plans. At this time, DHFS was still not accepting family circumstances as reasons for delay. The state issued non-compliances to 17 counties where over 20 percent of children did not receive assessment, evaluation, and IFSPs within the 45-day timeline. Of those 17 counties, seven have corrected the non-compliance, and an additional 5 counties demonstrate improved data over 90 percent. The other five counties will receive targeted technical assistance and monthly data monitoring for progress or slippage over the FFY 2007.

All of the counties received technical assistance on accurately reporting and developing intake and evaluation service systems that assured that timelines would be met to support improved performance with this indicator. Accurate reporting of referral date was a common challenge that was easily corrected. Counties also experienced other challenges such as staffing shortages that are not as easily corrected and which tend to account for the inability of programs to maintain compliance. One area of technical assistance has been establishing more stable staffing patterns and developing strategies to meet timelines when there are changes in staff availability. Seven of these 17 counties did demonstrate compliance, the remaining 10 counties continue under a corrective action plan. **Where counties are able to demonstrate 100% compliance as documented by analysis of the HSRS data, the correction of the previous non-compliance is considered fulfilled.** Enforcement actions and improvement strategies will be implemented in FFY 2007, including amendment of corrective actions to include monthly data analysis for progress or slippage, additional targeted technical assistance to adapt corrective action plans, and additional focused monitoring to bring these counties into compliance.

HSRS Improvements: As described earlier throughout this document, to improve the comprehensiveness and accuracy of data collection for reporting on indicators, HSRS was revised to the extent possible within the current system. The revisions included new data elements and guidance for reporting the required data. The improved HSRS data collection system was implemented in April 2007 with a retroactive effective date of January 1, 2007. FFY 2006 updated HSRS data was available to be analyzed in August 2007 and counties were asked to supply reason codes for children who did not meet the 45-day time line. Only exceptional family circumstances was considered an acceptable reason for not meeting the 45-day time line.

Additional clarification to counties around definition of referral date: DHFS has significantly raised the focus and importance of the timeliness of IFSPs in Wisconsin. DHFS and RESource staff has been actively addressing issues related to the timeliness of IFSPs on both a local program and a regional basis. Regional meetings as well as cluster groups provide an opportunity to clarify requirements and to promote sharing of best practices between programs. The issues related to the 45-day timeline have stemmed from confusion regarding when to start the timeline if a referral is received and the caller does not indicate whether the referral is for a screening or for an evaluation. The DHFS consistently requires that each county or program must have an intake process that clarifies the intent of the referral. If the referral is for an evaluation, then the timeline starts the date that call is received. The timeline also starts immediately if a referral is made for a child with a diagnosis that is likely to result in a developmental delay. If a caller does not indicate the purpose of the referral, then the program may proceed with a screening to gather more information and to find out if an evaluation is warranted. The date of the referral and the date for the 45-day timeline are on the front cover of the State sample IFSP, which was completed in spring 2006. This requires county programs to keep track of the 45-day timeline data and assure that they meet requirements for each child. Counties are also now required to track and report reasons that the 45-day timeline was not met.

Consistent approach to determining eligibility: The Eligibility Workgroup created consistent statewide standards for eligibility determination. The *Guidelines for Determining Eligibility* provide a consistent approach to gathering and processing information through the evaluation process. The *Guidelines for Eligibility Determination* were presented through a statewide video conference that also stressed data accuracy, and the importance of documenting contacts with families and family-based circumstances that caused delay in meeting the 45 day timeline. These guidelines are currently available in the WPDP website at: <http://www.waisman.wisc.edu/birthto3/index.html>.

Issuance of required actions: DHFS used HSRS data for the 2005-2006 program year to determine counties not meeting the 45-day timeline. Counties that continue to have children that do not meet the 45-day timeline based on 2006-2007 data will be issued as a required action and be supervised through a corrective action plan. In FFY 2007, DHFS will provide quarterly data to counties to support improved tracking of progress. Counties with corrective action plans will be required to submit their local data quarterly. Any discrepancies will be verified by state staff or RESource staff.

Analysis of staffing concerns: Counties are specifically concerned about the diminishing number of discipline specific professionals needed to perform appropriate evaluations. Of gravest concern is the increased scarcity of speech pathologists throughout the state. Many counties, in particular our largest county, report increased exodus of the speech pathologists to the school districts. There is also a more recent concern regarding scarcity of early childhood special educators, as well.

Training on Family Centered Practices: Training efforts to assist counties in the best use of the available professionals continue. In the winter of 2007 the *Birth to 6 EVENTS* newsletter also featured an article on "Implementing Family Centered Practices with Fiscal Responsibility". For new staff, there were two "Orientation to Best Practices in Birth to 3" events in FFY 2006, one on November 30, 2006, and the other February 1, 2007. Emphasis is placed on orienting new staff throughout the state to the federal requirements and to understanding family centered services and best practices.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

Local Determinations: Non-compliances were identified in early FFY 2007 as a part of data analysis in preparation for issuance of Local Determinations in October 2007, and required actions issued. This will be more completely reported in the APR for FFY 2007 due in February of 2009.

System administration and monitoring: Wisconsin is improving system administration and monitoring to provide counties more opportunity to self-monitor in addition to their on-site review by the State Birth to 3 team. A self-assessment process was piloted in FFY 2006 (2006-07) and implemented statewide in FFY 2007 (2007-08). Each county will complete a self-assessment that is submitted to the State for review yearly. As part of the self-assessment, each county program reviews and reports on their process to ensure timely evaluation and completion of the initial IFSP. A comprehensive file review of 10 percent of the children in each county identifies which children did not receive this initial evaluation and IFSP in a timely manner, and documents the specific reason. If the reason identifies a system or staffing issue, further evaluation of the necessary policy and system changes is required. Counties are also now required to track and document all reasons for any delay for all children referred to Birth to 3 for evaluation of eligibility. Counties must analyze and report these delays to the State quarterly, starting in FFY 2007.

Targeted technical assistance: More targeted technical assistance is being provided as State and local systems are examining current practices and strategies for improvement. Wisconsin's largest county is receiving additional technical assistance and monitoring oversight, with the Birth to 3 Program Part C coordinator providing direct support to this county. County administrative staff has met with the State Birth to 3 team to examine more precise ways to provide monitoring oversight to the agencies that are contracted by those counties to provide early intervention services, and to tie upcoming contracts to compliance on these indicators. This county will also be required to provide monthly data analysis examining progress or slippage on this Indicator. County C will also be monitored directly by the Birth to 3 Program Part C coordinator, and submit monthly analysis of data examining progress or slippage.

Web based data collection system: DHFS is currently developing a new web based data collection system that will allow greater access to local reports and tracking of performance on indicators. This system will be field tested in early 2008 and implemented in July 2008.

