



**EXPLORING OUTCOMES FOR CHILDREN**  
**Making a Difference in the Lives of Young Children with Disabilities**

**Stakeholder Focus Group**  
**Wisconsin Birth to 3 Program**



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in collaboration with the North Central Regional Resource Center**  
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### ***The purpose of the stakeholder focus group convened by the Wisconsin Birth to 3 Program***

The Wisconsin Birth to 3 Program identified Child Outcomes to be one of three focus areas for 2014. The other two focus areas include statewide implementation of the Primary Coach Approach to Teaming (PCATT) and Results Driven Accountability (RDA), which includes the newly required State Systemic Improvement Plan (S-SIP) Indicator of the State Performance Plan (SPP).

A planning committee consisting of individuals from the Department of Health Services (DHS) Birth to 3 Program, UW-Madison Waisman Center, Wisconsin Personnel Development Project (WPDP), and CESA 5 REsource Training and Technical Assistance Project planned the event, with assistance from facilitators from national centers: The Early Childhood Technical Assistance Center, (ECTA); The IDEA Center for Early Childhood Data Systems (The DaSy Center); and the North Central Regional Resource Center (NCRRC). The planning committee identified the need to gain further insight from a group of stakeholders representing various agencies and perspectives to determine how best to both improve child and family outcomes, as well as integrate related assessments and measurements into existing Birth to 3 Program systems and practices to consider what is being learned from the collected data.

The desired outcome of the stakeholder process is to ‘widen the lens’ of Child Outcome measurement to explore and better understand how the Birth to 3 Program is making difference in the lives of children and families by evaluating the following:

- consider the value of the Child Outcome process,
- identify the impact of services and areas for improvement, and
- recognize broad areas for improvement.

Stakeholders were identified according to role (multiple perspectives) and invited to participate in the process. Prior to the stakeholder day, participants were asked to review key background information:

- 1) Why Collect Outcomes Data? (6 min.) [https://unc-fpg-cdi.adobeconnect.com/\\_a992899727/whycollect/](https://unc-fpg-cdi.adobeconnect.com/_a992899727/whycollect/)
- 2) Understanding the Child Outcomes (5 min.) [https://unc-fpg-cdi.adobeconnect.com/\\_a992899727/understanding\\_outcomes/](https://unc-fpg-cdi.adobeconnect.com/_a992899727/understanding_outcomes/)
- 3) Child Outcomes: Step by Step Video (9 min.) <http://www.ectacenter.org/eco/pages/videos.asp>
- 4) Developmental Trajectories: Getting to Progress Categories from Child Outcomes Summary Ratings (COS) (16 min.) [https://unc-fpg-cdi.adobeconnect.com/\\_a992899727/ecotrajectories/](https://unc-fpg-cdi.adobeconnect.com/_a992899727/ecotrajectories/)
- 5) Wisconsin Decision Tree: <http://www.ectacenter.org/eco/assets/docs/WIChildOutcomesDecisionTreeAug2012.doc>

### ***The intended outcomes of the stakeholder focus group***

- Participants will have received (overview level) information from the Birth to 3 Program specific to:
  - Results Driven Accountability (RDA) and the State Systemic Improvement Plan (SSIP); and
  - Child Outcomes assessment, reporting and data summaries.
- Participants will have had the opportunity to provide specific input from their own perspectives to the Birth to 3 Program (DHS, WPDP, Waisman, REsource).
- Participants will have provided recommendations to assist the Wisconsin Birth to 3 Program staff in the exploration phase to (1) establishing priorities and (2) determining the focus of the State Systemic Improvement Plan (SSIP).

### ***Roles and Vision***

Terri Enters, Supervisor of the Wisconsin Birth to 3 Program and Part C Coordinator, welcomed the participants, highlighted the purpose of the meeting and introduced those participating. Leadership staff from the DHS Wisconsin Birth to 3 Program, WPDP, and REsource attended the meeting in the role of listening, clarifying or providing additional information, and taking notes during the meeting. Statewide representation was provided by stakeholders in an advisory capacity (see *Appendix A* for a full listing of participants).

Guidelines for working together during the stakeholder process were shared:

- **Welcome**
  - Accept the invitation to share your unique perspective and encourage the same from others.
  - Give everyone a chance to participate.
  - Explain acronyms so everyone understands.
- **Honesty / Openness**
  - Listen with a non-judging mind. Listen and notice how you are receiving and reacting to information.
  - Listen to truly understand, rather than to prepare what you are going say. Feel free to ask clarifying questions to help you understand.
  - Assume responsibility to express your own perspective.
  - Trust that your input will advise the state team without repercussions.
- **Possibility**
  - Keep the big picture and the process in mind.
  - Keep a positive attitude and look for opportunities to contribute.
  - Trust that your input is valued by the state team who will look at the practical details for how to “get there”.

Stakeholders and the State Birth to 3 Team were asked to provide three words that would indicate *“What does it look like to make a difference in the lives of children and families?”* Themes are conveyed in the wordle (word picture) below with larger text which represents multiple people responding with the same key word.



## Wisconsin Birth to 3 Program Publications:

The Wisconsin Birth to 3 Program publications were shared, including *Families are the Foundation* brochure, <http://www.dhs.wisconsin.gov/publications/P2/p23163.pdf> and booklet, <http://www.dhs.wisconsin.gov/publications/P2/P22089.pdf> and the guiding principles.

