

ANNUAL PERFORMANCE REPORT

IDEA Part C

FFY 2011 (2011 – 2012)

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State of Wisconsin
Wisconsin Department of Health Services
Bureau of Long-Term Support
Division of Long Term Care
1 W. Wilson Street
Madison, Wisconsin 53707-7851



TABLE 1: APR Results and Comparison of FFY 2011, FFY 2010, and FFY 2009

Monitoring Priorities and Indicators	Target	Results 2011	Results 2010	Results 2009
1. Percent of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner. [Compliance Indicator]	100%	99.55%	99.13%	98.73%
2. Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. [Results Indicator]	96.30%	96.13%	95.43%	95.80%
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]	72.6% 74.10% 78.3% 59% 76.8% 76.5%	59% 66.1% 66.1% 50.7% 69.5% 68.5%	61.8% 66.5% 68.0% 50.2% 72.7% 68.0%	63.0% 67.6% 70.6% 52.2% 72.5% 70.3%
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]	90% 94% 94%	82.83% 87.49% 85.20%	86.25% 82.37% 80.78%	85% 95% 92%
5. Percent of infants and toddlers birth to 1 with IFSPs compared to national data: [Results Indicator]	0.95%	1.03%	0.94%	0.98%
6. Percent of infants and toddlers birth to 3 with IFSPs compared to national	2.84%	2.80%	2.89%	2.78%

Monitoring Priorities and Indicators	Target	Results 2011	Results 2010	Results 2009
data. [Results Indicator]				
7. Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. [Compliance Indicator]	100%	98.98%	97.21%	98.21%
Monitoring Priorities and Indicators	Target	Results 2011	Results 2010	Results 2009
8A. Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Developed an IFSP with transition steps and services at least 90 days and at the discretion of all parties, not more than 9 months, prior to the toddler's third birthday; * [Compliance Indicator]	100%	99.55%	99.23%	99.06%
8B. Percent of all toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Notified (consistent with any opt-out policy adopted by the state) the SEA and LEA where the toddler resides at least 90 days prior to the toddlers 3 rd birthday for toddlers potentially eligible for Part B preschool services; * and [Compliance Indicator]	100%	100%	98.13%	94.69%
8C. Percent of all toddlers with disabilities exiting Part C with timely transition planning for whom the lead agency has: Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than 9 months, prior to the toddlers 3 rd birthday for toddlers potentially eligible for Part B preschool services. * [Compliance Indicator]	100%	98.68%	98.09%	96.87%

Monitoring Priorities and Indicators	Target	Results 2011	Results 2010	Results 2009
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%	89.01%	90.78%	100%
10. Not required to report				
11. Not required to report				
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). [Compliance Indicator]	NA	NA	NA	NA
13. Percent of mediations held that resulted in mediation agreements. [Compliance Indicator]	100%	NA	0%	NA
14. State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate. [Compliance Indicator]	100%	96.40%	88.50 %	90%
Fiscal Audit Findings	100%	NA	NA	NA

***Monitoring Priorities and Indicators are based upon Part C Regulations issued September 28, 2011; OSEP 12-5 Memorandum, dated November 28, 2011.**

Overview of the Annual Performance Report:

Wisconsin has a long-standing history and commitment to quality services for young children and their families. County agencies, as the local providers of Birth to 3 services, are key partners in the process through the delivery of effective early intervention services in partnership with families and community providers. County agencies, families, advocates and the Wisconsin Interagency Coordinating Council (ICC) are among the broad array of stakeholders in Wisconsin's statewide 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). Wisconsin's county Birth to 3 Programs are fully informed of the SPP and the resulting outcome data in the APR.

The ICC has diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. In 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 Wisconsin Department of Health Services (DHS) provides data to the ICC on the status of these outcomes. Subsequently, the ICC makes data-driven recommendations to the Department regarding strategies for improvement related to these outcomes and any other identified initiatives. These outcomes closely align with the indicators developed under IDEA. The ICC recommendations are frequently implemented by the DHS, which demonstrates the state's ongoing practice of securing and acting on stakeholder input for improvement of the Birth to 3 Program.

Determination Status

In July 2012, DHS received notification from the U.S. Department of Education (DOE, Office of Special Education Programs (OSEP) that the Birth to 3 Program was determined to be in “needs assistance” status for the third consecutive year. Wisconsin was determined to be in “needs assistance” for the first time in 2010 and again in 2011. In 2009, Wisconsin was determined to “meet the requirements” of IDEA. Activities in 2010-11 focused on specific areas of improvement both at the state and local level to improve program performance, including finalization of a statewide data reporting system, focus on Child Outcomes practices, correction of Findings of Non-Compliance, implementation of Evidence-Based Practices, and ongoing support of quality practice. Activities in 2011-2012 continued to focus on specific areas of improvement both at the state and local level to improve program performance. These activities included data mart development and roll-out, Primary Coach to Teaming Institute, revision of onsite self-assessment and process for monitoring compliance. As outlined in the letter from OSEP dated June 27, 2012, Wisconsin was required to access technical assistance related to Indicators 9 and 14 and report on the actions taken as a result of that assistance. During 2011, the Wisconsin Part C Coordinator consulted with federal OSEP and NCRRC staff and accessed national technical assistance trainings and other resources to address issues critical to performance of Wisconsin's Birth to 3 Program. This consultation and technical assistance included: utilization of resources and conversations with staff from the National Early Childhood Technical Assistance Center (NECTAC), North Central Regional Resource Center (NCRRC), and OSEP meetings and conferences specifically related to sessions addressing findings of non-compliance, data and development of the APR. Wisconsin experienced turnover in the Part C Coordinator position at the end of December 2011; the Supervisor of the Children's Services Section served as the interim Part C Coordinator from January through early September 2012. The interim Part C Coordinator and DHS state lead staff worked closely with OSEP, NCRRC, and NECTAC staff, and maintained close communication during the hiring process for the Part C Coordinator position.

Communication with the public and stakeholder groups

The APR and SPP are posted on the DHS Birth to 3 Program website at: <http://www.dhs.wisconsin.gov/children/birthto3/reports/apr/index.htm> upon submission to the U.S. Department of Education. Both documents are available in printed and alternate formats upon request. The Department provides information to the public regarding accessing the Wisconsin SPP and APR through list serves, e-mail messages, trainings, teleconferences, regional meetings, and local county outreach. DHS meets the requirement for public reporting of early intervention services by county through its website via a link to the NCRRC. Performance results are currently displayed in a dashboard format, allowing readers to compare different counties' compliance on any of the eight federal indicators included on the website. The link to

NCRRC and these data is http://www.northcentralrrc.org/wisconsin/10_11_APR.aspx and through the DHS Birth to 3 Program website (www.B3wisconsin.org). These activities fulfill the state's responsibility to report annually to the public on the performance of each early intervention service (EIS) program located in the state on the targets in the SPP under IDEA section 616 (b)(C)(ii)(1) and 642. County Birth to 3 Programs are responsible for sharing their data with local advisory groups and developing other communication strategies to share data within their communities.

General Supervision:

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

DHS conducts an onsite review for each of the 72 county Birth to 3 Programs over a four-year cycle, with the state's largest county being subject to an onsite review annually. County Birth to 3 Programs are also required to complete a Self-Assessment process annually. Both the Self-Assessment process and onsite review include review of data from PPS summary reports, file reviews, and review of other internal processes and policies. The Self-Assessment process results in a written report to DHS. DHS Birth to 3 Program and RESource staff review the information contained in a county's Self-Assessment report during a telephone call. If concerns are identified from the Self-Assessment process, a targeted review may be conducted to resolve findings of non-compliance and develop any required correction plans. A follow up in-person visit with the county Birth to 3 Program may occur with DHS and RESource staff if necessary. RESource staff work with county Birth to 3 Programs to develop plans to correct any findings of non-compliance with technical assistance provided as described in a county's PIPP. RESource also tracks progress toward correction of findings of non-compliances in a database.

Summary of 2011-12 Program Activities:*Data Initiatives*

In FFY 2011, DHS focused on building improved system infrastructure in the PPS through the continuation of two data projects to track compliance with federal reporting indicators and SPP targets and to identify priorities and opportunities for improvement. The Audit and Archive project included the development of queries to assure reliable and valid reporting and analysis of Wisconsin's progress in meeting the requirements of Part C of IDEA. This data is currently being used to calculate performance percentages for the APR, issuance of determinations and findings of non-compliances, and identification of improvement activities.

The Data Mart phase of the PPS Project included the release of program data through a secure web-based platform providing counties with access to county-specific data for ongoing monitoring, and identification of areas for improvement activities and possible technical assistance. ‘Federal Indicator Reports’ were developed through the Data Mart using PPS compiled data in a timely and accurate manner to determine county Birth to 3 Program compliance levels, noncompliance levels, and data errors. These reports were used to determine the data for the 2011-12 APR.

In addition, the Data Mart provides Wisconsin’s county Birth to 3 Programs with a mechanism for communication between the state PPS system and local county information management platforms, avoiding duplicate entry of data into both systems. This project provides a solid foundation for increased analysis of statewide and local data, more specific drill down on program performance, and continuous progress toward improved compliance with Part C requirements under IDEA. Wisconsin completed the development of multiple reports for local county Birth to 3 Programs to more easily monitor their own data and performance percentages.

Child Outcomes Improvement Activities and Implementation of Evidence-Based Practices
DHS Birth to 3 staff regularly participate in the Early Childhood Outcomes center (ECO) sponsored communities of practice and frequently visit the ECO website as a source of up-to-date, tools, resources, current information and new training opportunities for the Early Childhood Outcomes process. Also, the ECO sponsored annual Early Childhood and Family Outcomes conference in New Orleans on September 18-21, 2011 was attended by all three Wisconsin Birth to 3 state leads. Each of the five regional technical assistance providers (RESource) were given their respective regional Child Outcome data including the two summary statements, progress categories and other data generated by the ECO analytic calculator application. This information provides Wisconsin’s technical assistance support network familiarity with their regional Child Outcome data and an opportunity to share and discuss with each county’s Birth to 3 program.

Findings of Non-Compliance

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process, which includes a review of updated system level data and correction of each individual case of non-compliance. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent data. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Collaboration with Part B Early Childhood Special Education Programs

Part C and Part B Section 619 Early Childhood Special Education Programs have continued to collaborate regarding related federal indicators and items that affect both systems. DHS and the Department of Public Instruction (DPI) work collaboratively to address mutual or inter-related program enhancements with specific emphasis on early childhood outcomes, child find, and transition. Ongoing communication between DHS and DPI staff has resulted in joint trainings, implementation of consistent procedures, and earlier identification and resolution of problems.

DPI and DHS collaboratively accessed technical assistance through a variety of national and federal forums to address the non-compliance issues around Transition Indicators, Part B Indicator 12 and Part C Indicator 8, and Child Outcome Indicators, Part B Indicator 7 and Part C

Indicator 3. The progress Wisconsin has made on these indicators is related to technical assistance from the NCRRC, NECTAC, and the ECO Center. DPI and DHS staff attended the national ECO Child and Family Conference together and shared ideas for training and improvement activities.

Conclusion

DHS will distribute the APR to stakeholders through posting on the DHS website and through a statewide list as well as review the final report with the ICC at the April 2013 meeting following the established process from previous years. County Birth to 3 Programs will be able to share both state and local data as appropriate with county advisory groups and other interagency committees.

Part C State Annual Performance Report (APR) for FFY 2011

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

Accounts for untimely receipt of services, including the reasons for delays.

FFY	Measurable and Rigorous Target
2011	100%
Results	99.55%

Actual Target Data for FFY 2011:

Children with IFSPs	Number of Children with Services	Results
1. Received timely services	12,300	99.55%
2. System Delays in delivery of services over 30 days	56	.45%
Total of 1 & 2	12,356	100%

Data Source: Wisconsin Program Participation System (PPS) 7/1/11-6/30/12

Data includes children for whom services began in FFY 2011 from the parent's consent to the actual start date of the service(s) or for whom services were continuing to be provided in the FFY 2011 (began in previous year(s)). "Received timely services" in the chart above outlines children who have received timely services in FFY 2011 since their initial IFSP or IFSP update, children who received late services with an exceptional family reason, and children who have been receiving services prior to the FFY 2011 and thus are all considered compliant.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:*Data Analysis:*

During FFY 2011, Wisconsin had a compliance rate of 99.55 percent (12,300 of 12,356) for timely IFSP services. Wisconsin did not meet its target of 100 percent compliance, but had an increase of .42 percent from FFY 2010. Included in the calculation for timely services are 806 children whose services were initiated beyond the 30-day timeline due to exceptional family circumstances. Those children experienced a delay that was intentionally planned by the IFSP team, which includes the family. These sets of children were included in both the numerator and

denominator. Under the Primary Coach Approach to Teaming (PCATT), there are sound reasons for delaying the start of additional coaching provided through other disciplines in tandem with the primary provider while the primary provider gets to know the child better (ongoing assessment) and builds a relationship with the family and other primary caregivers. When the team including the family agree to this approach at the IFSP meeting, it is most efficient to intentionally plan for added services at the initial IFSP. In FFY 2011 56 children did not have timely services due to system reasons.

Wisconsin uses a web-based data system, Program Participation System (PPS), to gather the information reported for Indicator 1. County Birth to 3 Programs have unlimited access to the PPS system to enter data on a regular basis. DHS has established a Data Mart to access the reports based on the data entered into PPS to determine the percent compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2011 data is reported in this APR, therefore reflecting the activities for the full reporting period.