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

- A. IFSPs with transition steps and services;
- B. Notification to LEA, if child potentially eligible for Part B; and
- C. Transition conference, if child potentially eligible for Part B.

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

Measurement:

- A. Percent = [(number of children exiting Part C who have an IFSP with transition steps and services) divided by the (number of children exiting Part C)] times 100.
- B. Percent = [(number of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred) divided by the (number of children exiting Part C who were potentially eligible for Part B)] times 100.
- C. Percent = [(number of children exiting Part C and potentially eligible for Part B where the transition conference occurred) divided by the (number of children exiting Part C who were potentially eligible for Part B)] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Indicator 8a: 100% Indicator 8b: 100% Indicator 8c: 100%

Actual Target Data for FFY 2006:

As required from the Office of Special Education Program's response table and letter dated June 15th, 2007, Wisconsin is working to ensure timely transition planning to support the child's transition from Part C services to Part B and/or other services by a child's third birthday, including an Individualized Family Service Plan (IFSP) with transition steps and services, notification to the local education agency (LEA) and transition conference as mandated in statute. The Interagency Workgroup with members from DPI and DHFS is revising the State interagency agreement that describes the responsibilities of each department specific to implementing IDEA 2004 and state policy. The transition of children between Birth to 3 and LEAs including LEA notification and transition planning conferences are major components of the revised agreement. DHFS is waiting for Part C final regulations before finalizing the agreement. During the past year, the group has gathered input from local Birth to 3 programs, including tribal programs, and LEAs regarding suggested content for the new interagency agreement. The departments plan to issue a joint bulletin/memo to programs when the interagency agreement is finalized in 2008. Wisconsin is improving system administration and monitoring to provide counties more opportunity to self-monitor in addition to their on-site review by the State Birth to 3 team. A self-assessment process was piloted in FFY 2006 (2006-07) and implemented statewide in FFY 2007 (2007-08). Each county will complete a self-assessment that is submitted to the State for review yearly. As part of the self-assessment, each county

program reviews and reports on its process for transitioning children from Part C to Part B services at age three.

Indicator 8A: Percent of children exiting part C who have IFSPs with Transition Steps and Services:

Wisconsin added fields to the Human Services Reporting System to collect data on IFSPs that include transition steps. Programs were required to enter the date of the IFSP that included transition steps for all children beginning in January 2007. As detailed in the chart below, 83.32 percent of children expected by age to have an IFSP with transition steps have documentation in the HSRS database. This does indicate slippage from the 100 percent from FFY 2005. Improvement strategies, described below have been implemented to address this slippage.

Children expected, by age, to have an IFSP with Transition Steps	Children with an IFSP With Transition Steps	Percentage
1572	1309	83.32%

Table C 8.1 Data
Source: Wisconsin Human Services Reporting System for 1/1/07-6/30/07

During the 2005-2006 program monitoring process, 2 of the 20 programs monitored (10 percent) were issued non-compliances related to this indicator. Both programs corrected the non-compliance within the 12-month timeframe.

Indicator 8B: Percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred:

Wisconsin added fields to the Human Services Reporting System to collect data on LEA notification. Programs were required to enter the date of the LEA notification beginning in January 2007. As detailed in the chart below, LEAs were notified for 80.71 percent of children potentially eligible for Part B.

Potentially Eligible for Part B	LEA Notification	Percentage
1462	1180	80.71%

Table C 8.2 Data Source: Wisconsin Human Services Reporting System for 1/1/07-6/30/07

Data for indicator 8B, percent of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred, is 80.71 percent. The required target on this indicator is 100 percent. Though this suggests slippage from FFY 2005 at 83.45 percent, prior monitoring and file reviews consistently reveal high compliance with this indicator, typically 100 percent. During the 2005 -2006 program monitoring cycle, no programs were found out of compliance on this indicator. The notification to the LEA is a new field in our data system and was only available for recording LEA notification that occurred after January 1, 2007, so there is concern that counties did not enter all data correctly. This will not happen in the future, because with Wisconsin's improved data collection in the updated HSRS system, DHFS will be able to more closely monitor compliance on this indicator. In addition, DHFS and DPI are developing data linkages, policies and procedures to ensure 100 percent notification of the LEA.

Indicator 8C: Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred:**Transition Planning Conferences (TPC)**

Based on HSRS reporting--1/1/07-6/30/07

1462 children potentially eligible for Part B exited

1202 (82%) With transition planning conference dates

260(18%) No transition planning conference dates

Children with Transition Planning Conferences	TPC was held >90 days prior to child's 3rd birthday	TPC held < 90 days	Reason for Delay
1202	866 (includes 205 who experienced delay due to exceptional family circumstances)	336	System: 283 No reason: 19 Almost 3: 34
82%	72.05%	27.95%	

Table C 8.3 Data Source: Wisconsin Human Services Reporting System for 1/1/07-6/30/07

The percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred, was 82 percent and has improved, indicating progress since the baseline data in 2005/06 of 52.19 percent from HSRS Data or 66.19 percent based upon HSRS file review. For FFY 2006, of the 866 children who received a TPC held more than 90 days before the third birthday, this number includes 205 children who experienced some delay due to exceptional family circumstance. These children were included in both the numerator and denominator. Of the 336 transition planning conferences that were less than 90 days before the child's third birthday, 270 were due to Birth to 3 program delays and 13 were due to school district reasons. 19 had no reason listed. 34 children were referred to the Birth to 3 Program less than 90 days before their third birthday.

During the 2005-2006 program monitoring cycle, two programs received non-compliances related to holding transition planning conferences 90 days before the child's third birthday. One program achieved compliance in this area, and one program continues under a corrective action plan. The corrective action plan is being modified and will include monthly reporting on progress or slippage on this indicator. Enforcement actions and improvement strategies will be implemented in FFY 2007, including amendment of corrective actions to include monthly data analysis for progress or slippage, additional targeted technical assistance to adapt corrective action plans, and additional focused monitoring to bring this county into compliance. In addition to the non-compliances specifically related to transition planning conferences, three programs received non-compliances related to developing interagency agreements with local education agencies. All three of these programs corrected these non-compliances. The development and implementation of interagency agreements is an important strategy in achieving compliance related to transition planning conferences.

As described earlier throughout this document, to improve the comprehensiveness and accuracy of data collection for reporting on indicators, HSRS was revised to the extent possible within the current system. The revisions included new data elements and guidance for reporting the required data. The improved HSRS data collection system was implemented in April 2007 with a retroactive effective date of January 1, 2007. FFY 2006 updated HSRS data was available to be analyzed in August 2007 and counties were asked to supply reason codes for children who did not meet the 90-day time line for transition planning conferences (TPC). Only exceptional family circumstances were considered an acceptable reason for not meeting the 90-day time line. **Where counties are able to demonstrate 100% compliance as documented**

by analysis of the HSRS data, the correction of the previous non-compliance is considered fulfilled.