## Guiding Principles

*Developed by the Wisconsin Birth to 3 Interagency Coordinating Council*

- Children's **optimal development** depends on their being viewed first as children and second as children with a problem or disability.
- Children's greatest resource is their **family**.
- Parents are **partners** in activity that serve their children.
- Just as **children** are best supported within the context of the family, the **family** is best supported within the context of the **community**.
- Professionals are most effective when they can work as a **team** member with parents and others.
- **Collaboration** is the best way to provide comprehensive services.
- **Early intervention** enhances the development of children.

For the next two components of the presentation, *Setting the Stage: State Systemic Improvement Plan and The Child Outcome Process*, participation via webinar was opened up to the Wisconsin's county Birth to 3 Program administrative audience as part of the regular Data Discussion series. This offered the opportunity for local Birth to 3 Program leaders to hear directly from the national technical assistance team. Forty-seven of the 72 county agencies participated on this call.

## Setting the Stage: State Systemic Improvement Plan (SSIP)

Information was presented (slides 21-35) that summarized accountability. A one-page handout reviews the requirements and timelines for the SSIP. See Appendix B (PowerPoint) and Appendix C (Results Driven Accountability handout).

Key points include:

- Combine the State Performance Plan (SPP) and Annual Performance Report (APR) into one document
- Collect SPP/APR through an online submission system (GRADS 360)
- Report on slippage only if the State does not meet its target on indicators
- Develop streamlined and coordinated systems descriptions
- SSIP /Indicator C-11; State Systemic Improvement Plan is a comprehensive, multi-year and will consist of three phases:
  - Phase I [ANALYSIS] – due as part of February 1, 2015 SPP/APR \*
  - Phase II [PLAN] – due as part of February 1, 2016 SPP/APR
  - Phase III [IMPLEMENTATION & EVALUTION] – due as part of February 1, 2017 SPP/APR

\* The SSIP is **due on April 1, 2015**. All other SPP/APR indicators are due on February 1, 2015.

### ***The Child Outcomes Process***

An overview was provided of the U.S. Department of Education's Office of Special Education Program's (OSEP) State Performance Plan (SPP) Child Outcomes indicator (slides 36-52), with the stated 'bottom line' of early intervention and early childhood special education programs striving to achieve all three of the global child outcomes for **all** of the children receiving services. The three global child outcomes are:

1. Children have positive social-emotional skills (including social relationships).
2. Children acquire and use knowledge and skills (including early language, communication [and early literacy]).
3. Children use appropriate behaviors to meet their needs.

The outcomes are meant to look at a child's everyday functioning rather than how /s/he performs on a specific item on an assessment measure:

- Meaningful to the child in the context of everyday living.
- Refer to integrated series of behaviors or skills that allow the child to achieve important everyday goals.
- Focus is on the child's ability to take functionally meaningful action.

The three outcomes are broad and meant to give a snapshot of the whole child in his/her own life and cross developmental domains. There are many reasons to collect and use the child outcomes:

- Examine program effectiveness
- Use data for program improvement
- Ultimately, to better serve children and families

### ***The Wisconsin Child Outcomes Process***

In addition to State Performance Plan /Indicator C-3, Child Outcomes, national perspectives, Wisconsin-specific requirements were shared (slides 53-56). The Child Outcomes process:

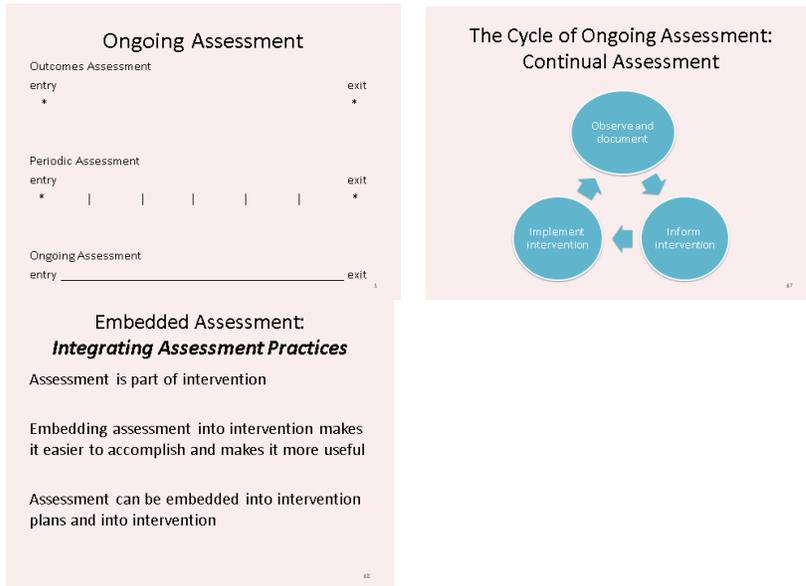
- is foundational to Individual Family Service Plan (IFSP) development
- respects family and caregiver input as essential
- maximizes opportunities to observe child across setting
- is centered around child "functioning" not discreet skills
- includes a team member grounded in typical child development
- includes full team participation
- utilizes the Decision Tree
- when completed with fidelity, becomes an objective process.