Findings of Non-Compliance:

Correction of FFY 2010 findings of non-compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	16
2. Number of FFY 2010 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	13
3. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	3

Correction of FFY 2010 findings of non-compliance not timely corrected (corrected more than one year from identification of the non-compliance):

4. Number of FFY 2010 findings of non-compliance not timely corrected (same as the number from (3) above)	3
5. Number of FFY 2010 findings of non-compliance the State has verified as corrected beyond the one-year timeline ("subsequent correction")	1
6. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	2

Findings of non-compliance:

Correction of FFY 2009 findings of non-compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	15
2. Number of FFY 2009 findings of non-non-compliance the State verified as timely corrected (corrected within one year from the	14

date of notification to the EIS program of the finding)	
3. Number of FFY 2009 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2009 findings of non-compliance not timely corrected (corrected more than one year from identification of the non-compliance):

4. Number of FFY 2009 findings of non-compliance not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2009 findings of non-compliance the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2009 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	1

Verification of Correction (either timely or subsequent):

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process including a review of updated system level data and correction of each individual case of non-compliance. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent data. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Non-compliance Not Corrected:

In 2011, there was continued monitoring of the largest county in Wisconsin as they worked to achieve 100 percent compliance. The largest County Birth to 3 Program in Wisconsin has ongoing data monitoring meetings where RESource staff meets with each of the nine agencies in the county providing Birth to 3 Program services. The agencies review their data, along with the data for the county, identifying gaps and non-compliances. Individual agency Program In Partnership Plans (PIPPs) were updated. RESource staff and the county Birth to 3 Program Coordinator had ongoing conversations with each agency providing Birth to 3 Program services. They discuss progress on meeting the indicators, what file reviews indicate with regards to practices supporting 100 percent compliance and brainstorming how to address issues across agencies providing Birth to 3 Program services. If the largest county Birth to 3 Program in Wisconsin does not show 100 percent compliance, the county Birth to 3 Program will be required to develop a corrective action plan (CAP) with their DHS State Lead to assure strategies in place will promote 100 percent compliance.

Ongoing Improvement Activities:

Clarify Policies and Procedures:

DHS has continued to educate the county Birth to 3 Programs on the importance of timely service delivery, as well as timely and accurate entry of data.

Improved Data Collection and Reporting:

A 'Federal Indicator Report' was developed through Wisconsin's PPS Data Mart to collect data on Indicator 1 in a timely, accurate and efficient manner. These data can also help programs to determine the compliance level, noncompliance level and errors contributing to the noncompliance. This report was used to determine data for the 2011-2012 APR. DHS continues to enhance the Data Mart to provide county Birth to 3 Programs more opportunities to self-monitor compliance with Indicator 1.

Through the onsite process, DHS has monitored the county Birth to 3 Program's accuracy in PPS data reporting. Verifying the documentation in the children's files of the actual start date has been a focus for the Wisconsin Birth to 3 Program, specifically through the Self-Assessment and onsite processes. Clear documentation of late reasons in the children's file at the county Birth to 3 Program level was the focus for the 2011-12 year.

Targeted Technical Assistance: NA

Improved Systems Administration: DHS State lead staff has been assigned to county Birth to 3 Programs on a regional basis. This monitoring structure has increased the knowledge of the region by the State lead staff and increased the quality of support provided.

Provision of Training and Technical Assistance:

Wisconsin's largest county Birth to 3 Program received additional technical assistance and monitoring, and was provided with direct oversight and support to each of this county's program nine providers. RESource staff work with any county Birth to 3 Program, when data show compliance of less than 100 percent, to develop a Program in Partnership Plan (PIPP) and to identify strategies to correct Indicator 1 noncompliance issues.

Collaboration and Coordination: NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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

Measurement: Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

FFY	Measurable and Rigorous Target
2011	96.30%
Results	96.13%

Results of data for FFY 2011 indicate 96.13 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. The data presented are from the statewide data system (PPS).

History of Wisconsin in meeting Indicator 2 requirement

FFY	Target	State
2008	96.00%	94.68%
2009	96.20%	95.80%
2010	96.30%	95.43%
2011	96.30%	96.13%

Table C1.1 Percent of Wisconsin early intervention services provided in the settings defined by the 618 Settings Table, FFY 2011.

Natural Environments	Number	Percentage
Home	5348	88.79%
Community-Based Settings for typically developing children	442	7.34%
Other Settings	233	3.87%
Total	6023	100%

Data Source: Wisconsin 618 Settings Table, FFY 2011

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:***Data Analysis:***

Results of the data indicate 96.13 percent of infants and toddlers received early intervention services in the home or in programs designed for typically developing children. Wisconsin did not meet its measurable and rigorous target this year of 96.30 percent. The target was missed by 0.17 percent. The data demonstrates progress to the rigorous target from the previous year.

Findings of Noncompliance: No findings of non-compliance were issued to counties for Indicator 2 during FFY 2010.

Verification of Correction (either timely or subsequent): NA

Enforcement Actions Taken if non-compliance not corrected: NA

Ongoing Improvement Activities:**Clarify Policies and Procedures:**

Wisconsin continues to support counties in understanding how service delivery can be enhanced through inclusion and focused attention to natural environments especially in the context of hiring and retaining staff in both urban and rural areas.

Improve Data Collection and Reporting:

The percentage of children being served in the natural environment was calculated from the 618 data one day count on October 1, 2011. On this day, the majority of counties provided services to children in a natural environment more than 95 percent of the time.

Targeted Technical Assistance: NA

Improved Systems Administration and Monitoring:

The county Self-Assessment is a key tool in Wisconsin's general supervision system. The Self-Assessment is one opportunity for county Birth to 3 Programs to assess their provision of services in natural environments. Counties reflect on their compliance percentages in this area and identify challenges and opportunities to expand their strategies for individualized planning with families.

Provision of Training and Technical Assistance:

Wisconsin continues to monitor services provided in natural environments to ensure that IFSP teams make individualized decisions regarding the settings in which infants and toddlers receive early intervention services. The state's largest county continues to make progress on this Indicator.

DHS training and technical assistance efforts focus on moving providers from the idea of the natural environment as a location, toward the full understanding of involving the parents or child care providers in strategies for enhancing the child's development within typically occurring routines and activities of the family. Natural environments policies and best practices are integrated into all technical assistance materials and trainings, including the "Orientation to Best Practices in Early Intervention," offered at least twice a year by the Wisconsin Personnel and Development Program (WPDP). This training includes discussion of strategies for planning

interventions in natural environments, including routines-based intervention. Primary Coach Approach to Teaming (PCATT) model by M'Lisa Sheldon and Dathan Rush was the topic of a statewide Leadership Institute during the spring of 2012.

Collaboration and Coordination: NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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 skill (including early language/communication); and

C. Use of appropriate behaviors to meet their needs.

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

Measurement:

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

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $[(\# \text{ of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who improved functioning to reach a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $[(\# \text{ of infants and toddlers who maintained functioning at a level comparable to same-aged peers}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

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

- a. Percent of infants and toddlers who did not improve functioning = $[(\# \text{ of infants and toddlers who did not improve functioning}) \div (\# \text{ of infants and toddlers with IFSPs assessed})] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move

nearer to functioning comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.

- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

C. Use of appropriate behaviors to meet their needs:

- a. Percent of infants and toddlers who did not improve functioning = $\left[\frac{\text{(\# of infants and toddlers who did not improve functioning)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.
- e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = $\left[\frac{\text{(\# of infants and toddlers who maintained functioning at a level comparable to same-aged peers)}}{\text{(\# of infants and toddlers with IFSPs assessed)}} \right] \times 100$.

If $a + b + c + d + e$ does not sum to 100%, explain the difference.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered or exited early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 1:

Percent = # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d) divided by [# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d)] times 100.

Summary Statement 2: The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

Measurement for Summary Statement 2:

Percent = # of infants and toddlers reported in progress category (d) plus [# of infants and toddlers reported in progress category (e) divided by the total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e)] times 100.

FFY	Measurable and Rigorous Targets and Baseline Data		
2008	Summary Statements	BASELINE (% of children)	
	Outcome A: Positive social-emotional skills (including social relationships)		
	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	72.5%	
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	74.0%	
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program.	78.2%	

	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	58.9%	
	Outcome C: Use of appropriate behaviors to meet their needs		
	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	76.7%	
	2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	76.4%	

FFY	Targets and Actual Data for Part C Children Exiting in FFY 2010		
2010	Summary Statements	TARGET (% of children)	ACTUAL (% of children)
	Outcome A: Positive social-emotional skills (including social relationships)		
	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	72.5%	61.8%
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	74.0%	66.5%
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	78.2%	68.0%
	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	58.9%	50.2%
	Outcome C: Use of appropriate behaviors to meet their needs		
	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	76.7%	72.7%
	2. The percent of children who were functioning		

	within age expectations in Outcome C by the time they exited the program	76.4%	68.0%
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FFY	Targets and Actual Data for Part C Children Exiting in FFY 2011		
2011	Summary Statements	TARGET (% of children)	ACTUAL (% of children)
	Outcome A: Positive social-emotional skills (including social relationships)		
	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	72.6%	59%
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	74.10%	66.1%
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)		
	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	78.3%	66.1%
	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	59%	50.7%
	Outcome C: Use of appropriate behaviors to meet their needs		
	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	76.8%	69.5%
	2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	76.5%	68.5%
FFY 2011	Progress Categories for Outcome A, B and C Data		
	Outcome A: Positive social-emotional skills (including social relationships)	# of children	% of children
	a. infants and toddlers who did not improve functioning	16	0.4%
	b. infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	1033	22.8%
	c. infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	488	10.7%

d. infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1021	22.5%
e. infants and toddlers who maintained functioning at a level comparable to same-aged peers	1982	43.7%
TOTALS	4540	100%
Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	# of children	% of children
a. infants and toddlers who did not improve functioning	13	0.3%
b. infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	1242	27.4%
c. infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	984	21.7%
d. infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1463	32.2%
e. infants and toddlers who maintained functioning at a level comparable to same-aged peers	838	18.5%
TOTALS	4540	100%
Outcome C: Use of appropriate behaviors to meet their needs	# of children	% of children
a. infants and toddlers who did not improve functioning	9	0.2%
b. infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same age peers	879	19.4%
c. infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	543	12.0%
d. infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1484	32.7%
e. infants and toddlers who maintained functioning at a level comparable to same-aged peers	1625	35.8%
TOTALS	4540	100%

Data Source: Wisconsin Program Participation System (PPS) (7/1/11-6/30/12) in conjunction with the Early Childhood Outcomes Center Summary Statements calculator.

FFY	Measurable and Rigorous Targets	
2012	Summary Statements	TARGET (% of children)
	Outcome A: Positive social-emotional skills (including social relationships)	
	1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they exited the program	72.7%
	2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	74.2%
	Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)	
	1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they exited the program	78.4%
	2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	59.1%
	Outcome C: Use of appropriate behaviors to meet their needs	
	1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they exited the program	76.9%
	2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	76.6%

Discussion of Improvement Activities and Explanation of Slippage, if the State did not meet its target that occurred for FFY 2011:

Wisconsin uses the Child Outcomes Summary Form (COSF) as part of their rating process and does not serve “at-risk” infants and toddlers. Therefore, data in this report include only Part C eligible children. The data referenced in the summary statements and progress categories a-e were derived with the use of the COS Calculator Model 2.0- Analytic Version with Expanded Descriptive Output and Summary Statements for 9500 Cases.

Wisconsin Birth to 3 Program utilize formal assessment as part of eligibility determination and as part of the Child Outcomes process. Wisconsin Birth to 3 Program does not dictate use of a particular assessment tool. In collaboration with Part B and Wisconsin Collaborating Partners there is a list suggested assessment tools which can be found at <http://www.collaboratingpartners.com/curriculum-assessment-resources.php>. In addition to any formal assessments, other sources of information were used to obtain accurate and reliable data including: parent interview; observation in a variety of settings and/or environments

including community and childcare; review of medical records, information from previous county Birth to 3 Program records, foster parent input, and professional judgment. The use of the Early Childhood Outcomes Center “Decision Tree” was encouraged during statewide trainings, and discussed during county Birth to 3 Program onsite Reviews and Self Assessments.

Ongoing Improvement Activities:

DHS Birth to 3 staff regularly participated in the Early Childhood Outcomes center (ECO) sponsored communities of practice. The ECO website is a resource for up-to-date tools, resources, and new training opportunities for the Early Childhood Outcomes process. The DHS staff participated in the ECO Child and Family Outcome conference in FFY 2011. Wisconsin five regional technical assistance staff (RESource) were given their respective regional Child Outcome data including the two summary statements, progress categories and other data generated by the ECO analytic calculator application. This information provides Wisconsin's technical assistance support network familiarity with their regional Child Outcome data and an opportunity to share and discuss with each county Birth to 3 program.

RESource and DHS Birth to 3 team leads have monthly phone calls for ongoing monitoring with county Birth to 3 programs. Phone calls include discussion on Child Outcomes. DHS Birth to 3 staff include Child Outcomes in Self-Assessment phone calls with county Birth to 3 programs prior to their scheduled onsite review.

Clarify Policies and Procedures:

The DHS Wisconsin Birth to 3 Program staff continued to educate, inform and encourage county Birth to 3 Programs to pay particular attention to the Child Outcome process. The emphasis has been placed on learning to incorporate the Child Outcomes process into their daily work with children and families. This is more contextual approach to intervention rather than being viewed as additional responsibility or removed from the overall routine of early intervention.

Wisconsin Birth to 3 Program conducts spring and fall regional meetings. The purpose of the meetings is to clarify and/or to introduce county Birth to 3 Programs to new federal and/or Wisconsin specific policies and procedures. During the fall 2011 regional meetings, procedures related to Child Outcome data entry as children transfer from one county to another were explained and clarified and how the transfer process affects a child's 6 month Child Outcome “eligibility”. Training was provided on the newly implemented Child Outcome error report. The child Outcome error report is the process in which counties receive child specific instances that need corrected in PPS prior to running data for the upcoming APR.

Improved Data Collection and Reporting:**Data Analysis:**

Data included children who had an active IFSP for a minimum of 6 months (181 days) and exited during the FFY 2011. Wisconsin had 4,540 children receiving Exit Child Outcomes ratings during FFY 2011 compared to 3107 children in 2010. The PPS Data Mart in conjunction with the ECO Analytic calculator allowed Wisconsin Birth to 3 Program to identify all individual Birth to 3 children missing from the data or being reported inaccurately in the Child Outcome data. Each of the county Birth to 3 Programs with missing or inaccurate Child Outcome data were issued a “child correction” list during September of 2012. Between FFY 2010 and FFY

2011 there was a significant decrease of 43 percent in the number of corrections sent to County Birth to 3 programs.