Enforcement actions and improvement strategies will be implemented in FFY 2007, including amendment of corrective actions to include monthly data analysis for progress or slippage, additional targeted technical assistance to adapt corrective action plans, and additional focused monitoring to bring these counties into compliance.

	Data
FFY 2006 (2006-2007)	<p>Indicator 8a: 83.32%</p> <p>Indicator 8b: 80.71%</p> <p>Indicator 8c: 82%</p>

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

As identified in the OSEP Response Table, Wisconsin is diligently evaluating and implementing its improvement strategies. The Departments of Public Instruction and Health and Family Services are committed to a joint effort to improve the transition of children between Part C and Part B 619. These efforts include activities which range from state infrastructure and policy initiatives, to support and professional development at the local level. Most of the following activities are new or revised activities and demonstrate the ongoing commitment to analyze what is working and modify or develop new activities to achieve the desired outcomes. The new activities are also included in the revised SPP.

Development of Interagency Agreements:

The Interagency Agreement Workgroup, with members from DPI and DHFS, is preparing a new state interagency agreement that describes the responsibilities of each department specific to implementing IDEA 2004 and state policy. The transition of children between Birth to 3 and LEAs including LEA notification and transition planning conferences are major components of the revised agreement. Drafts of the Agreement are ready and will be finalized based upon issuance of Part C final regulations but no later than July 2008. During the past year, the group has gathered input from local school districts and Birth to 3 programs, including tribal programs, regarding suggested content for the new interagency agreement. The departments plan to issue a joint bulletin/memo to county Birth to 3 programs and LEAs when the interagency agreement is finalized in 2008. The intent is to utilize the state agreement as a template for local early intervention and early childhood special education programs to develop local agreements. The activities associated with transition between programs including referral, transition planning conferences, and development and implementation of an IEP by the child's third birthday are important aspects of the interagency agreements.

Additionally, DHFS is prepared to change its administrative rule HFS 90, to align with IDEA 2004 when final Part C regulations are published. The proposed change in LEA notification to require programs to send identifiable information as defined in the Elder letter to LEAs, unless parents opt out, should improve communication between the programs and assist LEAs in preparing for Birth to 3 children.

Corrections of non-compliance:

Of the 7 required actions issued around this indicator (2 for 8A and 5 for 8C), 6 of these were completed within the one-year time frame. One program continues under a corrective action plan. The corrective action plan is being modified and will include monthly reporting of data and analysis on progress or slippage on this indicator. Enforcement actions and improvement strategies will be implemented in FFY 2007, including amendment of corrective actions to include monthly data analysis for progress or slippage, additional targeted technical assistance to adapt corrective action plans, and additional focused monitoring to bring this county into compliance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006: The new and revised improvement strategies are as follows, and included on the revised SPP on pages 51-53.

1. Cross Department Transition Team:

In response to the analysis of data related to transition from 2005-2006, DPI and DHFS created the Cross Department Transition Team. Membership on this team includes leadership from both departments. One function of this joint team is to review transition data and coordinate local improvement efforts. For example, determination letters from both departments encourage local programs to communicate and jointly plan improvement strategies. Both DPI and DHFS have included expectations for their contracted training and technical assistance staff to include facilitating local interagency agreements and professional development on early childhood transition as a part of their on-going work.

Districts that did not meet the expected target of 100 percent for this indicator were required to submit a plan to improve their performance. These required plans included the district analysis of the reason for delays in the transition process, local strategies to correct timeliness, and requests for technical assistance. The Cross Department Transition Team met to review and summarize these plans and to develop a coordinated approach to improvement activities.

Many districts have worked with their local Birth to 3 program to take action to improve the transition process. These actions include the following:

- Reviewing, revising, and committing to follow interagency agreements.
- Improving referral processes such as making referrals at 120 days prior to the third birthday, developing an electronic referral process, and assigning district staff to monitor referrals on a regular basis.
- Working to support parents in making decisions about referral and providing consent, developing better materials to inform and support parents and log parent contacts.
- Providing teachers and other staff from Birth to 3 and early childhood special education more information about the transition process and their involvement in the process.
- Conducting joint child find activities to further enhance the connection between programs and the sense of continuity for parents.

The action plans contained requests for technical assistance either from state departments or regional technical assistance providers including the CESAs and the Birth to 3 Technical Assistance and Monitoring Project (RESource). These requests included the following:

- Facilitating interagency agreement development.
- Clarify policy and practice including consideration of referrals at the Transition Planning Conference, reporting transition data, clarifying IEP implementation, summer birthdays, late referrals, and child moves during the eligibility determination process.
- Developing electronic data sharing systems.
- Create an interpreter data warehouse to increase access to interpreters.

Detailed information on the improvement activities designed by the Cross Department Transition Team are described below. This team will continue to monitor progress of transition data by examining data and analyzing strategies that result in improvement. The team will also examine policies and practices that may improve the transition process such as making the Transition Planning Conference date the date of referral if parent agrees to referral at this meeting. The team may also examine a process for an expedited eligibility determination process when a parent or Birth to 3 program makes a late referral.

2. Monitoring and Self-Assessment

DHFS requires that all Birth to 3 programs conduct an annual self-assessment beginning in 2008. This self-assessment includes SPP data elements from a sample of 10 percent of the enrolled children. During

the SPP cycle, all Birth to 3 programs will receive a minimum of one on-site monitoring visit, based on self assessment or other data, additional on-site monitoring visits can be scheduled at any time during the SPP cycle. Any program that does not meet the 95 percent compliance rate for any of the three elements in Indicator 8 will develop a corrective action plan. Birth to 3 programs are required to correct non-compliance as soon as possible, but no later than one year from identification. DHFS verifies correction through the state HSRS and on-site visits conducted by the RESource technical assistance staff.

3. Data Collection

Both DFHS and DPI have made efforts to improve their existing data systems to capture more accurately the specific required elements of the transition indicators. Although these systems have significant limitations, they represent improvement over the capacity in previous years. DHFS and DPI through their General Supervision Enhancement Grant (GSEG) have made great progress in developing a shared data system to capture more accurately transition information. This system will allow for encounter reporting through web access. The system is being created by DHFS under the leadership of a cross department technology and program workgroup. This system is built upon a transition tracking form that will enable the Birth to 3 program to enter identifying information about a child that is preparing for transition, including dates of the Transition Planning Conference. This shared data system will inform the LEA that they will receive a referral for this child. As the LEA moves through the eligibility determination process, they will enter information regarding eligibility status and date of IEP implementation for children determined to be eligible. The system will generate both monitoring and summary reports for both DHFS and DPI. This new system will be field tested in spring of 2008 and implemented in July 2008.