### ***Assessment overview—Mary McLean, Ph.D.; UW-Milwaukee***

Dr. McLean provided key points (slides 57-71) related to:

- Division for Early Childhood (DEC) Recommended Practices, revised 2014
- authentic assessment
- integrating or embedding assessment into intervention

Crucial to understanding assessment are the following concepts:



**Discussion:** *Aligning ongoing assessment practices to understand “How we know we are making a difference” in the lives of children with delays and disabilities* Participants were assigned to mixed groups including stakeholders and state team members and asked to discuss three questions. Following are highlights of comments from these discussions.

1. Based on what you heard from Mary McLean on best practice assessment principles, and ongoing authentic assessment, how does this compare to your system's assessment process and practices?

### System Perspectives

- The Birth to 3 Program is aligned with the overview presented by Mary McLean. Head Start practices map onto best practice assessment processes and practices, particularly for infants and toddlers in home based programs. The described process matches Head Start’s ongoing, entry & exit, and periodic assessments, three times per year.
- There is a place for the standardized assessment (eligibility).
- DPI data collection includes entry and exit data.
- Wisconsin Model Early Learning Standards (WMELS) incorporate ongoing, authentic, and integrated assessment. WMELS and Child Outcomes were developed in tandem.
- Child care does not have a system to collect entry and exit; that piece is yet to be figured out systematically.
- Child Protective Services (CPS) – initial and ongoing assessment of family and case plan. The first part focuses on child safety, parent capacity, family functioning, environment and relationships.
  - Next step – transferred to ongoing if services are determined to be needed
  - Case plan – children who stay with families
  - Permanency plan – child in out of home care
  - Child and Adolescent Needs and Strengths (CANS) assessment – children in out of home care
- Family interaction plan best example of authentic interaction/assessment – look at parental behaviors, capacity, current level of functioning and safety.
- Monthly face-to-face contacts and safety intervention services.

- Contacts for children in out- of- home care (OHC).
- It will be necessary to take a step back and look through the lens of typically developing peers.
- When there are discrepancies between entry and exit rating, especially between the Birth to 3 Program and the school what considerations need to be explored (e.g., exit from the Birth to 3 Program may be different than entry for DPI).
- Assessment needs to take place in a 'natural' context for the child. If the child is not typically in a particular setting, then the assessment may not be authentic to the child's everyday experience. (We need to discuss: "DPI would not have an authentic assessment if in classroom and not at home or natural environment").
- Head Start is looking at balancing child data with family data to determine outcomes for children as well as the family as a whole. Consideration is being given to measuring things that are less concrete.
- Both Head Start and the IFPS are comprehensive in nature.

### Insights and Practice Implications

- **Process:** a) Ongoing assessment is new; b) Assessment needs to drive what I do today and the next visit; c) Getting away from having a tool do the work, assessment is what I do every day and I document what I see; d) Part of the IFSP process; e) Assessment information is used to determine strategies, and to measure progress; f) Assessments focus on parents but incorporate child into assessment; g) Initial assessment– to determine eligibility; ongoing assessment – to determine response to services/interventions; h) Child outcomes are a distinct point- in- time rating; i) Joint plan – form of ongoing assessment without formalized tool, all of the information you gather about a child, every time you meet with a child.
- **Families:** a) Adult (parent) wants to know what was being written down; b) Tell what was observed and what it might mean, and then brainstorm what can happen; c) Have the discussion prior to the assessment/documentation (explain the process); d) Offering to use/have them provide their own documentation (from the parent); e) Ask the question: How do you see the 'what can happen' being done?; f) Smart phones and families ability to contribute to assessment is different now because of technology; g) How parent and families contribute and are involved in ongoing assessment is key piece; h) Primary Coach Approach to Teaming (PCATT) lends itself very well to the ongoing assessment process even without formalized tools; i) Intentional observation, periodic assessment – way to evaluate if we are listening to the family and using that information to inform practice.
- **Tools:** a) Head Start uses Teaching Strategies GOLD™, which aggregates data, and Creative Curriculum; b) Head Start uses Hawaii Early Learning Profile – more detail and specificity than GOLD™; c) Give opportunities to see tools (New Portage Guide and Teaching Strategies GOLD™).

### Challenges

- Professionals in the Birth to 3 Program see a lot of periodic assessment (rather than ongoing assessment).
- There are questions related to authentic assessment: a) the adult knows the assessment is going on and kids can pick up on that—the assessment process influences the adult (parent) in the situation, b) there may be a trend in assessment of children with disabilities to look at area of disability and not the whole child; c) there needs to be a parallel to a typically developing child.
- Specific to the assessment tools used: a) A challenge is that Special Education and Head Start staff are trained well in the use of tools. b) Training on assessment varies for child care staff. c) Some providers "make up" their own tools, another comment suggested tools are being provided without

the necessary training and protocol (“here is an idea/photocopied thing”). d) The age of the child must be taken into consideration. One challenge, especially for young infants, is that the GOLD is not specific enough for detailed information or to identify small gains in developmental progress for infants with special needs to be noted.