Slippage between the FFY 2010 and FFY 2011 Child Outcome targets is believed to be a direct result of several influential factors. First, Wisconsin's Birth to 3 Program service provider personnel continue to evolve in their understanding of, purpose for and process in, gathering Child Outcome information prior to completing individual child ratings. Second, Wisconsin provided training and technical assistance on Child Outcomes based on a localized individual need of each county Birth to 3 program. Third, training and technical assistance for Child Outcomes became a required topic of discussion for all of RESource's onsite support, including the annual county Self-Assessments and onsite visits. RESource staff report County Birth to 3 Programs have improved collaboration and teaming across disciplines, with families and among outside agencies has led to more effective and accurate Child Outcome ratings.

Wisconsin believes their outcome ratings are becoming more accurate and better understood. The targets set forth in 2009 and projected forward into 2013 have proven to be ambitious expectations. When comparing the six Summary Statements from 2010-2011 and the six Summary Statements of 2011-2012 the difference in percentage between the target and the actual data continues to trend upward or away from one another. The exceptions are Outcome 2, Summary Statement 2 and Outcome 3, Summary Statement 2 where a slight trend downward trend is detected. However, these summary statements remain 8% lower than the original target. The trajectory of actual annual percentage compared to the target percentage set in FFY 2008 has a negative trajectory where data are moving away from the state targets rather than moving toward the target. Based on this trajectory, Wisconsin Birth to 3 and their stakeholders will have the charge of considering the lowering of the Child Outcome in the new 6 year SPP.

Summary Statements

Baseline vs. Actual FFY 2011 data

FFY 2008				FFY 2011			
<u>Outcome1</u>	<i>Target</i>	<i>Actual</i>	Difference	<u>Outcome1</u>	<i>Target</i>	<i>Actual</i>	Difference
SS 1	72.50%	61.80%	10.7	SS 1	72.60%	59%	13.6
SS 2	74.00%	66.50%	7.5	SS 2	74.10%	66.10%	8.00
<u>Outcome2</u>				<u>Outcome2</u>			
SS 1	78.2%	68.00%	10.2	SS 1	78.30%	66.10%	12.20
SS 2	58.9%	50.20%	8.9	SS 2	59%	50.70%	8.3
<u>Outcome3</u>				<u>Outcome3</u>			
SS 1	76.7%	72.70%	4	SS 1	76.80%	69.50%	7.30
SS 2	76.4%	68.00%	8.4	SS 2	76.50%	68.50%	8.00

(Difference between FFY 2008 target and actual FFY 2011 target showing a trending upward)

Slippage between the FFY 2010 and FFY 2011 Child Outcome targets occurred, although we believe the data are now more accurate and reliable. Wisconsin increased the training and technical assistance provided to county Birth to 3 Programs across the state. The purpose of,

and process for, rating a child as part of a program's routine process with increased fidelity, continues to improve over time resulting in more accurate represented in FFY 2011 APR data. When Birth to 3 Programs become more comfortable and collaborative across disciplines and recognize the usefulness of Child Outcomes for state and local improvement, targets will become more representative. Wisconsin anticipates a leveling of slippage in Child Outcome targets over the next FFY 2012 and expects FFY 2013 targets will be more representative of realistic, based on trend data.

Targeted Technical Assistance: NA

Ongoing Improvement Activities:

A 'Federal Indicator Report' was developed in Wisconsin's PPS Data Mart to collect data on Indicator 3 in a timely, accurate and efficient manner to determine the compliance level, noncompliance level and errors that contribute to the compliance. This report was used to determine data for the FFY 2011 APR.

DHS monitors county Birth to 3 Programs during the onsite process by determining the accuracy of Child Outcome data entered into PPS. Annual Self-Assessment discussions also address Child Outcomes however the conversations are centered on the process of gathering the information through team participation, use of the Decision Tree, parent input, locations of child observations, etc. Quality data collection continues to be an emphasis and focus by DHS Birth to 3 and RESource staff.

FFY 2011 included a number of activities targeted at the state Birth to 3 leadership and County Birth to 3 Programs. The annual county Birth to 3 Program Self-Assessment, in partnership with RESource, is the best opportunity in Wisconsin's general supervision system to thoroughly examine the policies and practices affecting the children and families they serve. The Self-Assessment is the one anticipated and preplanned opportunity for county Birth to 3 Programs to assess and evaluate the quality of their program. Each year following the Self-Assessment, the county Birth to 3 Program and RESource develop a Program In Partnership Plan (PIPP) consisting of program improvement plans and activities.

Improved Systems Administration:

In July 2011, an IFSP task force was formed to review and update Wisconsin's IFSP process and improve the current state developed IFSP document. Part of the new IFSP document is an integrated Child Outcomes component. The IFSP task force included stakeholders from Wisconsin's technical assistance (RESource), Wisconsin Professional Development Project (WPDP), Birth to 3 local providers, with DHS Birth to 3 staff serving as lead project coordinator. The IFSP project was piloted throughout FFY 2011. The pilot process ended and the document is being updated and revised based on the feedback from county Birth to 3 Programs who volunteered to participate in the pilot process. During the feedback stage, the integrated Child Outcomes component of the new IFSP is noted as strength, both procedurally and as a Child Outcomes Summary (COS) document. Feedback identified the process of gathering Child Outcome information and the rating of the child as less fragmented, more efficient and well integrated within the document and throughout the process.

Provision of Training and Technical Assistance:

DHS Birth to 3 Program training and technical assistance efforts included training and support activities during FFY 2011. There was the yearlong emphasis placed on introducing Relationship-Based Early Intervention in Natural Environments Using Evidence-Based-Practices

(EBP) to county Birth to 3 Programs throughout the state. County Birth to 3 Programs learned how to gather both valid and reliable information (data) within a family's usual routines.

In the spring of 2011 statewide trainings were rolled out in collaboration with the Department of Public Instruction (DPI) Part B Child Outcomes Coordinator. During this period a DHS Birth to 3 Child Outcomes "Data Discussion" teleconference call was provided state wide. Topics during the call included "what's behind the 5 progress categories" and defining "present level of functioning."

The WPDP staff initiated the development of a series of on-line Captivate Modules for the Child Outcomes process. WPDP is currently reviewing the modules to have the particular focus of demonstrating how best to integrate ongoing assessment into the ratings at entry and exit and how to support providers in their ongoing decision-making process.

Wisconsin Birth to 3 Program has regularly scheduled Adobe presentation trainings on the 3rd Tuesday of each month to discuss a variety of new Birth to 3 related topics whether nationally or state driven or to clarify and further support programs with previously implemented policies or procedures. During the August 2011 Adobe presentation training, the Child Outcomes error report process was reviewed and then implemented in September 2011.

Collaboration and Coordination:

Ongoing collaboration continues with DPI's Part B Child Outcomes Coordinator and Birth to 3 Program staff. Starting in FFY 2010 these collaborative meetings occurred approximately every other month. Agendas were developed during the period leading up to each meeting. Items often included were data analysis, upcoming training opportunities, joint training efforts in the future and discussions concerning local issues following an Early Childhood Outcomes Center Community of Practice call. Starting in FFY 2011 Birth to 3 and Wisconsin's Part B program remain in periodic contact with one another for technical support and clarification regarding the Child Outcomes process.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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 = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.
- B. Percent = [(# 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 (# of respondent families participating in Part C)] times 100.
- C. Percent = [(# 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 (# of respondent families participating in Part C)] times 100.

FFY	Measurable and Rigorous Target	
2011	Measurement A = 90% Measurement B = 94% Measurement C = 94%	
Results 4A	Know their rights	82.83%
4B	Effectively communicate their children's needs	87.49%
4C	Help their children develop and learn	85.20%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Data Analysis:

Results for Indicator 4A included 82.83 percent (1119/1351) of families who reported that the Wisconsin Birth to 3 Program helped them know their rights; this demonstrated slippage from FFY 2010 results of 86.25 percent. Wisconsin's target of 90 percent for Indicator 4A for FFY 2011 was not met.

Results for Indicator 4B included 87.49 percent (1182/1351) of families reported the Wisconsin Birth to 3 Program helped them effectively communicate their child's needs; this demonstrated progress from FFY 2010 results of 82.37 percent. Wisconsin's target of 94 percent for Indicator 4B for FFY 2011 was not met.

Results for Indicator 4C included 85.20 percent (1151/1351) of families reported the Wisconsin Birth to 3 Program helped them help their child develop and learn; this demonstrated progress from FFY 2010 results of 80.78 percent; Wisconsin's target of 94 percent for Indicator 4C for FFY 2011 was not met.

One of the Family Outcomes measures, Indicator 4A, demonstrated slippage in FFY 2011 compared with FFY 2010. Birth to 3 Programs continued to emphasize parent rights and implementation of Written Prior Notice requirements with families throughout FFY 2011. This emphasis included the provision of rights at every required proposed decision. Written Prior Notice requirements were reviewed with local Birth to 3 Programs during onsite visits, and findings of non-compliance were issued for this Indicator as appropriate. The Wisconsin Birth to 3 Program is not able to determine specific activities or procedures resulting in a decrease in families who reported knowing their rights; however, Wisconsin continues to analyze the results of this Indicator and develop strategies to improve results for Indicator 4A. These efforts include partnerships and discussions with local Birth to 3 Programs and participation in national calls and conferences to discuss and learn strategies for improvement regarding this Indicator.

Wisconsin continued to implement the Evidence-Based Practice of Primary Coach Approach to Teaming (PCATT) throughout FFY 2011. The progress reported for Indicators 4B and 4C is attributed to the continued efforts to support to counties with implementation of this evidence-based practice and coaching methods with families to build families' confidence, competence and capacity to care for their children.

The statewide results for each measure of Indicator 4 have more accurate responses and informed opinions about how the Wisconsin Birth to 3 Program has helped families support their children due to adjustments to the survey distribution method described in this section. The survey results captured opinions of families who received Birth to 3 services for at least six months, which better informs the opinions reported in the survey. In addition, all families, rather than a sampling of families, were surveyed to give a robust perspective from all Birth to 3 Program participants.

Several County Birth to 3 Programs reported families included in the ECO Family Outcome Survey distribution process had moved or been discharged from the Birth to 3 Program at the time the surveys were distributed. This is a factor Wisconsin will need to monitor, as it is likely to occur each year.

The majority of families continued to report that the Birth to 3 Program assisted them in understanding their rights (82.83 percent); effectively communicating their child's needs (87.49 percent) and helping their child develop and learn (85.20 percent).

Survey distribution method

In FFY 2011, the Wisconsin Birth to 3 Program distributed 3406 surveys and received 1351 surveys, a return rate of 39.67 percent. The ECO Family Survey distribution list was developed from a one-day count from the Program Participation System (PPS). In FFY 2011, DHS continued to emphasize the expectation for County Birth to 3 Programs to update PPS data on a monthly basis to assure that the survey distribution list and demographic information for families was accurate.

FFY 2011 was the first time the ECO Family Survey was distributed to all families enrolled in the Birth to 3 Program, rather than a sampling of families. Survey recipients included families who had a minimum of six months of service from a Birth to 3 Program in Wisconsin; this paralleled the survey process implemented in FFY 2010. The minimum 20 percent return rate requirement for local Birth to 3 Programs implemented in FFY 2010 was also continued in FFY 2011; the statewide survey return rate of 39.67 percent was almost double the minimum return rate requirement for local programs. Wisconsin FFY 2010 ECO Family Survey rate of return was (40.67 percent). Wisconsin maintained a stable rate of return for the FFY 2011 ECO Family Survey of (39.67 percent)

Demographic representation

Of surveys received, 37.5 percent were completed by non-white families. This is a total of 17.7 percent of the surveys were completed by Hispanic families, greater than the 15.2 percent of Wisconsin families as reported in the Wisconsin 618 Child County Table, FFY 2011.

More than half of the families (54 percent) entered the Birth to 3 Program when their child was younger than one year old, and 37 percent entered the Birth to 3 Program when their child was between 1 to 2 years old. Over half the families (61 percent) completed the survey when their child was over two years old. Twelve and a half percent of the families completed the survey before their child was one year old or after their child had already turned three years old and had left the Birth to 3 Program.

Findings of Non-Compliance:

Correction of FFY 2010 Findings of Non-Compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	1
2. Number of FFY 2010 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	0
3. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	1

Correction of FFY 2010 Findings of Non-Compliance Not Timely Corrected (corrected more than one year from identification of the non-compliance):

4. Number of FFY 2010 findings of non-compliance not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2010 findings of non-compliance the State has verified as corrected beyond the one-year timeline ("subsequent correction")	0
6. Number of FFY 2010 findings of non-compliance not verified as corrected [(4) minus (5)]	1

The finding of non-compliance listed above was one of two items cited in a Corrective Action Plan requirement for a county Birth to 3 Program based upon an IDEA complaint received by the DHS Birth to 3 Program. The county Birth to 3 Program successfully verified one of the findings but was unable to successfully verify correction of the finding of non-compliance related to Indicator 4. The DHS Birth to 3 State Lead and RESource staff provided technical assistance to the county program after each of two verification reviews, including a recent in-depth review of each aspect of the requirements related to this finding with both county Birth to 3 Program staff and contracted provider agency staff. After the most recent technical assistance session, the provider and county reported having a clearer understanding of the requirements and identified specific next steps to lead to successful verification of correction.

Verification of Correction (either timely or subsequent):

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process including a review of updated system level data and correction of each individual case of non-compliance. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent compliance. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Non-compliance Not Corrected:

No enforcement actions were taken for the CAP item that was not corrected within 12 months. Technical assistance was provided to ensure accurate understanding of program requirements and revised steps for subsequent successful verification.

Ongoing Improvement Activities:**Clarify Policies and Procedures:**

DHS staff continued to review publications and information communicated to families about their rights, the program philosophy, and program approach to service delivery to ensure the information and messages match federal regulations and requirements. DHS Birth to 3 Program materials are in the process of being updated and re-issued to assure programs and families have up to date information about program expectations and services.

Improved Data Collection and Reporting:

The DHS Wisconsin Birth to 3 Program staff participated in the ECO Child and Family Outcome conference in FFY 2011. Based upon information shared by other states during the conference, DHS provided additional guidance in 2011 regarding the distribution and collection of the family outcome surveys. County Birth to 3 Programs were encouraged to hand-deliver the surveys. Many county Birth to 3 Programs continued incentives to families for completing the survey initiated with the FFY 2010 survey distribution process.