4. Training and Technical Assistance

The Cross Department Transition Team is also working to deliver common expectations regarding timely referral from Part C to B, participation of LEA in the transition planning conferences, IFSPs with transition steps, and LEA notification. One strategy for creating these common expectations and understanding of IDEA 2004 requirements is through the network of training and technical assistance providers. This network includes the Birth to 3 RESource regional staff and early childhood program support teachers located in larger school districts and the CESAs. This network facilitates local meetings of Birth to 3, LEAs, and other community programs such as child care and Head Start as they develop interagency agreements. This network also coordinates the delivery of the *Ready, Set, Go* trainings that are always presented by a team that includes representation from parents, Birth to 3, and LEAs. Wisconsin utilizes the Early Childhood Collaborating Partners website (<http://www.collaboratingpartners.com/transition/index.htm>) as a central point of information for transition agreement examples, Ready Set Go training power points and handouts and other resources related to transition. The revised materials reflect the changes to IDEA 2004.

5. Sanctions

The Departments are also developing a joint approach to sanctions for programs that are not complying with the requirements for creating a smooth transition for children. These sanctions will include required participation in a Ready Set Go training and development of a local interagency agreement that specifically addresses the steps in the transition process. Data will be monitored quarterly to determine that the process is being followed and that children have IEPs implemented by their third birthday, an outcome that is dependent upon LEA notification, transition planning, and the transition planning conference and referral.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 9: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

Measurement:

Percent of noncompliance corrected within one year of identification:

- a. number of findings of noncompliance.
- b. number of corrections completed as soon as possible but in no case later than one year from identification.

Percent = [(b) divided by (a)] times 100.

For any noncompliance not corrected within one year of identification, describe what actions, including technical assistance and/or enforcement that the State has taken.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	Indicator 9: 100%

Actual Target Data for FFY 2006:

As identified in the OSEP Response Table, Wisconsin is now reporting findings that align with the APR indicators. DHFS utilizes a continuous quality improvement process that includes regular on site monitoring, written plans for quality improvement, and targeted technical assistance. This process has been evolving to move from a focus on forms and procedures to a more systemic approach that is driven by data. This transformation of the process for continuous quality improvement is affecting the type of non-compliance issues identified. As demonstrated through review of our data over a two-year period, we are identifying issues of non-compliance that are more complex and require greater systemic changes to correct. This change in the process will result in programs that are more consistently meeting performance expectations but will also potentially create a slightly decreased rate of correction of non-compliances due to the complex nature of the systemic correction.

In 2005 – 2006, DHFS and its monitoring support contract, RESource, completed the second four-year cycle of on-site program reviews and monitoring. During this cycle, each of Wisconsin's 72 counties, the local lead agencies for the Birth to 3 Program, had an on-site program review that included a visit by State level staff once in the four-year cycle. In addition to the on-site review and monitoring process, DHFS performed a data review in Spring of 2006 using the HSRS data system to target specific counties that were not meeting the 45-day timeline. The state issued non-compliances to 17 counties based on this process. Three of these counties also received non-compliances for not meeting the 45- day timeline during their on-site reviews (the chart below represents an unduplicated count).

The process of on-site reviews and data reviews resulted in the data presented in the following table. All findings were revealed through these two processes; there were no findings generated through complaints or due process hearings. Analysis of the findings from the 20 monitoring visits and the data reviews included categorizing the findings using the specific SPP Indicator description and the related requirements document. For example, compliance issues such as assuring accurate documentation of service start dates on the IFSP, assuring that frequency, intensity, and duration are provided for each service on the IFSP are included in Indicator 1, Timely Services. Of the 14 findings in this indicator, two were specific to the delivery of services within 30 days of the IFSP. Findings related to Indicator 4 include parent notification, confidentiality, and consent. Indicators 5 and 6 are combined in this table and include compliance specific to developing a plan for outreach and child find. As described above, findings related to the 45-day timeline include 17 findings specific to the 45-day timeline and 22 findings based on related requirements such as invitations to the IFSP meeting, eligibility determination, including medical records in evaluation and assessment, and using qualified personnel for evaluation. Indicator 8 includes all the transition issues. Two of these findings are specific to transition planning conferences, two specific to including transition steps in the IFSP and three related to developing transition agreements with local education agencies.

Indicator	General Supervision System Component	# of Programs Monitored in FFY 2005	a. # of Findings of Noncompliance	b. # of Findings Corrected in 12 Months	% of Findings Corrected in 12 Months
1. Timely Services	On-site monitoring	20	14	14	100%
2. Natural Environments	On-site monitoring	20	0	0	NA
3. Child Outcomes		NA			NA
4. Family Outcomes	On-site monitoring	20	13	13	100%
5/6 Child Find.	On-site monitoring	20	2	2	100%
7. 45 Days	On-site monitoring Data Reviews	20 72	39	29	74.35%
8. Transition	On-site monitoring	20	7	6	85.71%
Sum of Column a and b and %			75	64	85.3%

Table C 9.1 Findings represented in this table come from the 20 Programs monitored in FFY 2005 for Indicators 1, 4, 5 and 6, and 8. Indicator 7 represents findings resulting from a HSRS review of all 72 counties.

State staff continues to monitor results for County C. A corrective action plan was developed and implemented. As indicated in the table below, when family reasons are considered the program demonstrates a 93 percent compliance rate. The 2006-2007 program year is the first year that reason data is available. This county continues under a corrective action plan. The State Birth to 3 Part C coordinator will directly monitor this county and they will be required to submit monthly reports related to their performance on this indicator.

Specific data for County C for Compliance with Indicator 7, 45 Days

Year	Total Children	Total Children that met timeline	Performance without allowing Family Reasons	Exceptional Family Circumstances	Total Performance with Family Reasons
2006-2007	428	286	66.82%	112	93%
2005-2006	422	303	72%		

Table C 9.2 Data Source: Wisconsin Human Services Reporting System for 2006/2007 and 2005/2005 APR file review

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

As required in the OSEP Response Table for Indicator 9, the state has reviewed and revised improvement activities to demonstrate compliance with IDEA sections 616 (a), 642, and 635 (a) (10) and 34CFR 303.501(b). As demonstrated in Table C 9.1, all findings are disaggregated by APR Indicators. DHFS utilizes a continuous quality improvement process that includes regular on site monitoring, written plans for quality improvement, and targeted technical assistance. This process has been evolving to move from a focus on forms and procedures to a more systemic approach that is driven by data. This transformation of the process for continuous quality improvement is affecting the type of non-compliance issues identified. As demonstrated through review of our data over a two-year period, we are identifying issues of non-compliance that are more complex and require greater systemic changes to correct. This change in the process will result in programs that are more consistently meeting performance expectations but will also potentially create a slightly decreased rate of correction of non-compliances due to the complex nature of the systemic correction.