- Families in crisis: One challenge raised by Head Start is the incidence of homeless families is tripling in their community. a) How does assessment look for families in crisis? b) How do you do it when the environment is different every day, when families are in crisis? [Note: Head Start in Dane County assessment of Dual Language Learners and working with a community member to focus on assessment/services for families who are in crisis/homeless.]
- How are other factors beyond poverty/homelessness being considered (e.g., culture, dual language learning, etc.) Discussion included the need for diverse providers to match family diversity, which impacts assessment.
- Why do we lose the focus on the family in the Individual Education Plan (IEP) process?
- Environment: a) The impact of the environment on the assessment process: a) First step in the county process is assessment, then move to rating/measurement; b) Birth to 3 Program gets a different perspective from being in the natural environment; c) DPI/local education agencies (LEA) – services should be provided in multiple environments but are often provided in the school environment. Schools may see different outcomes based upon setting.

**2a.** Considering ways ongoing assessment happens within your actual interventions (home visits, parent-child socializations) in a systematic and intentional way, how might that look in your system

### Insights and Practice Implications

- Consider ways to embed assessment into intervention a) Within coaching; b) Conversation; c) Videotaping; d) Smart phone pictures; e) how to get input of others that are not at the visit; f) Facebook where things are shared; g) Connecting families to others to share; h) Culturally how is this influenced (e.g., language barrier, the expectation or belief about the “professional”; i) Finding community members to help bridge cultural divides; j) help county Birth to 3 Programs be more intentional in the home; k) Relationship is the key.
- Ongoing assessment: a) DPI – skills, observations, interviewing skills, how to intentionally observe behavior; b) What is the consistent piece of documentation that can be looked at over time? c) Provider/teacher preparation - how is higher education preparing staff; d) DPI – skills, observations, interviewing skills, how to intentionally observe behavior; e) Wisconsin’s child welfare eWISACWIS system – framework for documentation:
  - Help workforce to see documentation as a tool to synthesize information, always trying to keep up to date
  - Train workforce on how to use documentation as a tool, thinking tool to structure, input information, get thoughts, contributions, goals, to better inform practice
  - Talk to workforce about ongoing case planning as a living, breathing, document

**2b.** What ideas might you have for Birth to 3 providers practicing within the home in the daily routines to be more intentional in our on-going assessment practices?

### System Perspectives

- DPI changing process of using child’s Birth to 3 Program exit for LEA entry, will be used as additional information for planning.

- Families: a) Provide stability vs. adding to family stress b) Agencies need to continually look at their assessment process; c) Through the team process we can, and do hold, one another accountable.

### Perspectives and Insights

- **Philosophy:** a) Fitting into life and into Individualized Family Support Plan (IFSP), but also individual visit goals; b) Celebrating the accomplishments/observations with the parent; c) Point out the positives whenever you can. Find the sparks of what is going well in an ongoing manner. Celebrating with the child too (the parent will hear).
- **Family:** a) Having a sense of what the family expectations are and assisting families in strategies to move forward; b) conversations with families about how the relationship is going, is it working for the parent; c) It's an important tool, has to be working; d) Discussion of the parent/child relationship, how it is working for the parent; e) Possibly integrate child outcomes into the joint planning part of the visit; f) Honesty, willing to put it forward, how to address issues; g) Provide ideas for Birth to 3 Providers practicing in the home.
- **Flexibility and Responsiveness:** a) Being more intentional with our ongoing assessment and be willing and able to change or adjust the IFSP accordingly; b) Being open to other thoughts, suggestions.
- **Routines within the context of the family:** a) How does this look when there may not be a daily "routine" or daily changes in caregivers etc.; b) Philosophy is supporting family and relationships, but federal guidance is school readiness. How to balance both at the same time while being held accountable to school readiness indicators; c) Relationships are foundational to school readiness;
- d) Looking at whether the relationship with family is supporting the family and the child; e) Keeping focused on the whole child; f) We see the building of capacity among parents. This is a real change from years past. I see parents being more empowered than before. We are giving the family a framework in which to view and support their child. We see the building of capacity among parents. Some providers are better than others.
- **Process:** a) Looking at the usefulness of Routines-Based interviewing (RBI); b) Building the foundation of the relationship and supports the foundation and knowledge.
- **Rating:** a) Work to include childcare in the child outcome process including the rating. They are a valuable resource when determining these ratings; b) With child care provider and Youngstar, they keep child portfolios with examples of the work over time. Are the portfolios meaningful and useful (to parents, Birth to 3 Program, childcare)?
- **Wisconsin Model Early Learning Standards (WMELS):** a) Embrace WMELS; b) Know the Wisconsin Model Early Learning Standards for consistency across settings and environments and anchoring of typical child development; c) Another source is the Milestone Moments from the Centers for Disease Control and Prevention (CDC); d) Identify some common tool/resource; e) Community conversations define local process; f) Remember to use what is available in the home as a learning experience; g) What can children learn from adults in their lives and their relationships; h) Help build relationships by helping adults understand child development; i) Bottom line – understand and embrace WMELS, and use routine and context of family. Context of family and balance of responding to family where they are at; keeping an eye on child development, the whole child, and the diversity of families and communities.
- **Professional development:** This is where we intersect the professional development and evaluate/guide the provider on where the child is developmentally. Teaching how to utilize the information in which they have collected over time. Develop a "program" based on this information.
- **Authentic assessment:** Asking the right questions at the right time to get the most current information for a more accurate, reliable view of the child. Asking the right questions which are

relevant to the family (what are you doing this weekend) gives you the information you need in a non-threatening manner. Most important is that it's meaningful to the family's immediate buy-in. This makes it real and makes it directly relate to the family and their child. How can we use this information to update, adjust or change the IFSP outcomes.