Targeted Technical Assistance: NA

Improved Systems Administration:

Wisconsin Birth to 3 Program promotes family-centered services with a focus on parent participation and involvement in their child's learning of skills, which impacts the outcomes reported by families through the ECO Family Outcome Survey. Wisconsin's technical assistance provider, RESource, worked with individual county Birth to 3 Programs to plan continued progress toward family-centered practice using the ECO Family Outcome Survey results as one source of information for future planning. In addition, DHS and WPDP continued support of implementation of the Primary Coach Approach to Teaming (PCATT) with county Birth to 3 Programs. Support is given to all county Birth to 3 Programs to help monitoring fidelity of ongoing implementation of the practices.

The Wisconsin Self-Assessment and onsite visit processes were updated in FFY 2011 to include a focus on family involvement through implementation of PCATT practices. Each county Birth to 3 Program completes a Self-Assessment annually; an onsite visit occurs once every four years. The Self-Assessment process or onsite visit informs each county Birth to 3 Program's steps for progress toward implementation of PCATT practices which are documented on the Program in Partnership Plan (PIPP).

Provision of Training and Technical Assistance:

In FFY 2011, the DHS Birth to 3 Program contracted with the Wisconsin Personnel Development Project (WPDP) for personnel training which including four, one-day trainings for county staff about PCATT practices in each region across the state. DHS also contracted with RESource to provide ongoing technical assistance on an individualized basis to County Birth to 3 Programs to promote PCATT. This topic was also discussed at onsite visits and Self-Assessment calls as referenced above.

If family outcomes were identified for a county Birth to 3 Program as an area for improvement due to low compliance with the indicator, findings of non-compliance, PCATT implementation, or methods to assess program performance, strategies were added to the county Birth to 3 Program's PIPP. Developing specific action steps ensured a focus on improving practice so families reach goals identified on IFSPs and captured in the family outcome indicators. As a result of the Self-Assessment and onsite visit processes, several county Birth to 3 Programs in the past year added strategies to their PIPP around improving family outcomes through the use of PCATT practices.

Collaboration and Coordination:

Since FFY 2007, Wisconsin's Family Assistance Center for Education, Training and Support (FACETS) has been contracted to assist families with oral translation and support in completing the ECO Family Outcome Survey. Great Lakes Inter-tribal Council (GLITC) has also been utilized in the past to help tribal families complete the survey and follow up to assist in an increased rate of return. The DHS has contracts with both of these entities to assist with the 2011 distribution of the ECO Family Survey.

Each year at a statewide, co-sponsored conference, a Parent Feedback forum is co-hosted by a collaboration of children's disability programs with the Department of Health Services, Family Voices, and the Board for Persons with Developmental Disabilities (BPDD) to ascertain concerns and holistic needs of families, in addition to the IDEA benchmarks for Family Outcomes. The Birth to 3 Program mediation contract also requires outreach and public awareness activities to provide information to other agencies and programs that interact with families of children in the Birth to 3 Program and promote the use of mediation as an option for

families. Indicator 13 includes an additional description of the mediation outreach and public awareness activities.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

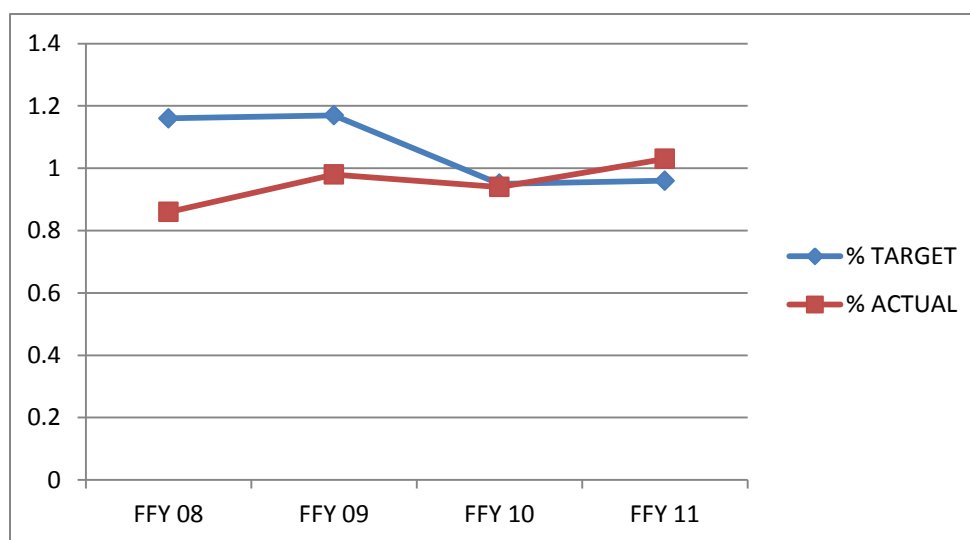
Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 5: Percent of infants and toddlers birth to 1 with IFSPs compared to national data. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement: Percent = [(# 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
2011	.95 %
Results	1.03%

Data results for FFY 2011 indicate 1.03 percent of Wisconsin infants and toddlers ages birth to one had IFSPs according to Wisconsin's one-day count on October 1, 2011. The following figure presents state target data and actual performance data. (This figure does not include a comparison to other states with similar eligibility or children considered to be "at risk.")



Target and actual performance of percentage of infants and toddlers ages birth to one with IFSPs in Wisconsin for FFY 2011.

Data Source: Wisconsin Program Participation System (PPS) and data from the October 1, 2011 Data Mart report.

Comparison of Wisconsin to National Data

Data retrieved from the Part C 2012 Indicator Analysis Report (FFY 2010-2011) indicates the national average of children served with active IFSP's on October 1 between the ages of birth to one year was 1.03%, the same percentage of children ages birth to one being served in Wisconsin's Part C program during the FFY 2011.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011.***Data Analysis:***

Wisconsin previously served a lower percentage of infants and toddlers ages birth to one than the national average. Initiatives increased our focus on referrals for children under age one. We anticipated an increase if infants and toddlers ages birth to one participating in our Birth to 3 Program. Analysis of trends set in Wisconsin indicates the percentage of children served birth to one in 2004 (baseline year), was an unusual spike from 0.90 percent in 2003 to 1.12 percent in 2004. By adjusting our target in the 2010 APP, Wisconsin was able to meet our target along with matching the national average target.

Findings of Noncompliance:

No findings of non-compliance were issued to counties for Indicator 5 during FFY 2010.

Verification of Correction (either timely or subsequent): NA

Enforcement Actions Taken if Noncompliance Not Corrected: NA

Ongoing Improvement Activities:

Child find discussions and documentation remain an expectation as part of the procedural safeguards discussion during annual Self-Assessment and onsite visits. Specific inquiries include how the county Birth to 3 Program assures tribal outreach, provide examples of child find brochures, articles, notices, etc. and discussion of how they communicate with and sustain relationships with primary referral sources including physicians.

Clarify Policies and Procedures:

The ICC Child Find workgroup continues to explore Wisconsin's targets for Child Find to make suggestions for improved technical assistance from the state Birth to 3 Program to the county Birth to 3 Programs. The group has been meeting throughout since FFY 2007 and is chaired by the physician who directs the DHS Division of Public Health's Children and Youth with Special Health Care Needs (CYSHCN) Program.

Data Collection and Reporting:

The PPS database technology has improved the comprehensiveness and accuracy of data collection for reporting on Indicators 5 and 6. A Child Enrollment Report allows county Birth to 3 Programs to access a list of the children in the county Birth to 3 Program at any time, including the birth dates and ages of the children. A county interested in observing the progress or slippage of child find efforts would be able to closely monitor the numbers of children under the age of one, and/or all children in the program.

Targeted Technical Assistance: NA

Improved System Administration: NA

Provision of Training and Technical Assistance: NA

Collaboration and Coordination:

Great Lakes Inter-tribal Council: The Wisconsin Birth to 3 Program continues to partner with the Great Lakes Inter-tribal Council (GLITC) to increase outreach to families who are Native American and strengthen relationships between the county Birth to 3 Program and local Tribal partners. A member of the GLITC is invited to attend onsite county Birth to 3 Program reviews when there is Tribal Nation representation within the county. Portions of the onsite review are designated to discuss partnerships between the county and the tribe, including child find and outreach.

The Birth to 3 Program at the state and county level continue their efforts in public awareness, community linkages and outreach to the medical community, Local Education Agencies, primary physicians and work with Child Protective Services (CPS) in regards to referrals to the county Birth to 3 Program.

Connections Initiative

Wisconsin Birth to 3 staff participated in a statewide initiative partnering with Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) from September 2008-August 2011. Wisconsin was one of six states selected for a three-year federal Maternal Child Health Bureau grant, as part of the Combating Autism Act Initiative. The purpose is to strengthen the state's infrastructure to improve services for children with autism spectrum disorders (ASD) and other developmental disabilities. Open Forum Technical Assistance Calls were available in conjunction with the webcast series, giving primary care providers an opportunity to receive technical assistance related to the webcast topics.

The Council on Early Childhood (ECAC) has a Screening and Assessment subcommittee. A private/public partnership representing a wide sector of agencies and providers including the Department of Health Services (DHS), Department of Public Instruction (DPI), Department of Children and Families (DCF), Head Start, Wisconsin Alliance for Infant Mental Health, and Wisconsin Chapter of the American Academy of Pediatrics (WIAAP), among others who have the primary charge of assuring Wisconsin will have better and more consistent information about young children at key developmental milestones. The subcommittee is focused on designing and implementing a comprehensive screening and assessment system to identify young children's individual needs and facilitate referrals to appropriate services.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

Monitoring Priority: Effective General Supervision Part C / Child Find

Indicator 6: Percent of infants and toddlers birth to 3 with IFSPs compared to national data. (20 U.S.C. 1416(a) (3) (B) and 1442)

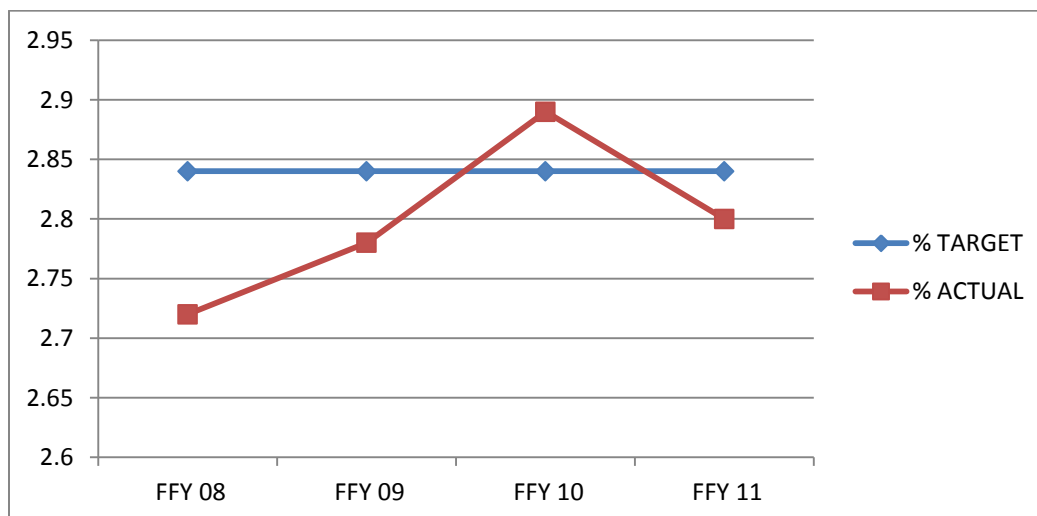
Measurement: Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100 compared to national data.

FFY	Measurable and Rigorous Target
2011	2.84%
Results	2.80%

Results of data for FFY 2011 indicated Wisconsin served 2.80 percent of infants and toddlers birth to age three with IFSPs compared to our target of 2.84%.

The following figure presents the state's baseline and target data identifying the Wisconsin baseline, target and performance of the percentage of infants and toddlers birth to age three with IFSPs from FFY 2008 to the present.

FFY 2008 through FFY 2011



Comparison of Wisconsin to National data In FFY 2011 the percent of the population of infants and toddlers birth to age three with IFSPs was 2.8 percent. The National percent of the population of infants and toddlers birth to age three with IFSPs was 2.82 percent. Wisconsin has been historically higher the national average since FFY 2009 for serving infants and toddlers birth to age three. FFY 2011 is a slight decrease in the percentage of infants and toddlers birth to age three served compared to the National percent.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Data Analysis:

Although Wisconsin did not meet their target of 2.84%, it was within .04% of the target, approximately 2 children fewer than the projected target and therefore statistically insignificant.

Findings of Noncompliance:

No findings of non-compliance were issued to counties for Indicator 6 during FFY 2010.

Verification of Correction (either timely or subsequent): NA

Enforcement Actions Taken if Noncompliance Not Corrected: NA

Ongoing Improvement Activities:

Child Find efforts in Wisconsin are well established and, as the data reveals, we are meeting our target for child find for children ages birth to 3. Please refer to Indicator 5 for information on Wisconsin's child find emphasis.

As noted in Indicator 5, the Early Childhood Council (ECAC) has a subcommittee on screening and assessment, a key component of a quality child find system. These collaborative and cross departmental efforts as noted in Indicator 5 will likely lead to a slight increase in referrals or better, more accurate and timely referrals for children, including those with and without developmental delays.

Clarify Policies and Procedures:

Improve Data Collection and Reporting: The PPS database has improved the comprehensiveness and accuracy of data collection for reporting on Indicators 5 and 6. A Child Enrollment Report allows counties to access a list of the children in the county Birth to 3 Program at any time, including the birth dates and ages of the children. A county interested in observing the progress or slippage of child find efforts are able to closely monitor the numbers of children under the age of one, and/or all children in the program.

Targeted Technical Assistance: NA

Improved Systems Administration: NA

Provision of Training and Technical Assistance: NA

Part C State Annual Performance Report (APR) for FFY 2011**Monitoring Priority: Effective General Supervision Part C / Child Find**

Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

Measurement:

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

meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

FFY	Measurable and Rigorous Target
2011	100%
Results	98.98%

Actual Target Data for FFY 2011:

Table C 7.1 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 FFY 2011
6,363	6,298	98.98%

Data Source: Wisconsin Program Participation System (PPS) 7/1/11-6/30/12

History of Wisconsin in meeting Indicator 7 requirement

2008-09	96.10%
2009-10	98.21%
2010-11	97.21%
2011-12	98.98%

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Data Analysis:

Wisconsin did not meet its target of 100 percent compliance. Progress of 1.8 percent was seen this year with 98.98 percent of children receiving an evaluation and initial IFSP within the 45-day timeline. This was calculated from 6,298 of 6,363 children for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline, or experienced exceptional family circumstances justifying the delay. There were 745 children who experienced a delay due to exceptional family circumstances. These children are included in both the numerator and denominator. In FFY 2011, 65 children had late IFSPs due to a system reason.