The data described above does represent slippage from the previous baseline and APR (from baseline of 92 percent in 2004 to 85 percent in 2005-2006). Analysis of this data reveals an increase in findings related to systemic issues. As reported for baseline data, during the 2004 review year, 16 programs were monitored resulting in 55 findings. Of these 55 findings, three, or five percent related to a specific indicator, transition planning conferences. The remaining 52 findings were all related requirements. In the 2005-2006 program review and monitoring cycle, over 30 percent of the findings were specific to the State Performance Plan indicators timely services, 45-day timelines, and transition process. Whereas the majority of previously identified findings (95 percent) related to modification of forms or procedures that are important, they can typically be quickly corrected. Findings identified in the 2005 – 2006 monitoring are more complex and involve service systems including policy, allocation of staff resources, and in the case of transition, partnerships with local education agencies. Wisconsin has implemented the following improvement activities to achieve 100 percent compliance on this indicator.

1. Annual Self-Assessment and Revised Program Monitoring: In anticipation of this data and in our continuous efforts to improve the quality of our general supervision and support system, Wisconsin has revised the general supervision and monitoring process to include annual self-assessments based on data for each SPP Indicator. This process as described below will provide regular opportunities for counties to monitor their own progress toward compliance, additionally, it will allow DHFS to more effectively monitor the impact of technical assistance and modify approaches as indicated. Pilot counties began the self-assessment process in winter of 2007 and the new monitoring process moved into full implementation in July 2007.

The state team, contractual partners, and the ICC have revised the general supervision and monitoring process. The revised process supports local programs in making data based decisions by better gathering and utilizing data about management systems and program implementation. The new system includes multiple strategies for gathering information and opportunities for local programs to make decisions about strategies that are most effective based on their unique configurations. Wisconsin is committed to maintaining a strong support and technical assistance system that guides local programs in making changes required for compliance and to enhance quality through program growth and development. The DHFS will assure that there are organizational routines that maintain these approaches.

The new General Supervision and Monitoring approach developed by DHFS has a strong focus on self-assessment. Local programs are required to complete an annual self-assessment. This process is guided by the Birth to 3 Program Outcomes Framework which is aligned with the SPP indicators. Counties are required to gather information to support each of the indicators. Counties will utilize several processes to gather information for the self-assessment including the following: surveys, interviews, record reviews, observations, and data reports. The process involves program coordinators, service coordinators, providers, families, and community partners including providers of Part B services. Local programs have options for gathering information to respond to each indicator. For example, in smaller counties, they may choose to gather information from families through a

focus group approach. Larger counties may choose to sample families using a survey approach. Counties are encouraged to use a self-assessment team that includes county staff, parents, and community partners in conducting the interviews or focus groups, reviewing files when possible due to confidentiality requirements, and reviewing data reports. The local self assessment process is documented through the Self-Assessment Report which contains the required information that the State needs to both gather and verify for the Annual Performance Report (APR). The Self-Assessment Report is completed on a regular schedule each year. Following the receipt and analysis of the Self-Assessment Report, HSRS data, and other information, there is a conference call or visit with RESource to discuss and to clarify the data. Based on this call, one of the following actions ensues:

- The report is complete and data reveals that indicator targets are being met. The State team will review data each year and continue technical assistance and enhancement activities as described on the PIPP. Every four years there is a scheduled process to more extensively validate data through an on-site review (see SPP for more information and review cycle). Data and strategies will be validated by a team that includes State staff and RESource.
- If data indicates there are issues and a follow-up call confirms these concerns, the team will gather more data through other sources including targeted on-site reviews by State staff, RESource and Human Services Area Coordinators to obtain more data.
- RESource will develop a PIPP to correct any noncompliance issues identified by the state team and report progress on corrective actions quarterly to the Department.

The RESource specialist makes regular contact with local programs, responds to requests for information, links counties with similar questions or concerns, and provides a planned approach to individualized technical assistance. The RESource staff work with the county leadership team to develop a Program in Partnership Plan (PIPP) that identifies the areas of non-compliance and quality enhancement. The DHFS and RESource have updated the PIPP document to ensure that specific actions and timelines are defined and compliance areas have specific goals and the completion of required actions are noted, including the date upon which compliance is reached. The PIPPs are updated on a regular basis and incorporate any recommendations following on-site monitoring visits.

2. Regional Meetings and Statewide Teleconferences: DHFS organizes two regional meetings per year. During these meetings, staff share data related to targeted indicators and provide technical assistance to participating counties. RESource also organizes regional networking meetings where programs share strategies that are working to meet required compliance indicators. DHFS and the Wisconsin Personnel Development Project host monthly statewide teleconferences, topics for discussion include accurate data reporting, expectations for compliance on timelines and service delivery including transition, and strategies to correct areas of non-compliance.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006: *Additional improvement strategies referenced in the revised SPP on page 57 and 58 include:*

1. Regular Data Review and Analysis: In addition to the increased intensity of program monitoring through the self-assessment and the on-site monitoring process, DHFS will monitor programs through targeted data analysis and data verification. DHFS will provide quarterly reports to programs based on the current Human Services Reporting System. State staff and RESource staff will assist programs in analyzing the data and determining if they are maintaining compliance or reaching benchmarks. The State DHFS will issue findings of non-compliance as indicated through the data review, self assessment, and/or on-site review process. The corrective action plan will be developed with the county program, state staff, and RESource utilizing the PIPP. The state team will also sponsor quarterly 'Data Discussion' Wislines to allow local programs to receive information about the data collection process and to insure accuracy and consistency in the data collection process. These discussions will also emphasize the importance of compliance and timely correction of any non-compliance identified.

2. Development of web based data system: DHFS is finalizing the development of the next generation of statewide data reporting system. This system will be piloted in spring of 2008 and utilized statewide in July 2008. This new system will allow increased access to data at the local level, built in edits to improve accuracy of reporting, and more timely data reports to monitor progress regularly at both the state and local levels.

3. Monitoring impact of improvement activities: DHFS will initiate an intensive review of the technical assistance and monitoring contract in preparation for competition for a new multi year contract. This process will allow for modification of contractual expectations and requirements based on data demonstrating most successful strategies in supporting local programs and state wide monitoring activities.

4. Partnership with Part B: DHFS and the Part B 619 staff from the Department of Public Instruction have put in place joint improvement activities, including a shared data system, to address compliance issues related to preschool transition. The Indicator 8 narrative thoroughly describes these activities.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 10: Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

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

Measurement: Percent = [(1.1(b) + 1.1(c)) divided by 1.1] times 100.

Percent of Signed, Written Complaints Resolved within the 60-Day Timeline

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006:

Year	Complaints Received.	Resolved in 60-day timeline	Findings of non-compliance
2006-2007	None	NA	NA

Please see attached Table 4, on page 70.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

The Wisconsin Birth to 3 Program experiences few complaints from parents or others concerned that a program has violated the requirements of state and federal law related to early intervention. The Birth to 3 Program Review Process assists DHFS in assessing areas of strength and need in regards to the policies, procedures and services in place to support families in the program. One method of collecting parent feedback is through surveying parents during the Program Review Process. The surveys collected from July 2006-June 2007 indicate that parents understood their rights in the program and understood whom to contact when there was a problem.