- **Understanding the data:** a) Outcome B we seem to be looking at more "normal" or "typical" pattern; b) I would like to question raters about how they came to their rating.
- **Using data:** a) It would be useful to have the data systems connect/communicate with one another; b) Given the data, where or how should training be focused? (For Child Outcomes); c) Do we need to compare Wisconsin to similar eligibility states? d) Referrals for child protective services to the Birth to 3 Program, where do they go, how many children are eligible for Birth to 3 services?
- **Implications for improvement:** a) Does PCATT make a difference with child outcome ratings?

## Challenges

- **Child care:** a) Child care providers want to implement strategies similar to the Birth to 3 Program and to be part of the child outcomes process, but I don't believe this is happening. What are the underlying reasons for this? Time, trust, expectation? b) Child care providers don't always know what is being assessed by the Birth to 3 Program. How can there be better communication between the two programs (parents too); c) Are childcare providers using their observations of children during the day to better plan for the child's day? This is something Birth to 3 Programs could support. Unsure if child care providers know what or how to observe a child with intention. d) We are trying to increase child care providers' knowledge on child development, the use of screening tools and how to make decisions with this information. The Youngstar higher rated child care programs use a portfolio (do the child care providers know, understand what the portfolio is telling them "data rich but knowledge poor?"); e) How do the two programs (Birth to 3 and child care programs) integrate their respective information on how to use the information to make a single plan and have input on the ratings and a child's plan?
- **Decision tree use :** a) Question the validity of the entry and exit data due to inconsistent use of the decision tree across programs; b) The decision tree is not being used and there is a lot of drift; c) Both entry and exit are not being done accurately because "we know how to do this" (don't need the decision tree); d) Expectation that the decision tree will be used going forward.
- **Typical development:** a) Concerned about the significant drift of professional understanding of what's child development; when participating in the Birth to 3 Program so long you lose the perspective of what is considered typical development of a child how to support therapists in keeping them accurate in typical child development.
- **Length of time in Birth to 3:** Why are children coming into the Birth to 3 Program for a short period of time (less than a year)? What are the reasons for leaving? Completed IFSP, parents' choice, turned age 3?
- **Teams:** a) How are teams or people trained on how to rate? Are they required to have certain training before doing this? Who delivers the training? b) Pulling together an entire team to complete a rating is difficult especially for programs with several contracted agencies; c) I don't see the assessment process happening on a consistent basis and needs to be more consistent as a team and spend more time with the assessment process.
- **Rating:** a) Do Birth to 3 teams have a better understanding/more comfort around Outcome B (Acquisition and use of knowledge and skills (including early language/ communication); than they do the others Outcome A (Positive social-emotional skills (including social relationships); and Outcome C (Use of appropriate behaviors to meet their needs).  
b) Are ratings more accurate based on this understanding/comfort; c) Is it possible that providers are not rating accurately because they don't have the foundational background or understanding?

## Morning Reactions and Reflections

- Have we lost track of children’s typical development? How do you keep your team sharp about typical development?
- All experts rate on typical development, but we lose track of that.
- The data will be bad unless we keep our team sharp on typical development.
- We focus on the progress the child has made. “Drift” from centering on typical development in the Birth to 3 Program. Is this used as the measuring stick, or is it skewed? Enmeshed in progress individual children make can cause drift.

## DHS Wisconsin Birth to 3 Program: *Child Outcome Data Overview*

The DHS Birth to 3 Program provided Wisconsin Birth to 3 Program data (see slides 77-95). How does the Wisconsin Birth to 3 Program state demographics (race/ethnicity) compare with Wisconsin census data?

1. Clarification of Summary Statements 1 & 2; are we counting children twice? Why doesn’t it equal 100%?
2. Define counties in each region.
3. Is there data related to how many children discharge or exit “early” from Birth to 3 in Wisconsin and for what reason? Completion of the IFSP?
4. What would we expect of progress categories in terms of patterns for children exiting the Birth to 3 Program, given the eligibility criteria?
5. Is data different for children in child care? Foster care? Child count compared with regions?
  - Self-help
  - Language
  - Quality ratings of child care programs
  - Race to the Top (RTT); Longitudinal Data Studies(LDS)
6. What kind of assessment tools are used to evaluate parent social-emotional functioning?
  - Follow up with programs about change in requirement for family assessment and what tools are being used.
7. Look at distribution of length of time and age at entry regionally.
  - Additional recommendations for further data analysis? By characteristic?
  - Mental health, social-emotional
8. Continually think about how we are generally educating families about typical development.
  - Public service announcements (PSAs)

**Overview of “Discoveries” in Child Outcomes Broad Data Analysis** [Dana Romary and Lynne Morgan (DHS) and Ruth Chvojicek (DPI)]

Birth to 3 Program data from the Program Participation System (PPS) was shared during the focus group. Data show scores from children who **exited the Birth to 3 Program in the 2012/2013 school year**. Start years range from 2009 to 2013. The total number of children in the Wisconsin Birth to 3 Program was **4,242** (See slides 77-95).