Wisconsin uses a web-based data system, Program Participation System (PPS), to gather the information reported for Indicator 7. County Birth to 3 Programs have unlimited access to the PPS system to enter data on a regular basis. DHS uses a data mart of reports developed from the data entered into PPS to determine the percent compliance for each Indicator which only includes infants and toddlers under the age of three with IFSPs. The entire FFY 2011 data is reported in this APR, therefore reflecting the activities for the full reporting period.

Findings of Non-Compliance:

Correction of FFY 2011 Findings of Non-Compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	20
2. Number of FFY 2011 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	20
3. Number of FFY 2011 findings of non-compliance not verified as corrected within one year [(1) minus (2)]	0

Correction of FFY 2010 Findings of Non-Compliance Not Timely Corrected (corrected more than one year from identification of the non-compliance):

4. Number of FFY 2010 findings of non-compliance not timely corrected	3
5. Number of FFY 2010 findings of non-compliance the State has verified as corrected beyond the one-year timeline ("subsequent correction")	3
6. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	0

Verification of Correction (either timely or subsequent):

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process including a review of updated system level data and correction of each individual case of non-compliance. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent data. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Non-compliance Not Corrected: In 2011, monitoring of the largest county in Wisconsin continued in an effort to achieve 100 percent compliance. The largest county Birth to 3 Program in Wisconsin continued targeted technical assistant meetings with RESource staff. RESource staff met with each of the nine agencies in the county providing Birth to 3 Program services. Each agency reviewed their data and the data for the county and identifying gaps and non-compliances. Individual agency PIPPs are updated as necessary. RESource staff and the county Birth to 3 Program coordinator jointly address issues across agencies providing the Birth to 3 Program services

Ongoing Improvement Activities:**Clarify Policies and Procedures:**

The state has provided clarification to county Birth to 3 Programs on what is the referral date with the new Part C Regulations. County Birth to 3 Programs now have an improved reporting out of the accurate referral date usage.

Improved Data Collection and Reporting: The state continues to use the data mart reports to monitor County Birth to 3 Programs compliance. County Birth to 3 Programs are using more opportunities to self-monitor their compliance of Indicator 7.

Targeted Technical Assistance: NA

Improved System Administration:

Indicator compliance continued to be a strong focus for the Wisconsin Birth to 3 Program. Assuring consistency in how Indicator compliance is met continued to be a focus for the 2011-2012 year. Regular meetings occur between the DHS Birth to 3 Program staff and the county Birth to 3 Program staff, to discuss issues related to Indicator compliance and how to address them consistently across the state.

Provision of Training and Technical Assistance:

Training efforts continued for assisting county Birth to 3 Programs in the best use of available professionals. For new staff, there were two “Orientation to Best Practices in Birth to 3” events in FFY 2011. Emphasis is placed on orienting new staff to the federal and state requirements and to understanding family centered services and best practices. Early intervention professionals from around the state attended the “Orientation to Best Practices” sessions and reported increased understanding of federal and state requirements, including timelines for

completing IFSPs and the purpose of Wisconsin's Birth to 3 Program in supporting families to enhance their child's development.

Collaboration and Coordination: NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Indicator 8: Percent of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the SEA and the LEA where the toddler resides at least 90 days prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services; and
- C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services.

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

Measurement:

- A. Percent = $\left[\frac{\text{(\# of children exiting Part C who have an IFSP with transition steps and services)}}{\text{(\# of children exiting Part C)}} \right] \text{ times } 100.$
- B. Percent = $\left[\frac{\text{(\# of children exiting Part C and potentially eligible for Part B where notification to the LEA occurred)}}{\text{(\# of children exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$
- C. Percent = $\left[\frac{\text{(\# of children exiting Part C and potentially eligible for Part B where the transition conference occurred)}}{\text{(\# of children exiting Part C who were potentially eligible for Part B)}} \right] \text{ times } 100.$

Account for untimely transition conferences, including reasons for delays.

FFY	Measurable and Rigorous Target
2011	100%

Actual Target Data for FFY 2011:**Indicator 8A: Percent of children exiting Part C who have an IFSP with Transition Steps and Services:**

Children expected, by age, to have an IFSP with Transition Steps	Children with an IFSP With Transition Steps	Percentage
4003	3985	99.55%

Data Source: Wisconsin Program Participation System (PPS) for 7/1/11-6/30/12

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

Potentially Eligible for Part B	LEA Notification	Percentage
3683	3683	100%

Data Source: Wisconsin Program Participation System (PPS) for 7/1/11-6/30/12

Indicator 8C: Percent of children exiting Part C and potentially eligible for Part B where the transition conference occurred:

Potentially Eligible for Part B	Families who provided approval	Children with TPC	Percentage
3683	3404	3359	98.68%

Data Source: Wisconsin Program Participation System (PPS) for 7/1/11-6/30/12

Table C 8.4: Children with Transition Planning Conferences Held >90 Days Prior to the Child's 3rd Birthday

Children with TPC	TPC was held >90 days prior to child's 3rd birthday	TPC held < 90 days
3404	3250	154
	95.48%	4.52%

Data Source: Wisconsin Program Participation System for 7/1/11-6/30/12

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that Occurred for FFY 2011:***Data Analysis:***

DHS and DPI are committed to a joint effort to improve the transition of children between Part C and Part B 619. These efforts include activities of state infrastructure and policy initiatives and support and professional development at the local program level. The web-based data system, PPS is used by the Wisconsin Birth to 3 Programs to send referrals to the local educational agency (LEA). PPS sends the referral to both the local and state educational agencies, as required by the new Part C Regulations.

Wisconsin uses PPS to gather the information reported for Indicator 8. County Birth to 3 Programs in Wisconsin have unlimited access to the PPS system to enter data on a regular

basis. DHS uses a data mart of reports developed from the data entered into PPS to determine the percent compliance for each Indicator. The data in the reports include infants and toddlers under the age of three with IFSPs. The entire FFY 2011 data are reported in this APR, therefore reflecting the activities for the full reporting period. Wisconsin has chosen to include in our calculations, in both the numerator and the denominator, the number of children for whom the delay of a TPC occurred due to exceptional family circumstances.

Wisconsin demonstrated progress toward the target of 100 percent for all three of the transition indicators. Transition steps documented in the IFSP have increased by .32 percent to 99.55 percent compliance. LEA Notifications have increased by almost 2 percent to meet our target of 100 percent compliance. Transition Planning Conferences (TPC) occurring have increased by .51 percent to 98.68 percent compliance. The outcome of the improvement strategies implemented during FFY2011 is moving compliance closer to 100 percent for Indicators 8A and 8C and meeting the target of 100 percent compliance for Indicator 8B.

In FFY 2011, 72 families chose to Opt Out of the LEA Notification process. These children were not included in the numerator or denominator for Indicators 8B and 8C. In FFY 2011, of the 3,683 children potentially eligible for Part B, 279 families did not provide approval for a TPC and were not included in the calculations. Of the children who received a TPC, 701 children who experienced some delay due to exceptional family circumstance are included in both the numerator and denominator. One hundred nine TPCs were late due to system reasons. System reasons for a late or no TPC include the Birth to 3 Program being unable to coordinate the TPC with the LEA or not starting the transition process in a timely manner to meet the timelines. Eighteen children did not have transition steps documented on their IFSPs. During FFY 2011, all children determined “potentially eligible for services through the LEA” were referred to the LEA.

In FFY 2011, sixty-eight (68) children were referred to the Birth to 3 Program less than 90 days before their third birthday which resulted in a delay in the TPC being held. Since this TPC Exception Reason is considered a compliant reason, these children were also included in both the numerator and denominator.

Findings of Non-Compliance:

Correction of FFY 2010 findings of non-compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2010 (the period from July 1, 2010, through June 30, 2011)	49
2. Number of FFY 2010 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	44
3. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	5

**Correction of FFY 2010 findings of non-compliance not timely corrected
(corrected more than one year from identification of the non-compliance):**

4. Number of FFY 2010 findings of non-compliance not timely corrected (same as the number from (3) above)	5
5. Number of FFY 2010 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	2
6. Number of FFY 2010 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	3

Indicator 8A: During the FFY 2010, ten counties were issued findings of non-compliance, with eight of these findings of non-compliance corrected within one year. One of the findings of non-compliance has since been corrected; the correction of one finding of non-compliance has not been verified.

Indicator 8B: During the FFY 2010, nineteen counties were issued findings of non-compliance with eighteen of these findings of non-compliance corrected within one year. Correction of one finding of non-compliance has not been verified.

Indicator 8C: During the FFY 2010, twenty counties were issued findings of non-compliance, with eighteen of these findings of non-compliance corrected within one year. One finding of non-compliance has since been corrected; correction of one finding of non-compliance has not been verified. The largest County Birth to 3 Program in Wisconsin is demonstrating progress (see chart in section, *Wisconsin’s Largest County*, below) but has not yet completed the finding of non-compliance for Indicator 8C.

Verification of Correction (either timely or subsequent):

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process includes a review of updated system level data and correction of each individual case of non-compliance. Since Indicator 8 relates to children no longer in the Birth to 3 Program, child level correction is not verified. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent data. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Non-compliance Not Corrected:

For FFY 2011, three Indicator 8 findings of non-compliance were not completed within one year. The three counties with outstanding findings of non-compliance have developed a CAP to assure correction within the next year.

In 2011, the DHS Birth to 3 Program continued monitoring of the largest County Birth to 3 Program in Wisconsin for 100 percent compliance for Indicator 8. County administrative staff reviewed compliance data, results data, and fiscal data to analyze performance of all nine contracted providers and made adjustments to contracts based upon provider outcomes. The county Birth to 3 Program instituted data monitoring meetings and file reviews which included the county and REsource staff. Staff meet with each Birth to 3 Program contracted provider agency in the county to review their data, identifying gaps and non-compliances, and update individualized agency Program In Partnership Plans (PIPPs). The Indicator 8 PPS report review was part of these meetings which including educating the agency staff on how to read the report and identify compliance percentages. REsource staff and the County Birth to 3 Program coordinator reviewed the steps the agencies were doing to meet the transition indicators. File reviews gave insight in regards to individual agency practice to support 100 percent compliance of transition indicators. The meeting also included brainstorming solutions on how to address issues across agencies providing the Birth to 3 Program services. The root cause analysis revealed multiple trends in data and performance informing both the county and providers about challenges in performance and practice. This resulted in demonstrated improvement in compliance and performance. The largest County Birth to 3 Program in Wisconsin updated their CAP to address specific issues and implement strategies to directly address areas of concern.

Correction of FFY 2009 Findings of Non-Compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2009 (the period from July 1, 2009, through June 30, 2010)	95
2. Number of FFY 2009 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	86
3. Number of FFY 2009 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	9

Correction of FFY 2009 Findings of Non-Compliance Not Timely Corrected (corrected more than one year from identification of the non-compliance):

4. Number of FFY 2009 findings of non-compliance not timely corrected (same as the number from (3) above)	9
5. Number of FFY 2009 findings of non-compliance the State has verified as corrected beyond the one-year timeline ("subsequent correction")	5
6. Number of FFY 2009 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	4

**Correction of FFY 2009 Findings of Non-Compliance Not Timely Corrected
(corrected more than two years from identification of the non-compliance):**

7. Number of FFY 2009 findings of non-compliance not timely corrected (same as the number from (6) above)	4
8. Number of FFY 2009 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	3
9. Number of FFY 2009 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	1

Indicator 8A: During the FFY 2009 twenty-four counties were issued findings of non-compliance, with twenty-two of these findings of non-compliance corrected within one year. One of the findings of non-compliance had been corrected after more than one year; the other two findings of non-compliance were corrected after more than two years from date of issuance.

Indicator 8B: During the FFY 2009, thirty-nine counties were issued findings of non-compliance with thirty-five of these findings of non-compliance corrected within one year. Two of the findings of non-compliance have since been corrected after more than one year; correction of the other finding of non-compliance was corrected by the largest County Birth to 3 Program in Wisconsin after more than two years from date of issuance.

Indicator 8C: During the FFY 2009 thirty-one county Birth to 3 Programs were issued findings of non-compliance, with twenty-nine of these findings of non-compliance corrected within one year. Two findings of non-compliance have since been corrected after more than one year from date of issuance; correction of one finding of non-compliance has not been verified. The largest county Birth to 3 Program in Wisconsin demonstrated progress (see chart in section, *Wisconsin’s largest county*, below) but has not yet completed the finding of non-compliance for Indicator 8C.

Verification of Correction (either timely or subsequent):

Same verification of correction for each indicator 8a,8b,8c indicated above.

Enforcement Actions Taken if Non-compliance Not Corrected:

Same enforcement actions for each indicator 8a,8b,8c as indicated above.

Correction of FFY 2008 Findings of Non-Compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2008 (the period from July 1, 2008, through June 30, 2009)	62
2. Number of FFY 2008 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	59
3. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	3

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than one year from identification of the non-compliance):**

4. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (3) above)	3
5. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	3

Indicator 8A: During the FFY 2008, twenty-one (21) County Birth to 3 Programs were issued a finding of non-compliance for Indicator 8A; twenty (20) were completed within one year. The remaining finding of non-compliance has been corrected after more than four years from date of issuance.

Indicator 8B: During the FFY 2008, twenty (20) County Birth to 3 Programs were issued findings of non-compliance for Indicator 8B; nineteen (19) were completed within one year. The remaining finding of non-compliance has been corrected after more than three years from date of issuance.

Indicator 8C: During the FFY 2008, twenty-one (21) County Birth to 3 Programs received findings of non-compliance; twenty (20) were completed within one year. The remaining finding of non-compliance has not been corrected. The largest County Birth to 3 Program in Wisconsin demonstrated progress (see chart in section, *Wisconsin’s Largest County*, below). Wisconsin’s largest County Birth to 3 Program has a CAP in place and has demonstrated progress but has not yet completed the Finding of Non-Compliance for Indicator 8C.