Birth to 3 Programs continue to address the priority of procedural safeguards for families in the program. Information gathered through the Self Assessment and Program Review Process, namely through interviews with families, file review checklists and parent surveys assist the county and state teams in identifying potential issues related to procedural safeguards. Parents have the right to prior notice and consent related to the evaluation and assessment process, services and billing a third party. Birth to 3 Programs must also share information with families regarding procedures for resolving disputes through the processes of mediation or hearings. Current strategies to assist counties with this process include reviewing current county policies regarding the distribution of information to families. The new IFSP signature page reminds Birth to 3 Program teams to share written parental rights and to review with families to ensure their understanding of their rights in the Birth to 3 Program.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006: No revisions are proposed.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 11: Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

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

Measurement: Percent = [(3.2(a) + 3.2(b)) divided by 3.2] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006:

No hearings were requested in FFY 2006. Please see attached Table 4, on page 70.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006: Not applicable.

Birth to 3 Programs continue to address the priority of procedural safeguards for families in the program and share information with families regarding procedures for resolving disputes through the processes of mediation or hearings. Current strategies to assist counties with this process include reviewing current county policies regarding the distribution of information to families.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

No revisions are proposed.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 12: 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)

Measurement: Percent = (3.1(a) divided by 3.1) times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006: Not applicable. No hearings were requested. Please see attached Table 4, on page 70.

Wisconsin will use Part C requirements and will not use this process. DHFS encourages county programs to attempt to resolve disputes with parents at the local level, but reminds counties and providers that any local procedures cannot take the place of State level early intervention procedures available to families.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006:

Not applicable

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY2006:

No revisions are proposed.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 13: Percent of mediations held that resulted in mediation agreements.

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

Measurement: Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006: Not applicable. No mediations held. Please see attached Table 4, on page 70.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006: Not applicable. No mediations held in FFY 2006.

Birth to 3 Programs continue to address the priority of procedural safeguards for families in the program and share information with families regarding procedures for resolving disputes through the processes of mediation or hearings. Current strategies to assist counties with this process include reviewing current county policies regarding the distribution of information to families.

Birth to 3 Program state staff participated in the training for Wisconsin Mediators in May 2006.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

No revisions are proposed.

Monitoring Priority: Effective General Supervision Part C / General Supervision

Indicator 14: State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

Measurement: State reported data, including 618 data, State performance plan, and annual performance reports, are:

- a. Submitted on or before due dates (February 1, for child count, including race and ethnicity, settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate (describe mechanisms for ensuring error free, consistent, valid and reliable data and evidence that these standards are met).

FFY	Measurable and Rigorous Target
2006 (2006-2007)	100%

Actual Target Data for FFY 2006:

All reports were submitted on or before due dates, **demonstrating 100% compliance with this indicator.** The data were accurate per required standards. In addition, as identified in the 2005 SPP/APR Response Table, the State has corrected its data system to modify the HSRS field to appropriately capture the service location code identifying “other settings”, and to appropriately capture settings for the most recent IFSP. As described earlier in the APR, the new modifications to the HSRS system also capture exiting data to report accurately on the reason for exit.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2006.

Data were submitted timely and requested clarifications were provided. All reports were timely. **In addition, communication with Danielle Crain at WESTAT on 8/14/07 and 8/16/07 confirms receipt of all data notes for the Part C data collections.**

Modifications to the HSRS Data System: The Human Services Reporting System (HSRS) is the DHFS statewide mainframe data collection system. The HSRS enables DHFS to track statewide and county status by analyzing patterns and progress or slippage in meeting targets for the indicators. To improve the infrastructure in Wisconsin DHFS for collecting data, two primary actions have occurred. The first is to modify the current HSRS system within the parameters and limitations of the current system. The second is to commit to the development of a HSRS replacement system expected to be launched after July 1, 2008. DHFS has prioritized the Birth to 3 Program for this Department-wide initiative and funds from the General Supervision and Enhancement Grant (GSEG) awarded by OSEP to Wisconsin have been committed to this task.

HSRS Improvements: To improve the comprehensiveness and accuracy of data collection for reporting on indications, HSRS was revised to the extent possible within the current system. The revisions included new data elements and guidance for reporting the required data. The improved HSRS data

collection system was implemented in April 2007 with a retroactive effective date of January 1, 2007. This includes the following:

Indicator 1: HSRS was adapted to capture not only the initial IFSP date and delivery of initial services, but also the date of any subsequent additions and start date of each additional service. This revision also included reason codes for any service that starts beyond the 30-day timeline.

Indicator 2: HSRS was modified to include a field to appropriately capture the service location code identifying “other settings”, and to appropriately capture settings for the most recent IFSP.

Indicators 5 and 6: HSRS requirements Child count reporting is required quarterly, with an October 1, child count date (changed from December 1) with all entries due on October 31, of each year.

Indicator 7: HSRS clarified the definition of referral date for the beginning of the 45-day timeline.

Indicator 8: HSRS was modified to include transition planning conference dates and the reason(s) the transition planning conference did not occur. Revisions also included the updated codes for closing a Birth to 3 HSRS to clarify reasons for not referring a child to an LEA (i.e., parents did not give consent, not referred as the child perceived to not be eligible for preschool special education services).

These changes were communicated in a memo dated April 2007 effective for all children who entered and exited the Birth to 3 Program beginning January 1, 2007. Because the HSRS system freezes all data input for the previous calendar year in March of the following year, counties were unable to enter these new fields for children who had services added from July 1, 2006, through December 31, 2006. The memo was disseminated to all key local program contact administrators and training was provided at the Spring and Fall 2007 Regional Meetings and through a WisLine on March 8, March 31, and September 17, 2007. In addition, a session on HSRS reporting was held at the November 30, 2007, Birth to 3 Leadership Event.