- Three Methods:
  - Statewide
  - Regionally
  - By Characteristics
- Three Statistics
  - Entry and Exit Ratings
  - Progress Categories
  - Summary Statements

State demographics, state outcome ratings and comparisons to national data were displayed and explained. Regional child count information and Child Outcomes data were provided, specific to the area of social emotional data points were summarized. Statewide data by age at entry, time in services and summary statements by age were represented.

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### **REACTIONS AND REFLECTIONS:**

Several participants wondered about the level of knowledge of practitioners related to typical development:

- Have we lost track of typical development?
- How do you keep your team sharp about typical development?
- The quality of data will be poor unless we keep our team sharp on typical development.
- We focus on the progress the child has made and possibly “drift” from centering on typical development in Birth to 3.
- Is this used as the measuring stick, or is it skewed?
- Being enmeshed in progress individual children make can cause drift or misperceptions of what typical development looks like.

### **PARKING LOT:**

Questions that need additional review include:

- How do the race/ethnicity percentages compare to Wisconsin census?
- Define regions; provide the regional map.
- How many children are discharged “early,” (i.e., before they turn 3)?
  - Of these, how many have met outcomes on IFSP?
- What trends would we expect for children receiving Birth to 3 Program services; (we know it wouldn’t be a bell curve), but what are national trends, state trends, typical patterns?

### **SUGGESTIONS FOR SHARING DATA:**

- Include data images, for discussion or interpretation.
- In discussion, refer to slides number and reference the type of data shared.
- Determine the purpose of the summary.
- Is the summary intended for internal or external (including to ICC)?

### **Evidence, Inference Action and Data Analysis** (see slides 107-116)

The afternoon of the stakeholder focus group included an opportunity for facilitated small group conversations. Teams reviewed and interpreted early childhood outcome data provided by the Wisconsin Birth to 3 Team. These discussions included questions, insights, and potential ideas for further data analysis. Below is a general thematic summary of the input from those small group discussions regarding the data presented.

As far as overall insights regarding review of the data, there were general observations and some hypotheses, as well as specific ideas for continued and/or different data analysis approaches to inform the issue identification. Regarding general observations, there were insights about the process and supports to those in the field conducting the assessments. These included:

- **Training and support:** creating modules to help create consistent understanding of the assessment and outcomes process; helping local programs make use of the data for program improvement (not only for reporting purposes); increasing knowledge of the overall assessment and outcomes process to help improve the data collected and entered.
- **Assessment tools and process:** there is perhaps a tendency to look at individual child progress rather than her/his progress compared to typically developing peers; potential to review and assess

the LEA tools used and those of the Birth to 3 tools used for assessment; potential to review/assess the tools used and how well these address social/emotional development specifically; involving parents in the assessment process in a meaningful way.

In regard to the suggestions for future data analysis and/or disaggregation, there were some specific ideas, including looking at:

- improvement on outcomes by eligibility criteria
- improvement on outcomes based on number and quantity of different services provided to children
- improvement on outcomes based on level of educational attainment of parents
- improvement on outcomes based on socio-economic status of the family

More general ideas for data analysis were generated, which included the following:

- Looking into age at entry and length of time in the Birth to 3 Program.
- Looking at diversity of populations within the regions.
- Linking/connecting the outcome data to the fidelity of implementation of the PCATT or implementation of evidence-based practices.
- Making a connection to those children in child care and the outcomes data.
- Making connections to those children who are transient and their outcomes data.
- Tracking those children who left the program and then returned and what the patterns might be related to that issue.
- Making connections about the access to resources in the counties and the outcomes data.

In additional small group discussions, participants focused on providing observations based on the specific data presented and information provided about the assessment process. These observations reinforced the insights provided earlier, and gave a broader perspective on areas in which the Birth to 3 Program might focus efforts. Some key point from these discussions indicated several needs including:

- More discussion about social/emotional development and the tools, initiatives, and understanding of the issues.
- Data quality and validity related to early childhood outcomes.
- The relationship between children in child care and improved outcomes.
- Consistent training on the outcomes process as well as support to local programs as they implement this.
- Understand family circumstances and their relationship to child outcomes.

Some overall observations about the discussion of the day included:

- The DHS Birth to 3 Program could support county use of the early childhood outcomes data for program improvement and help shape the discussion in terms of how this is a shared issue.
- There is a need to re-frame the discussion and think about the approach differently – it is about a process; not a number.
- The value and understanding about the early childhood outcomes process needs to be incorporated at each point along the way; not an end result or separate piece to the services provided.

## Green Group

- Use the WMELS, pages 114-115, that links to the Child Outcomes
- More discussion about our identification and intervention for social/emotional milestones and development
- Importance of assuring the data is accurate (quality) and drilling down in different aspects, including to the county Birth to 3 Program level, to give them the opportunity to determine what is driving this data

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## Yellow Group

- We wonder about the high number of children in progress category e (enter with 7 and leave with 7) in Social Emotional outcome which means perhaps we should look more closely at assessment and training of social emotional development and rating process.
- Key piece is looking at fidelity for implementation of outcome ratings process, as inferences cannot be made without consistency of practice. How do we ensure consistency?
- Given the data, broader based training needs to occur, and cannot rely on regions or counties to provide consistent training to primary interventionists that would yield the same data results as consistent statewide systematic training & ongoing technical assistance to individual Birth to 3 team members/professionals. "Industry standard"