Verification of Correction (either timely or subsequent):

Same verification of correction for each indicator 8a,8b,8c as indicated above.

Enforcement Actions Taken if Non-compliance Not Corrected:

Same enforcement actions for each indicator 8a,8b,8c as indicated above.

Correction of FFY 2007 Findings of Non-Compliance (if State reported less than 100% compliance):

1. Number of findings of non-compliance the State made during FFY 2007 (the period from July 1, 2007, through June 30, 2008)	10
2. Number of FFY 2007 findings of non-compliance the State verified as timely corrected (corrected within one year from the date of notification to the EIS program of the finding)	9
3. Number of FFY 2007 findings of non-compliance <u>not</u> verified as corrected within one year [(1) minus (2)]	1

**Correction of FFY 2007 Findings of Non-Compliance Not Timely Corrected
(corrected more than one year from identification of the non-compliance):**

4. Number of FFY 2007 findings of non-compliance not timely corrected (same as the number from (3) above)	1
5. Number of FFY 2007 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
6. Number of FFY 2007 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	1

**Correction of FFY 2007 Findings of Non-Compliance Not Timely Corrected
(corrected more than two years from identification of the non-compliance):**

7. Number of FFY 2007 findings of non-compliance not timely corrected (same as the number from (3) above)	1
8. Number of FFY 2007 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
9. Number of FFY 2007 findings of non-compliance <u>not</u> verified as corrected [(4) minus (5)]	1

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than three years from identification of the non-compliance):**

10. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (9) above)	1
11. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
12. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	1

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than four years from identification of the non-compliance):**

1. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (12) above)	1
2. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
3. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	0

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than two years from identification of the non-compliance):**

1. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (6) above)	3
2. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	0
3. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	3

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than three years from identification of the non-compliance):**

4. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (9) above)	3
5. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
6. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	2

**Correction of FFY 2008 Findings of Non-Compliance Not Timely Corrected
(corrected more than four years from identification of the non-compliance):**

7. Number of FFY 2008 findings of non-compliance not timely corrected (same as the number from (12) above)	2
8. Number of FFY 2008 findings of non-compliance the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	1
9. Number of FFY 2008 findings of non-compliance <u>not</u> verified as corrected [(7) minus (8)]	1

Indicator 8A: During the FFY 2007, two County Birth to 3 Programs were issued a finding of non-compliance, both of which were corrected within one year.

Indicator 8B: During the FFY 2007, two programs were issued findings of non-compliance, one of which was corrected within the twelve month timeline. The other finding of non-compliance has been corrected after more than four years from date of issuance.

Indicator 8C: During the FFY 2007 program monitoring process, six counties received findings of non-compliance around Indicator 8C, all of which were corrected within one year.

Verification of Correction (either timely or subsequent):

Same verification process as described above for Indicator 8a,8b,8c as indicated above.

Wisconsin's Largest County Birth to 3 Program:

Overall Wisconsin's largest county Birth to 3 Program has been challenged to demonstrate sustained compliance of 100 percent for two consecutive months. Of interest, Wisconsin's largest county has demonstrated significant improvement over the past five years, as evidenced in the table below. They have increased their compliance for all three transition indicators to over 95 percent compliance, reaching the target of 100 percent compliance for Indicator 8B.

Indicator	8A	8B	8C
7/1/11-6/30/12	99.00%	100%	98.44%
7/1/10-6/30/11	99.16%	97.20%	96.58%
7/1/09-6/30/10	98.00%	91.92%	88.00%
7/1/08-6/30/09	94.00%	90.89%	94.00%
7/1/07-6/30/08	84.47%	88.53%	89.54%

WI Largest County Analysis of Data

Clarify Policies and Procedures:

The Interagency Agreement Workgroup, with members from DHS and DPI continued preparation of a revised state interagency agreement describing the responsibilities of each department specific to implementing IDEA 2004, Part C Regulations and state policy. The transition of children between the Birth to 3 Program and LEAs including LEA notification and transition planning conferences are major components of the revised agreement. The intent is to utilize the state level collaborative efforts as a model for local early intervention and early childhood special education programs to develop local agreements and similar documents supporting their work together.

Improved Data Collection and Reporting:

Wisconsin updated the PPS data system to meet the data reporting requirements for Indicator 8. PPS is able to directly send notification to the LEA (referrals) with limited child contact information to the LEA. PPS allows the LEA to access referrals on a child through PPS. The LEA receives an e-mail alerting the LEA to the referral in PPS. When the parent grants consent for the sharing of additional information, the PPS allows the LEA access to the child's outcomes ratings at exit, and allows the LEA to view the IFSP dates and Birth to 3 Program services the child has received. As the LEA moves through the eligibility determination process, they enter information regarding eligibility status and date of IEP implementation for children determined to be eligible.

Targeted Technical Assistance:

DHS accessed technical assistance through a variety of national and federal forums to address the understanding of the Part C Indicator 8 requirements. The North Central Regional Resource Center (NCRRC) and the National Early Childhood Technical Assistance Center (NECTAC) have been helpful. These TA opportunities were utilized to modify the Wisconsin PPS, federal Indicator 8 reports, and procedures around transition.

Improved Systems Administration:

Data is monitored regularly to determine if the correct transition process is being followed and children have IEPs implemented by their third birthday. Interagency agreement revisions and ongoing data monitoring are encouraged at the county level to ensure consistent progress in correction of findings of non-compliance and ongoing monitoring of this indicator.

Wisconsin's general supervision and monitoring system incorporate tools to support the monitoring of findings of non-compliance. This system is being analyzed to assure that monitoring and correction of findings of non-compliance are ongoing and a central focus of improvement for county Birth to 3 Programs no later than one year from the identification of the non-compliance.

The general supervision system and the SPP guides the development of focused the monitoring Corrective Action Plan (CAP) including individualized technical assistance for county Birth to 3 Programs with findings of non-compliance exceeding the one year period. The CAP is designed to address systemic non-compliance as well as be responsive to the circumstances contributing to ongoing need for correction.

Provision of Training and Technical Assistance:

The transition team including members from DHS and DPI continued to work 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. DHS staff provided training to the county Birth to 3 Programs on the Opt Out policy, DPI also provided a webinar training to LEAs on Opt Out.

County Birth to 3 Programs participated in DHS hosted teleconferences and face-to-face trainings to clarify the transition expectations based upon the revised Part C Regulations. In FFY 2011 four training sessions were held with transition as the focus.

During FFY 2011, county Birth to 3 Programs met in smaller collaborative groups across the state to explore and create transition agreements with community partners. The RESource staff provided over 400 ongoing support and TA contacts on each Indicator 8a,8b,8c to County Birth to 3 Programs as they learned about and altered practices related to the Opt Out policy and the new requirements from the Part C Regulations.

Ongoing technical assistance is provided to the largest county Birth to 3 Program continuing to have findings of non-compliance not yet corrected. The assigned DHS state lead for the county Birth to 3 Program provided regular contact. The RESource staff also provided support to the county in monitoring and improving the Indicator data.

Collaboration and Coordination:

The transition team consisting DPI and DHS staff continued to meet to review and summarize plans as well as develop a coordinated approach to improvement activities. Data was shared

during meetings to analyze areas for improvement or systemic issues to be addressed. In FFY 2011 local Interagency Agreements were routinely updated between county Birth to 3 Programs and the LEAs to evaluate their progress and compliance on the transition indicators.

Part B Districts and their local Birth to 3 Programs are required to work collaboratively to improve the transition process. Actions include the following:

- Reviewing, revising, and committing to follow interagency agreements on a yearly basis.
- Improving referral processes, through the PPS referral process.
- Working to support parents in making decisions about referral by emphasizing the importance of coordination of transition planning, opt out, LEA Notification requirements and coordination of materials to inform and support parents and program staff in collaboration.
- Examining and implementing child find activities to enhance the connection of Part B Districts and local Birth to 3 programs for the purpose of early and appropriate identification.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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. # of findings of noncompliance.
- b. # 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
2011	100%
Results	89.01%

In FFY 2011, 91 findings of non-compliance issued in FFY 2010 were due for correction. Of the 91 findings of non-compliance, 81 were corrected in FFY 2011 and within one year of issuance; an additional four (4) findings of non-compliance were corrected after one year of issuance. Four counties were not able to verify a total of six (6) findings of non-compliance due in FFY 2011.

Indicator 9 Table C-9, refer to Appendix A Pages 71-73.

Table C-9 Findings of Non-Compliance and Percentage of Correction in 12 Months

Data Source: PPS data, Onsite Review Records, and outcomes of Findings of Non-Compliance verification reviews.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage:**Data Analysis:**

Wisconsin Birth to 3 Program experienced slippage of 1.77 percent for Indicator 9 in FFY 2011 in both rural and urban counties which is attributed to a variety of causes. Economic and staffing challenges referenced by counties in both urban and rural communities as factors that impacted their ability to correct findings of non-compliance in a timely manner included: staff turnover,

high percentage of families in poverty, high caseload size, increased participation of non-English speaking families, limited budgets, increased documentation requirements, and large gains in compliance but difficulty sustaining 100 percent compliance for two consecutive months to initiate the correction process.

The Wisconsin Birth to 3 Program worked closely with county Birth to 3 Programs and RESource staff to emphasize the importance of correction of findings of non-compliance in a timely manner and implementation of the process detailed. In FFY 2011, the DHS Birth to 3 Program discussed strategies for improvement and correction through Birth to 3 Program Regional Meetings, Adobe Connect trainings, and individual consultations with county Birth to 3 Programs. Enforcement actions have been taken with each county who did not correct one or more findings of non-compliance in the required timeframe, including ongoing targeted technical assistance, requirement for monthly data analysis to monitor progress towards 100 percent compliance, focused monitoring, and contract evaluation.

In FFY 2011, the state's largest county made progress in verifying correction of long-standing findings of non-compliance for Indicators 7, 8A, and 8B. This county Birth to 3 Program shared provider-specific data on a monthly basis with its nine contracted providers to monitor compliance and performance with each individual provider. Their root cause analysis revealed multiple trends in data and performance informing both the county and providers about challenges in performance and practice. As a result, the county was able to identify and correct practices directly contributing to improvement in compliance and performance. County administrative staff reviewed compliance data, results data, and fiscal data to analyze performance of all contract providers and made adjustments to contracts based upon provider outcomes. This county also issued PIPPs for each provider agency identifying possible gaps in practice, areas for improvement and support, and compliance percentages. This county regularly consulted with its RESource staff to discuss provider agency performance and potential options for addressing areas of concern.

DHS expects counties to demonstrate increased and continued success in future years to correct findings of non-compliance with further implementation of the items described in the *Ongoing Improvement Activities* section. Detail regarding the status of findings of non-compliance issued in prior fiscal years for specific indicators is included in the *Findings of Non-Compliance* Section of the corresponding indicator.

Findings of Noncompliance:

Verification of Correction (either timely or subsequent):

The verification process for correction of Findings of Non-Compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process including a review of updated system level data and correction of each individual case of non-compliance. All Findings of Non-Compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent data. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Non-Compliance Not Corrected:

Counties who are unable to correct one or more non-compliance within 12 months are issued a Corrective Action Plan (CAP) and provided targeted technical assistance along with focused monitoring, which could include additional onsite visits or data monitoring.

In FFY 2011, four counties were not able to successfully verify correction of six findings of non-compliance. All county Birth to 3 Programs who did not successfully correct findings of non-compliance within 12 months developed CAPs with strategies to correct the findings and received additional in-depth technical assistance from their DHS Birth to 3 state lead and RESource facilitator.

Ongoing Improvement Activities:**Clarify Policies and Procedures:**

The DHS Wisconsin Birth to 3 Program issues findings of non-compliance during three primary occasions in a fiscal year: at onsite reviews, during the annual data review, and if a dispute resolution situation occurs. In addition, findings of non-compliance are reviewed during Self-Assessment calls, onsite visits, during the development of county Birth to 3 Program PIPPs with RESource staff, and if a concern is identified during the year.

The DHS Birth to 3 Program continued implementation of revised procedures and processes for monitoring findings of non-compliance and adherence with the verification process for correcting findings of non-compliance with county Birth to 3 Programs which was outlined in the FFY 2010 APR.

Efforts in FFY 11 focused on increasing RESource facilitator and county Birth to 3 Program knowledge of the statewide process, procedures, and required documentation for correction of findings of non-compliance. Training, education, and follow-up with staff resulted in consistent implementation of the requirements established in the OSEP 09-02 memo.

The Wisconsin Birth to 3 Program continued use of monthly data and error reports from the Data Mart identifying individual county Birth to 3 Program performance and error cases that led to a county Birth to 3 Program not achieving 100 percent compliance. In addition, Wisconsin increased communication with RESource staff about ongoing findings of non-compliance to facilitate the provision of additional outreach and technical assistance at the local level for those county Birth to 3 Programs who may experience challenges successfully verifying correction of findings of non-compliance within one year.

Improved Data Collection and Reporting:

The Wisconsin Birth to 3 Program continued to use 'Federal Indicator Reports' in FFY 2011 using the Data Mart access to PPS data. The report calculates and provide details regarding county Birth to 3 Program compliance percentages, noncompliance percentages, and errors reports contributing to a county's overall performance. Reports from the Data Mart were used for issuance of findings of non-compliance to county Birth to 3 Programs and to determine final data for the FFY 2011 APR.

In addition to program monitoring through the Self-Assessment and the onsite visit monitoring process, DHS monitored programs through targeted data analysis and data verification. In FFY 2011, DHS initiated roll-out of the Data Mart at the county level, which allows for greater data analysis and accessibility to local program data. The Data Mart system provides a mechanism for local programs to run or develop standardized reports examining the federal indicator performance in individual counties. It also has the capacity for the development of ad-hoc or on-demand reports to access any data element entered into PPS. These reports provide more specific detail than reports currently available to counties through PPS. Initial training began in June 2012 and continued into the summer and fall of 2012. After statewide trainings were provided, DHS Birth to 3 Program State Leads and RESource staff assisted counties with individualized technical assistance to help staff learn the functions of the Data Mart.