Counties made exceptional effort to enter the missing data into the system, beginning in May. With these improved data collection in the updated HSRS system, Wisconsin has increased capacity to monitor compliance on indicators.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2006:

Improvement strategies for the future (included on page 69-71 of revised SPP):

- Wisconsin Birth to 3 Leadership Conference:
Quality Decision-Making: Using Data to Create Opportunities
November 29, 2007: The focus of this event was on data gathering and accountability as part of a quality improvement process. The emphasis of the event was to place the OSEP Indicators and other accountability activities in the context of program improvement based on data-driven decision making. Sharon Walsh, Walsh Taylor Inc., Government Relations, Council for Exceptional Children, Division of Early Childhood, and Infant Toddler Coordinators Association provided a national perspective on OSEP accountability demonstrating the implications for program improvement at the local level. Ann Bailey, North Central Regional Resource Center, demonstrated data-based decisions-making strategies using materials from the ItKit (developed by the NRRC). These plenary sessions were followed by interactive application sessions. DHFS Secretary Hayden welcomed Birth To 3 leaders to this event and emphasized Wisconsin's commitment to excellence on behalf of infants and toddlers and their families. Secretary Hayden acknowledged the excellent effort of all counties and challenged the local leaders to continued and increased accountability.
- New HSRS web-based application replacement is under development and expected to be available after July 2008,
- ♦ Quarterly deadlines for HSRS reporting are in place, with quarterly feedback to counties providing feedback on progress or slippage,

- ◆ “Data Requirements” clarification memos will be mailed to counties in January 2007,
- ◆ “Child Count/Child Find” analysis memos will be sent to counties with requests to review and reflect on the data and local trends and unique demographics that might influence a county’s improvement strategies,
- ◆ Local Determinations will be issued early in the spring, and tied to development of improvement strategies identified in each County’s PIPP,
- ◆ Eight ‘Data Discussion’ Wisline calls will be available for counties, including:

Tuesday February 5, 2008	9am – 10am	Birth to 3 Data Requirements
Tuesday March 4, 2008	9am – 10am	Indicator 8 Transition Services
Tuesday May 6, 2008	9am – 10am	Data Driven Decisions
Tuesday June 3, 2008	9am – 10am	Indicator 7: Timeliness of IFSPs
Tuesday August 4, 2008	9am – 10am	Methods of Collecting Family Input
Tuesday September 2, 2008	9am – 10am	Indicator 4: Family Outcome Surveys
Tuesday November 4, 2008	9am – 10am	Ongoing Assessment
Tuesday December 2, 2008	9am – 10am	Indicator 3: Child Outcomes

ATTACHMENT



Wisconsin Family Outcomes Survey

Welcome!

Thank you for your interest in completing the family survey regarding your experience with the Birth to 3 Program. This is a survey for parents of infants and toddlers who participate in early intervention, known in Wisconsin as the Birth to 3 Program. The survey asks questions that will provide the state with information regarding the effectiveness of the Birth to 3 Program.

We are required to collect this information by federal law. The law is the Individuals with Disabilities Education Act (IDEA 2004) which guides the Birth to 3 Program. Your answers to this survey will help us give better services to infants and toddlers and their families. Your privacy is also important. All data maintained at the state level will be completely confidential. You can be sure that the local Birth to 3 Program will not know your individual family answers. Your answers will be used to direct program improvement where necessary and will not affect your child's individual Birth to 3 Program services.

Thank you for taking the time to fill out the survey. Before you start, please read the following Consent Statement on the next page.

Consent Statement

Please read this Consent Statement carefully. See Contact Information below if you have questions about agreeing to fill out the survey or need assistance.

Reasons for the Survey: The Office of Special Education of the U.S. Department of Education requires the Department of Health and Family Services (DHFS) to collect information. Some of the information must be about how the Birth to 3 Program services have helped your family. The information helps the DHFS and local county programs give better services to young children and their families.

Risks of Filling Out the Survey: There are no risks to you if you fill out this survey. Your answers will not change the services that the Birth to 3 Program gives to your child.

Privacy: A separate agency outside of Wisconsin will keep your answers to this survey private. All reports on survey responses will combine answers from many parents.

Voluntary Nature for Filling Out the Survey: DHFS is required to collect information from parents about how the Birth to 3 Program has helped your family. You are not required to give the information. You can decide to fill out the survey or not to fill out the survey. Your decision will not change your relationships with DHFS or your county program.

Contact Information: If you will need assistance to complete the survey, please contact FACETS at 877-374-4677. Please note that FACETS may contact you in the event you have not completed the survey to see if you would like help in completing it.

If you agree with the statements above, please initial and date on the following line:

Directions for filling out the survey: On the survey, please select the number that best describes your family right now, today. If a statement almost describes your family, but not quite, circle the number just before that statement. For example, if the statement next to 3 almost describes your family, but not quite, circle the number just before the 3, the number 2. You will notice that the responses include the word "we." This refers to your family. It's okay if you are answering just for yourself (your own opinion or experience) or as a family with a shared opinion or experiences.

Understanding your child's strengths, abilities, and special needs

1. Your child is growing and learning. How well do you understand your child's development?

1. We are just beginning to understand our child's development
- 2.
3. We have a basic understanding of our child's development, but still have a lot to learn
- 4.
5. We have a pretty good understanding of our child's development
- 6.
7. We understand our child's development very well

2. Some children have special health needs, a disability, or are delayed in their development. How much do you know about your child's special needs?

1. Right now we do not know very much
- 2.
3. We have learned some things, but still have a lot of unanswered questions
- 4.
5. We know a lot, but still need or want to know more
- 6.
7. We are confident that we know most of what we need to know right now

3. Professionals who work with you and your child want to know if the things they do are working. Are you able to tell if your child is making progress?

1. Right now we can't tell if our child is making progress
- 2.
3. We sometimes can tell if our child is making progress, but still have a lot to learn
- 4.
5. We usually can tell if our child is making progress
- 6.
7. We almost always can tell if our child is making progress

Knowing your rights and advocating for your child

4. A variety of programs and services may be available for your child and family. Do you know what is available for your child and family?

1. We are just beginning to learn about the programs and services that are available
- 2.
3. We know about some programs and services, but still have a lot to learn
- 4.
5. We think we are aware of most available programs and services
- 6.
7. We are very aware of the programs and services that are available

5. Parents often meet with professionals to plan services or activities. How comfortable are you participating in these meetings?

1. Right now we are very uncomfortable participating in meetings
- 2.
3. We are not very comfortable participating in meetings, but we do it anyway
- 4.
5. We are pretty comfortable participating in meetings
- 6.
7. We are very comfortable participating in meetings

6. Families of children with special needs have rights, and there are things you can do if you are not satisfied. How well do you know your rights and what to do if you are not satisfied?

1. We are not sure about our rights or what to do if we are not satisfied
- 2.
3. We understand our basic rights but are not sure about all of our options if we are not satisfied
- 4.
5. We think we know most of our rights and what to do if we are not satisfied
- 6.
7. We are very aware of our rights and know exactly what to do if we are not satisfied

Helping your child develop and learn

7. All parents help their children develop and learn, but sometimes it is hard to know what to do. How would you describe your ability to help your child develop and learn?

1. We need to know a lot more about how to help our child develop and learn
- 2.
3. We know the basics of helping our child develop and learn, but still have many questions
- 4.
5. We feel pretty sure that we know how to help our child develop and learn
- 6.
7. We are very sure that we know how to help our child develop and learn

8. All parents try to help their children learn to behave the way they would like, but sometimes it is hard to know what to do. How would you describe your ability to help your child learn to behave the way you would like?