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## Orange Group

- Geography – thinking more about the discrepancy between regions and digging more deeply into the contributing factors.
- Other programs are seeing a dip in child development in language and social-emotional development around 2.5 and 3 years – sharing this information can help us better understand trends in child development, impact of trauma, and inform comprehensive services to children as they progress through these developmental phases.
- How do we go about supporting families and children statewide? If we are looking at the best interest of the child, that includes the community and where the child and family are spending their time, including child care in our information sharing, communication, and interventions. Great benefit for information sharing between Birth to 3 Program and childcare (e.g. # of children turned away from child care centers due to their disability). How can the two statewide programs support each other? What might child cares need to better support children with disabilities – from referral to services.
- What is occurring with the family unit to inform interventions – loss of income, homes, child welfare, drug addiction, incarceration, military deployments, etc.

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## Blue Group

- I question the validity of the entry and exit data for the following reasons:
  - Inconsistent use of the decision tree across
  - Concerned about significant drift of professional understanding of what's professional development.
  - I don't believe that the professionals see the three outcomes as a holistic view of the child. They see it as fragmented pieces of child development
  - No training in a long time to address how to do the outcomes. Questions the inter-rater reliability (across team members)
- I would like to question raters about how they came to their rating
- In child welfare, our focus is on trauma, is your data correlated with trauma? How does trauma contribute to data?

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To end the session, participants were invited to reflect on the day and all the discussions in which they were given an opportunity to participate. A summary of themes from those *takeaways* and *insights* are listed below:

- The power of stakeholder involvement is critical to making changes and moving forward with support from all levels.
- The process supported meaningful participation at the meeting. This needs to be sustained after this meeting.
- This discussion and the format supported a holistic approach.

There were specific recommendations for process improvements to the meeting format as well. These included: 1) more separation of groups to facilitate having discussions, 2) varying the make-up of the small groups, and 3) having an opportunity to review and ask questions about the data displays prior to the meeting.

Based on participant reflection on the meeting overall, a Wordle was developed. This brings individual input into a graphic display depicting the information in a way that provides a sense of themes and areas of common agreement.



#### Further Question to Explore

1. Is there data related to how many children discharge or exit “early” from the Birth to 3 Program in Wisconsin and for what reason? Completion of IFSP?
2. What would we expect of progress categories in terms of patterns for children exiting the Birth to 3 Program, given the eligibility criteria?
3. What percentage of children in each region experienced ongoing assessment to ensure accuracy of ratings?
4. Are we “sharp” on typical development?

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- Appendix A: Participants
  - Appendix B: PDF of the PPT
  - Appendix C: RDA Handouts
  - Appendix D: Regional Map
  - Appendix E: Evaluation

Appendix A

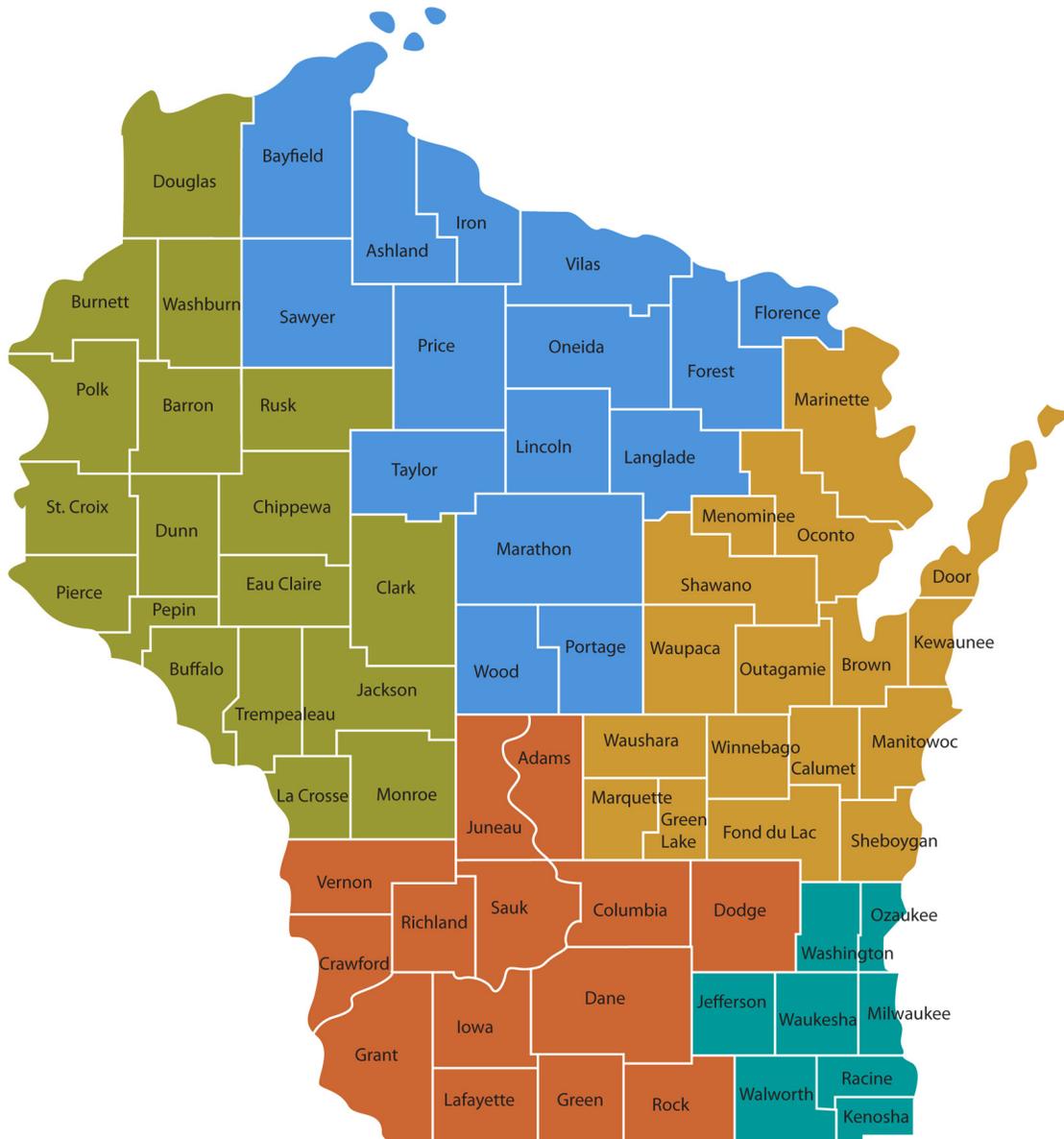
**June 3, 2014 Stakeholder Focus Group Participants**