Targeted Technical Assistance:

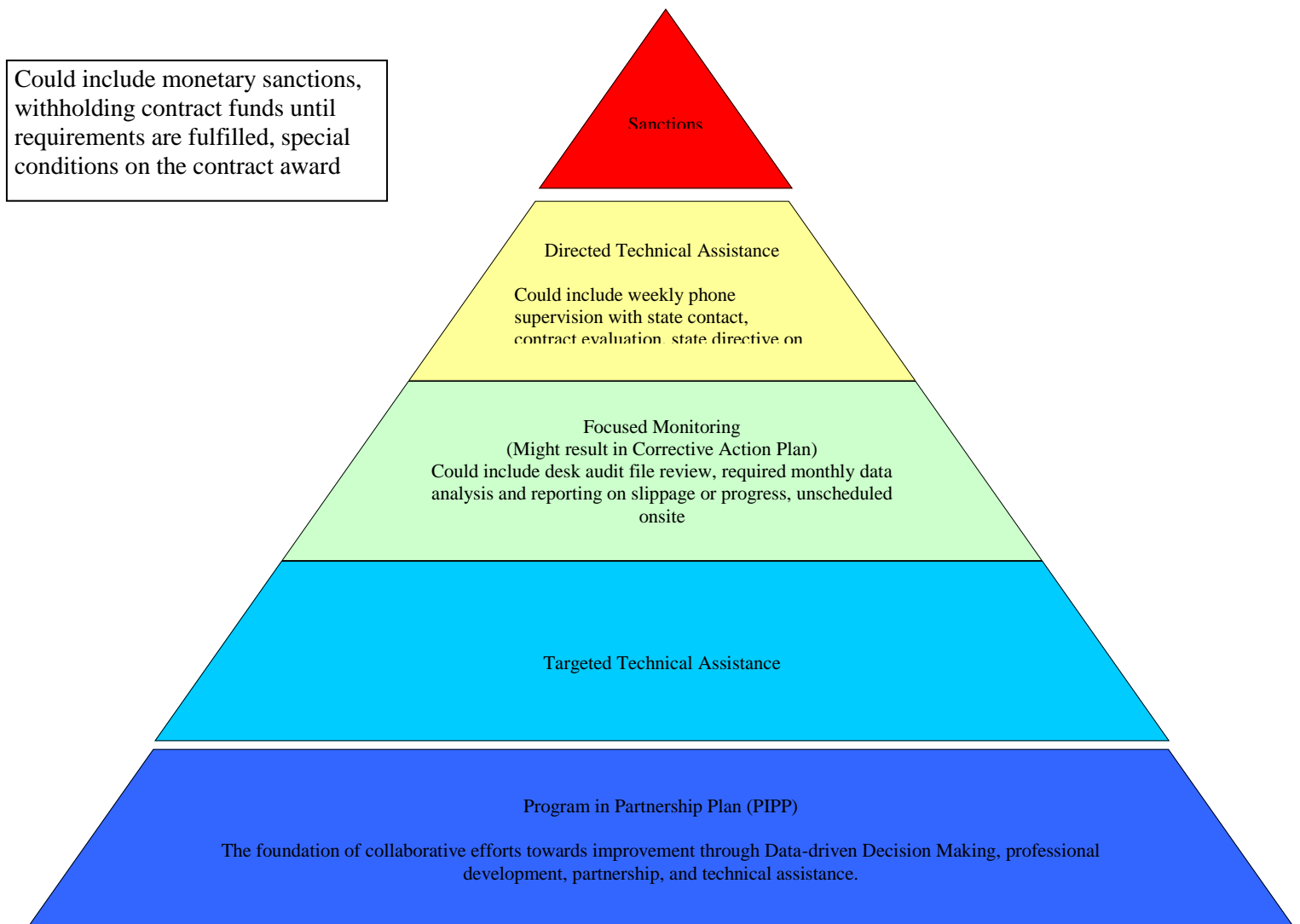
As outlined in the letter from OSEP dated June 27, 2012, Wisconsin was required to access technical assistance and report on the actions taken as a result of that assistance. The Wisconsin Birth to 3 State Team consulted with Larry Ringer and Barbara Thomas at the OSEP Leadership conference in July 2012 to review the requirements of the OSEP 09-02 correction process. After this consultation, state staff reviewed Wisconsin's policies and processes for verifying corrections of findings of non-compliance to assure state procedures were not lacking in documentation requirements or were not overly burdensome for county Birth to 3 Programs. The procedures developed by Wisconsin Birth to 3 Program, and described in the FFY 2010 APR, matched the OSEP 09-02 requirements and processes discussed with OSEP staff, so no changes were necessary.

Improved System Administration:

When an early intervention program shows noncompliance with federal requirements over a period of time, such as when findings of non-compliance are not corrected within one year, further enforcement activities or sanctions as shown below could be implemented. This process continues the enforcement and sanction process developed in partnership with the ICC in 2007.

The Enforcement Pyramid illustrated in Figure C9.1 represents Wisconsin's sequenced enforcement activities, with emphasis placed on the collaborative partnership foundation and technical assistance preceding more targeted TA or focused monitoring activities. Directed technical assistance and sanctions are reserved for the most severe evidence of systemic non-compliance over an extended period of time.

Figure C9.1 Enforcement Pyramid



Enforcement of this model is consistent with CFR §303.704, using appropriate enforcement mechanisms, which must include, if applicable, the enforcement mechanisms identified in §303.704(a)(1) (technical assistance) and (a)(2) (conditions on the lead agency's funding of EIS programs), (b)(2)(i) (corrective action or improvement plan) and (b)(2)(iv) (withholding of funds, in whole or in part by the lead agency), and (c)(2) (withholding of funds, in whole or in part by the lead agency).

When data reports indicate slippage or areas of concern with program compliance, the state Birth to 3 Program implements focused monitoring of a county Birth to 3 Program. This could result in an unscheduled focused monitoring visit or desk audit during the year, outside of the typical four year cycle. Reports developed using the Data Mart are used to track county Birth to 3 Program progress towards two consecutive months of 100 percent compliance in order to demonstrate timely correction when a finding of non-compliance has been issued; the requirement for county Birth to 3 Programs to have accurate data entered in PPS on a monthly basis is critical to accuracy of these reports.

Reports from the Data Mart also showed trends with statewide compliance issues. When broad non-compliance issues surface, focused monitoring for findings of non-compliance related to a specific indicator may be instituted until broad-based corrections with the county Birth to 3 Programs is achieved. This could include tracking of progress or slippage utilizing PPS data and Data Mart reports for each county, implementation of targeted technical assistance, trainings targeted at a specific topic, or partnership with outside programs that may be impacted or involved with the indicator performance, such as Indicator 8. Throughout FFY 2011, DHS Birth to 3 Program and RESource staff assisted county programs in analyzing the data and determining if counties were maintaining compliance or achieving required benchmarks. DHS issued findings of non-compliance as indicated through the annual data review, onsite visits, and/or dispute resolution process.

A more stringent and formalized individual CAP is developed for each Indicator where systemic non-compliance lasting more than 12 months was identified. These counties must report monthly to the DHS Birth to 3 program team and RESource facilitator until the finding of non-compliance is resolved. The requirement for a CAP is communicated by the Birth to 3 State Lead, completed by the county with RESource assistance, if appropriate, and formally approved by DHS. CAPs are expected to be completed in the manner and timeframe indicated on the signed CAP.

In FFY 2011, the state Birth to 3 team continued efforts with RESource staff to increase outreach and monitoring with county Birth to 3 Programs that have ongoing findings of non-compliance. A tracking chart with dates findings of non-compliances were issued and corrected, or remain uncorrected, was distributed to RESource and reviewed at All-Team meetings, regular calls with RESource staff, and other times throughout the year for follow-up with county Birth to 3 Programs.

The DHS Birth to 3 Program rearranged county assignments in FFY 2010 to align with a regional distribution. This has focused communication and regular check-in meetings with state and regional RESource staff about issues related to county Birth to 3 Programs in a specific region; these check-in meetings addressed a variety of issues related to county Birth to 3 Programs in a specific region, including tracking of any ongoing findings of non-compliance.

Newsletters from the Part C Coordinator to county Birth to 3 Programs communicated Wisconsin's statewide status of needs assistance and the need for county Birth to 3 Programs to focus on timely and accurate data reporting. Part C Coordinator communications were continued throughout FFY 2011 even after the resignation of the Part C Coordinator in December 2011. These communications provide county Birth to 3 Programs with information critical to successful coordination of their programs, such as changes to PPS, training announcements, deadlines for correction of annual findings of non-compliance, and other helpful resources.

Provision of Training and Technical Assistance:

The state team continued to sponsor topic discussion and data discussion teleconferences and webinars, providing county Birth to 3 Programs with information about the data collection and entry requirements to ensure accuracy and consistency in the data entered into PPS. The schedule of training topics, including Regional Meeting topics, is contained within section titled *Provision of Training and Technical Assistance* in Indicator 14. Birth to 3 Program trainings will be modified beginning in 2013 to discontinue topic trainings and focus training time on data, policy, and implementation of revised Part C requirements.

Collaboration and Coordination:

DHS and the Part B 619 staff from the Department of Public Instruction have implemented joint improvement activities, including a shared data system and collaborative training and technical assistance, to address compliance issues related to preschool transition and Child Outcomes. These efforts include activities which range from state infrastructure and policy initiatives, to support and professional development at the local level. Collaboration was critical to programs successfully verifying findings of non-compliance for indicators that require partnership among Birth to 3 and Part B 619 programs.

Program Development:

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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
2011	NA

Actual Target Data for FFY 2011 (2011-2012): NA

The DHS Wisconsin Birth to 3 Program uses Part C requirements and does not use Part B due process procedures. DHS encourages county Birth to 3 Programs to attempt to resolve disputes with parents at the local level. The local procedures cannot take the place of state level due process early intervention procedures available to families.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Data Analysis: NA

Findings of Non-Compliance: NA

Verification of Correction (either timely or subsequent): NA

Enforcement Actions Taken if Non-compliance Not Corrected: NA

Ongoing Improvement Activities: NA

Clarify Policies and Procedures: NA

Improved Data Collection and Reporting: NA

Targeted Technical Assistance: NA

Improved Systems Administration: NA

Provision of Training and Technical Assistance: NA

Collaboration and Coordination: NA

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011

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
2011	100%
Results	NA

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:**Data Analysis:**

No mediations were requested in FFY 2011.

Findings of Non-Compliance: NA**Verification of Correction (either timely or subsequent):** NA**Enforcement Actions Taken if Non-compliance Not Corrected:** NA***Ongoing Improvement Activities:*****Clarify Policies and Procedures:**

County Birth to 3 Programs continued to address the priority of procedural safeguards for families and share information with families regarding procedures for resolving disputes through the processes of mediation, hearings or complaints. Current strategies to assist counties with this process included reviewing current county policies and practices regarding the distribution of information about rights to families through the Self-Assessment and onsite visit processes. Wisconsin Birth to 3 Program instituted the written prior notice requirements in May 2010 which ensured parents understand the decisions made regarding services for their child and participate in decision making as partners.

Improved Data Collection and Reporting: NA**Targeted Technical Assistance:** NA

Improved Systems Administration: NA**Provision of Training and Technical Assistance:**

There were four outreach activities during the FFY 2011 to promote the mediation process for families and County Birth to 3 Programs. The state contracted mediation agency, Burns Medication services, LLC presented information on the Birth to 3 mediation process to Wisconsin Parent Information Center (WI FACETS), to a Latino non-profit designed to support families of children with special needs, to the new LEA directors in Wisconsin and to a national audience at a CADRE conference.

Collaboration and Coordination:

In FFY 2011, DHS continued to contract with the mediation service, Burns Mediation Services, LLC. Burns Medication Services LLC offers a neutral party for parents to contact with any potential request for mediation.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Part C State Annual Performance Report (APR) for FFY 2011**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 and settings and November 1 for exiting, personnel, dispute resolution); and
- b. Accurate, including covering the correct year and following the correct measurement.

States are required to use the “Indicator 14 Data Rubric” for reporting data for this indicator

FFY	Measurable and Rigorous Target
2011	100%
Results	100%

The Part C Indicator 14 Data Rubric, (refer to Appendix B pages 74-76) was utilized to determine compliance, including: the valid and reliable data reported for each indicator, complete data submitted for Table 1, 2, 3 and 4 to WESTAT, and passing edit checks; responses to data notes were not required for the data submitted to WESTAT in the current fiscal year.

This percent performance reflects the following activities: Wisconsin’s submission of the completed FFY 2011 APR on time with all Indicator data reported; submission of four 618 reports of which all were submitted timely. In addition, all four 618 reports passed edit checks and contained complete data. Three reports did not need Data Note requests or explanations; a Data Note was required for the 618 Settings data contained complete data and was submitted on time. Additional detail regarding the 618 Settings data is explained below.

The data reported for Indicator 2: Natural Environments in this APR does not match the Table 618 data reported in February 2012 related to data included in the 618 setting report. The Wisconsin Birth to 3 Program conducted ongoing work with statewide data systems and data reporting over the FFY2011, including the addition of a new field into our Birth to 3 Program PPS data reporting system. The purpose of the incorporation of this new field was to more accurately record the primary location of a child’s Birth to 3 Program services. Birth to 3 Programs were instructed to begin using the new field in 2011, however, we were not able to develop a report using the new field in time for the February 2012 Setting WESTAT 618 deadline.

The Wisconsin Birth to 3 Program resubmitted the Settings data in July 2012 using the new primary location field, which reflected Wisconsin Birth to 3 Program performance at 96.13 percent compliance with settings in the natural environment. Due to a discrepancy between child count and settings data totals on the February and July submissions, WESTAT did not accept the Settings resubmission. The 2011-2012 APR includes the revised data, which accurately reflects statewide Birth to 3 Program performance.

Discussion of Improvement Activities Completed and Explanation of Progress or Slippage that occurred for FFY 2011:

Data Analysis:

The FFY 2011 APR contains all required data elements. During FFY 2011, the state actively worked on continued development of the Audit and Archive and Data Mart reporting systems to create detailed reports and analysis of statewide and county performance data.

Findings of Noncompliance: NA

Verification of Correction (either timely or subsequent):

The verification process for correction of findings of non-compliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02 dated October 17, 2008. There is a two-step verification process that includes a review of updated system level data and correction of each individual case of non-compliance. All findings of non-compliance corrected in the FFY 2011 were verified via two consecutive months of 100 percent compliance. The process includes a desk audit in which two steps are completed: 1) a review of the file documentation sent to the DHS to assure the requirement for the Indicator is met, and 2) a review of the file documentation data compared to the data entered into the PPS data system.