1. We need to know a lot more about how to help our child behave like we want
- 2.
3. We know the basics of helping our child behave, but still have many questions
- 4.
5. We feel pretty sure that we know how to help our child behave
- 6.
7. We are very sure that we know how to help our child behave

9. Your family has worked with professionals to develop a plan to help your child learn new skills and behaviors. How much are you able to help your child learn or practice these new skills at home or in your community?

1. We have not yet started to help our child learn or practice these skills and behaviors
- 2.
3. We have started to help our child learn and practice these skills and behaviors, but it is not a regular thing yet
- 4.
5. We often help our child learn and practice these skills and behaviors, but it is not as regular as we would like
- 6.
7. We regularly help our child learn and practice these skills and behaviors throughout the day

Having support systems

10. Many people feel that talking with another person helps them deal with problems or celebrate when good things happen. Does your family have someone you trust to listen and talk with you?

1. Right now, we really don't have anyone we can talk with about the things that are happening in our lives
- 2.
3. We can probably find at least one person we could talk with, but are not very satisfied with the situation
- 4.
5. We usually have other people that we can talk with about things
- 6.
7. There are definitely people in our lives we can talk with whenever we need to

11. Families sometimes must rely on other people for help when they need it, for example to provide a ride, run an errand, or watch their child for a short period of time. Do you have someone you can call on when you need help with things?

1. Right now our family really doesn't have anyone we can call on when we need help with things
- 2.
3. In an emergency we have people we can call on for help, but not for the everyday things
- 4.
5. Usually there is someone that we can call on for help when we need it
- 6.
7. We almost always have other people we can call on for help when we need it

12. Most families have things they enjoy doing. How much is your family able to do the things you enjoy?

1. Right now it is really difficult to do any of the things we enjoy
- 2.
3. We are able to participate in some of the things we enjoy, but not nearly as much as we would like
- 4.
5. We are able to participate in many of the activities we enjoy
- 6.
7. We are able to participate in almost all of the activities we enjoy

Accessing your community

13. All children need medical care. How would you describe the medical care you have for your child right now?

1. We do not have the medical care we want for our child
- 2.
3. We have some medical care, but still have a long way to go before it is what we want
- 4.
5. We have good medical care for our child
- 6.
7. We have excellent medical care for our child

14. Many families have a need for quality childcare. By this, we do not mean occasional babysitting, but regular childcare, either part-day or full-day. How would you describe the childcare you have for your child right now?

MARK HERE IF YOU HAVE NOT WANTED CHILD CARE, AND GO TO QUESTION 15.

1. We do not have the childcare we want OR because of our child's special needs we have decided not to look for it
- 2.
3. We have some childcare, but still have a long way to go before it is what we want
- 4.
5. We have good childcare for our child
- 6.
7. We have excellent childcare for our child

15. Many families want their child to play with other children or participate in religious, community, or social activities. How would you describe your child's participation in these activities right now?

MARK HERE IF YOU HAVE NOT WANTED YOUR CHILD TO PARTICIPATE IN SUCH ACTIVITIES AND GO TO QUESTION 16.

1. Right now our child does not participate in activities we want OR because of our child's special needs we have decided not to look for it
- 2.
3. Our child participates in some social or community activities, but we have a long way to go before it is what we want
- 4.
5. Our child has good participation in social or community activities
- 6.
7. Our child has excellent participation in social or community activities

Your feelings about early intervention

16. To what extent has the Birth to 3 Program helped your family know and understand your rights?

1. Birth to 3 has not helped us know about our family's rights
- 2.
3. Birth to 3 has done a few things to help us know about our rights
- 4.
5. Birth to 3 has provided good help so that we know our family's rights
- 6.
7. Birth to 3 has done an excellent job of helping us know about our family's rights

17. To what extent has the Birth to 3 Program helped your family effectively communicate your child's needs?

1. Birth to 3 has not helped us effectively communicate our child's needs
- 2.
3. Birth to 3 has done a few things to help us effectively communicate our child's needs
- 4.
5. Birth to 3 has done a good job of helping us effectively communicate our child's needs
- 6.
7. Birth to 3 has done an excellent job of helping us effectively communicate our child's needs

18. To what extent has the Birth to 3 Program helped your family be able to help your child develop and learn?

1. Birth to 3 has not helped us help our child develop and learn
- 2.
3. Birth to 3 has done a few things so that we can help our child develop and learn
- 4.
5. Birth to 3 has done a good job of helping us help our child develop and learn
- 6.
7. Birth to 3 has done an excellent job of helping us help our child develop and learn

19. Families face many changes as their children leave Birth to 3 Program services. How prepared are you and your child for this transition?

1. We are not prepared for our child and family to transition from Birth to 3 services
- 2.
3. We are somewhat prepared for this transition for our child and family, but not as much as we would like
- 4.
5. We are prepared for this transition for our child and family
- 6.

7. We are very prepared for this transition for our child and family

General Information

For the following items, please write or circle your answer.

20. County name:

21. Child's age at time of survey completion

Birth to 1 year

1-2 years

2-3 years

over 3 years

22. Child's age when first referred to birth to 3

Birth to 1 year

1-2 years

2-3 years

23. Child's race/ethnicity

American Indian or Alaskan Native

Asian or Pacific Islander

Black or African-American

Hispanic or Latino

White

Multi-racial

24. Please comment about your experiences with the program

TABLE 4	
REPORT OF DISPUTE RESOLUTION UNDER PART C, OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT 2006-07	
SECTION A: WRITTEN, SIGNED COMPLAINTS	
(1) Written, signed complaints total	0
(1.1) Complaints with reports issued	0
(a) Reports with findings	0
(b) Reports within timelines	0
(c) Reports with extended timelines	0
(1.2) Complaints withdrawn or dismissed	0
(1.3) Complaints pending	0
(a) Complaint pending a due process hearing	0
SECTION B: MEDIATION REQUESTS	
(2) Mediation requests total	0
(2.1) Mediations	0
(a) Mediations related to due process	0
(i) Mediation agreements	0
(b) Mediations not related to due process	0
(i) Mediation agreements	0
(2.2) Mediations not held (including pending)	0
SECTION C: HEARING REQUESTS	
(3) Hearing requests total	0
(3.1) Resolution sessions	0
(a) Settlement agreements	0
(3.2) Hearings (fully adjudicated)	0
(a) Decisions within timeline	0
(b) Decisions within extended timeline	0
(3.3) Resolved without a hearing	0
SECTION D: EXPEDITED HEARING REQUESTS (RELATED TO DISCIPLINARY DECISION)	
(4) Expedited hearing requests total	0
(4.1) Resolution sessions	0
(a) Settlement agreements	0
(4.2) Expedited hearings (fully adjudicated)	0
(a) Change of placement ordered	0