Enforcement Actions Taken if Noncompliance Not Corrected:

One County Birth to 3 Program received a finding of non-compliance for Indicator 14 and the finding was not successfully verified within 12 months. The county was required to develop a Corrective Action Plan (CAP) outlining strategies to analyze the causes of the finding of non-compliance, achieve compliance, and successfully demonstrate correction. The RESource technical assistance facilitator participated in multiple meetings and development and review of improvement activities with the county Birth to 3 Program, and the State DHS Birth to 3 state lead facilitated check-in meetings and assisted with data review. The local program successfully verified correction of this finding of non-compliance in December 2012.

Ongoing Improvement Activities:
Clarify Policies and Procedures:

Policies and procedures were clarified through regular trainings and meetings as outlined in the *Provision of Training and Technical Assistance* section below, which included regular Adobe Connect online trainings, twice-annual Regional Meetings, and formal communications from the Part C Coordinator to county Birth to 3 Program Administrators.

Improved Data Collection and Reporting:

In FFY 2011, DHS continued development of the Audit and Archive and Data Mart systems, which allow for greater data analysis and accessibility for both statewide and local program data. The Audit and Archive and Data Mart systems provide a mechanism for the state and local programs to develop standardized reports examining the federal indicator performance across the state and in individual counties. It has the capacity for the development of ad-hoc or on-demand reports accessing any data entered into PPS. These reports provide more specific detail than the reports currently available to counties through PPS.

In FFY 2011, 'Federal Indicator Reports' were reviewed and revised using the Data Mart access to PPS data; these reports provide County Birth to 3 Programs compliance percentages, noncompliance percentages, and errors reports contributing to a county's overall performance. Reports from the Data Mart were used for issuance of findings of non-Compliance to county Birth to 3 Programs and to determine final data for the FFY 2011 APR.

In the second half of FFY 2011, Wisconsin began initial plans and initiation of training to provide county Birth to 3 Programs access to the Data Mart in order to monitor local program data and compliance with federal reporting indicators. Initial Data Mart training was provided in June, July, and August 2012; counties were encouraged to use the statewide reports for the federal compliance indicators to review and finalize their FFY 2011 data. DHS implemented a year end certification process for counties to confirm their year-end data was final and accurate in order to assure complete data for the FFY 2011 APR.

Using the Data Mart, DHS Birth to 3 staff continued in-depth review of Child Outcomes data for FFY 2011, a process which began with the FFY 2010 data. The review included developing an error report to identify missing data and impossible combinations, communicating errors cases to county Birth to 3 Programs, requiring correction of errors, and providing training regarding common errors in Child Outcomes data.

In FFY 2011, DHS Birth to 3 Program continued the requirement for counties to enter data for a given month by the 5th of the following month. This requirement was created to provide accurate, up to date data for ongoing monitoring of county performance. The DHS Birth to 3 Program adjusted this expectation in the fall of 2012 given county feedback about the time needed to enter data and effectively use the Data Mart to review and make any necessary edits to data entry in PPS. In December 2012, DHS communicated a change to the data entry policy to a deadline of the third Friday of each month. It is expected that this change will continue to increase the accuracy of data in PPS.

The capacity of the Data Mart, use of federal indicator reports and error reports, and the requirement for county Birth to 3 Programs to report data on a monthly basis increases the state's capacity to assure that the data included on federal reports is timely and accurate.

Targeted Technical Assistance:

The Wisconsin Birth to 3 State Team consulted with the North Central Regional Resource Center staff in June 2012 to discuss criteria for issuing determinations to local Birth to 3 Programs and strategies for improvement of statewide compliance with Indicator 9: Timely correction of findings of non-compliance and Indicator 14: Timely and Accurate Data. As a result of this consultation, the Wisconsin Birth to 3 Program developed measurement criteria for county Birth to 3 Programs for Indicator 14 including the following requirements:

1. Reconciliation requirement
2. Child Count year end certification requirement
3. End of year data certification requirement

All three items listed above are current requirements of county Birth to 3 Programs. The change proposed to the ICC is to track these three requirements and to issue findings of non-Compliance for Indicator 14 if individual county Birth to 3 Programs do not provide data that is timely and accurate. The ICC reviewed and approved the proposal in September 2012, and measurement of the criteria for compliance with Indicator 14 will begin in the 2013-14 fiscal year starting on July 1, 2013; findings of non-compliance for Indicator 14 will be issued starting in the fall of 2014.

Improved Systems Administration:

See discussion in Targeted Technical Assistance.

Provision of Training and Technical Assistance:

Training and technical assistance was provided to county Birth to 3 Programs throughout the year as documented in this report. Monthly Topic and Data teleconferences, Birth to 3 Regional meetings, and 'Orientation to Best Practices' provide ongoing opportunities to support leaders of local programs in the timely and accurate reporting of data. The clarification of required data timelines and reporting continued to be a high priority focus of DHS Birth to 3 Program work with counties. These were supported by a series of Data and Topic Discussion teleconferences, webinars and Regional Meetings as outlined below:

FFY 2011 Data & Topic Discussions

Date	Topic
August	Child Outcomes data review
August	Family Outcome Surveys
October - Fall Regional Meetings	Child outcomes ECO Family Outcome Survey Monitoring and Supervision: Findings of Non-Compliance and Determinations Introduction of the Data Mart
October	PPS changes
November	Orientation to Best Practices
December	PPS changes
February	APR/SPP, Determinations,

Date	Topic
	and Findings of Non-Compliance
April - Spring Regional Meetings	Revisions to the Self-Assessment and Onsite Visit processes Findings of non-compliance and determinations Part C Regulations, Part I
May	Resources for the deaf and hard of hearing in Birth to 3
May	Orientation to Best Practices
June	Part C federal regulations, Part II
June	Data Mart, Part I

Activities in FFY 2011 addressed a number of topics important to county Birth to 3 Programs. A large focus in the second half of FFY 2011 was on implementation of Part C Regulation changes and roll-out of the Data Mart.

Collaboration and Coordination:

This Indicator requires in-depth and ongoing coordination and collaboration within the state Department of Health Services in the development of the data reporting system, between state and local Birth to 3 staff, and among the State Birth to 3 team, including RESource and WPDP.

Revisions, with Justification, to Proposed Targets / Improvement Activities / Timelines / Resources for FFY 2011: NA

Attachment 1: Part C Indicator C 9 Worksheet**Instructions for Completing the C-9 Worksheet**

Indicator C-9 is to determine whether the State's 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 (notification to the public agency that the State has concluded that the public agency is not complying with a statutory or regulatory provision). This indicator is measured as the percent of noncompliance corrected within one year of identification.

States are directed to reflect monitoring data collected through the components of the State's general supervision system, including onsite visits, self-assessments, local performance plans and annual performance reports, desk audits, data reviews, complaints, due process hearings, etc. Additionally, according to the OSEP Instructions for the Indicators/Measurement table, States are to group areas of noncompliance by monitoring priority areas and areas of noncompliance.

Key Terms

- **Monitoring Activities** are described in the documents *Developing and Implementing an Effective System of General Supervision: Part B* (January 2007) and in the *FAQs Regarding Identification and Correction* (September 2008). Specific activities of monitoring include, but are not limited to Early Intervention Services (EIS) Program self-assessments or local annual performance reports, data reviews, desk audits, onsite visits or other activities to ensure compliance.
- **Dispute Resolution: Hearings and Complaints** are also described in the General Supervision document referenced above. These include the tracking of timely correction of noncompliance identified through complaints and due process actions. States must include any noncompliance identified in a due process hearing decision, whether or not the parent prevailed in the hearing.
- **Finding** is defined as a written notification from the State to an EIS Program that contains the State's conclusion that the EIS Program is in noncompliance, and that includes the citation of the regulation and a description of the quantitative and/or qualitative data supporting the State's conclusion of noncompliance with the regulation. For example, if the State lead agency issues a report in September 2009 based on an EIS program's FFY 2008 (July 1, 2008 through June 30, 2009) data, the finding is determined to be made in FFY 2009.
- **Correction** is defined as the State requiring the EIS Program to revise any noncompliant policies, procedures and/or practices and the State verifies through follow-up review of data, other documentation and/or interviews that the noncompliant policies, procedures and/or practices have been revised and the

noncompliance has been corrected. The State should notify the EIS Program in writing that the noncompliance is corrected. For purposes of the SPP/APR reporting, timely correction occurs when noncompliance is corrected (including the State's verification that it is corrected) as soon as possible but no later than one year from the identification of noncompliance.

Organization of the C-9 Worksheet:

- **The worksheet is organized by individual indicators or cluster of indicators.**
 - **Note:** When indicators are “clustered” the State does not need to report separately on each indicator in the cluster. Rather, the number of EIS Programs, numbers of findings, etc. should be grouped within that cluster.
- **There are five columns on the worksheet:**
 1. Indicator/Indicator Clusters
 2. General Supervision System Components
 3. Number of EIS Programs Issued Findings
 4. Number of Findings of noncompliance identified
 5. Number of Findings of noncompliance for which correction was verified no later than one year from identification
- **For each indicator/indicator cluster, there are two sub-rows that are repeated:**
 - Monitoring Activities
 - Dispute Resolution

Completing the Worksheet:

Column 1 - Indicator/Indicator Cluster Column - Lists the SPP/APR indicators individually or within a cluster of indicators. At the end of the worksheet, there are additional rows titled - *Other areas of noncompliance (can be grouped topically)*. These rows may be used by a State to list other areas of noncompliance that the State has not reported under other indicators/ indicator clusters. The State must list the area of noncompliance.

Column 2 - General Supervision Components Column – Represents all elements that comprise the State's Monitoring Activities and Dispute Resolution processes. The first sub-row of Monitoring Activities may include Self-Assessment, Local APR, Data Reviews, Desk Audits, or Onsite Visits. This sub-row also has an “Other” option to indicate the list of monitoring activities may not be all inclusive. The second sub-row refers to the Dispute Resolution: Complaints and Hearings processes.

Column 3 - Number of EIS Issued Findings of Noncompliance – Represents the number of EIS Programs for which the State identified through a written conclusion or report findings of noncompliance. The date of the written conclusion(s) or report of findings to the EIS Program is used to report the number EIS Programs monitored, not the date of the monitoring activity.

Notes:

- An EIS Program may have an onsite visit in one fiscal year and the written notification of findings of noncompliance is sent to the EIS Program in the next fiscal year.
- Federal Fiscal Year (FFY) begins July 1 of each year and ends June 30 of the next year.

Column 4 - (a) Number of Findings of Noncompliance Identified – Represents the number of identified findings of noncompliance for the indicator/ indicator cluster. States must include every finding of noncompliance with a requirement of the IDEA in their data for Indicators C9/B15. The date of the written conclusion or report of findings to the local program is used, not the date of the monitoring activity. The same FFY date range is used for Column 3 and Column 4.

Column 5 - (b) Number of Findings of Noncompliance for Which Correction was Verified No Later Than One Year From Identification – Represents the number of findings from Column 4 for which the State verified correction no later than one year from identification.

Sum the numbers down Column 4 and Column 5.

Percent of noncompliance corrected within one year of identification – Divide the sum of Column 5 by the sum of Column 4 and multiply by 100.

Attachment 2: Part C Indicator 14 Data Rubric

Self-Scoring Rubric for Part C - Indicator 14 APR and 618 - State Reported Data

DATE: February 2013

Please read the following guidelines before completing the Self-Scoring Rubric for Part C - Indicator 14

This rubric is a worksheet to assist in compiling data for Indicator 14.

In each cell, select **1** if your State met the requirements for the given APR indicator or 618 data collection, **0** if your State did not meet the requirements, and **"N/A"** if the requirement is not applicable to your State.

Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.2 for 618.

Please see below the definitions for the terms used in this worksheet.

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

2) Correct Calculation - Result produced follows the required calculation in the instructions for the indicator.

3) Timely-All data for the APR are submitted on or before February 15, 2013.

618 Data

1) Timely – Data for tables for 618 are submitted on or before each tables' due date. NO extensions.

2) Complete Data – No missing sections. No placeholder data. Data submitted from all programs or agencies. For example, when the instructions for an indicator require data broken down into subparts, data for all subparts are provided.

3) Passed Edit Check - 618 data submissions do not have missing cells or internal inconsistencies. (See "Data Edits" on <https://www.ideadata.org/618DataCollection.asp>).

4) Responded to Data Note Requested - Provided written explanation of year to year changes for inclusion in Data Notes to accompany 618 data submissions.

FFY 2011 APR (State)

Indicator 14 - SPP/APR Data			
APR Indicator	Valid and reliable	Correct calculation	Total
1	1	1	2
2	1	1	2
3	1	1	2
4	1	1	2
5	1	1	2
6	1	1	2
7	1	1	2
8A	1	1	2
8B	1	1	2
8C	1	1	2
9	1	1	2
12	NA	NA	0
13	1	1	2
		Subtotal	24
APR Score Calculation	Timely Submission Points - If the FFY 2011 APR was submitted on-time, place the number 5 in the cell on the right.		5
	Grand Total – (Sum of subtotal and Timely Submission Points) =		29

618 Data – Indicator 14					
Table	Timely	Complete Data	Passed Edit Check	Responded to Date Note Requests	Total
Table 1 – Child Count Due Date: 2/1/12	1	1	1	1	4
Table 2 – Program Settings Due Date: 2/1/12	1	1	1	1	4
Table 3 – Exiting Due Date: 11/7/12	1	1	1	N/A	3
Table 4 – Dispute Resolution Due Date: 11/7/12	1	1	1	N/A	3
				Subtotal	14
618 Score Calculation			Grand Total (subtotal x 2.2)		30.8

Indicator #14 Calculation	
A. APR Grand Total	29.00
B. 618 Grand Total	30.80
C. APR Grand Total (A) + 618 Grand Total (B) =	59.80
Total N/A in APR	2.00
Total N/A in 618	0.00
Base	59.8
D. Subtotal (C divided by Base*) =	1.000
E. Indicator Score (Subtotal D x 100) =	100.0

* Note any cell marked as N/A will decrease the denominator by 1 for APR and 2.2 for 618