First Name	Last Name	Affiliation
<b>STAKEHOLDERS</b>		
Jen	Bailey	Southern Region: Headstart/Child Care
Ginny	Rusch	Northern Region: Lincoln/Marathon County Birth to 3 Program
Lori	Weaver	Northeastern Region: Brown County Birth to 3 Program Administrator
Etty	Wilberding	Southeastern Region: Walworth County Birth to 3 Program
Becky	Hoffman	IHE & Northeastern Region: Fond du Lac County Birth to 3 Program
Gwen	Westlund	Western Region: Physical Therapist and Primary Coach Mentor
Emilie	Braunel	Parent and Interagency Coordinating Council (ICC) Member
Tracy	Swink (M.D.)	Physician
Ruth	Chvojicek	Department of Public Instruction (DPI) Outcomes
Autumn	Knudtson	Department of Children and Families (DCF), Section Chief, Child Welfare Policy Program
Regena	Floyd-Sambou	DCF Inclusion in Child Care
Ann	Ramminger	Race to the Top PDI/Waisman Center
Mary	McLean	UW-Milwaukee and Higher Education ( participated by phone)
Nancy	Fuhrman	DPI, Part B 619

<b>STATE BIRTH TO 3 TEAM</b>		
Terri	Enters	Department of Health Services (DHS) Birth to 3 Program, Part C Coordinator
Lori	Wittemann	DHS Birth to 3 Program State Lead
Dana	Romary	DHS Birth to 3 Program State Lead
Kate	Johnson	DHS Birth to 3 Program State Lead
Lynne	Morgan	DHS Children's Services Data Analyst
Carol	Eichinger	Waisman Wisconsin Personnel Development Program (WPDP)
Elizabeth	Wahl	RESource – Southern Region
Michelle	Davies	RESource Director
Kathy	Boisvert	RESource – Western Region
Karen	Williams	RESource Northern Region
Rene	Forsythe	RESource Northeastern Region
Melissa	Velez	RESource Southeastern Region

<b>FACILITATORS / TECHNICAL ASSISTANCE TEAM</b>		
Mary	Peters	Early Childhood Technical Assistance Center (ECTA)
Abby	Winer	ECTA
Mohammed	Elmeski	North Central Regional Resource Center (NCRRC)
Arlene	Russell	NCRRC

# Wisconsin Birth to 3 Program Regional Map



## Appendix E

### Evaluation Summary: June 3, 2014 Stakeholder Meeting

- Eleven of the fourteen stakeholders completed the survey.
- The overall quality of the meeting was rated highly by participants (Mean = 4.73 out of 5).
- All participants agreed, or strongly agreed, that the objectives were clear and discussions were on track while allowing for expression of opinions.
- All participants agreed, or strongly agreed, that the information was presented in an easy to understand way and that their questions were answered satisfactorily.
- All participants agreed, or strongly agreed, that their input was considered respectfully and that the meeting was relevant to their work in Early Childhood.
- Regarding the meeting outcomes, everyone agreed that they gained an overview of the SSIP and RDA. Nearly everyone agreed, or strongly agreed, that they gained an overview of the Child Outcomes data, had the opportunity to provide input based on their perspective, had the opportunity to provide recommendations to assist the Wisconsin Birth to 3 Program in the exploration phase of establishing priorities and determining the focus of the SSIP. All Means  $\geq$  4.00 out of 5.
- Comments about what was gained from the meeting:
  - Increased awareness, knowledge and understanding of the Birth to 3 Program and the data collection and evaluation process and efforts.
  - Made meaningful connections with other stakeholders and Birth to 3 staff to improve collaboration.
  - Better understanding of the big picture and what can be done at the local level.
  - How to incorporate ongoing assessment and data analysis in existing technical assistance efforts thanks to Mary McLean visual.
- Comments about what was particularly strong about the meeting:
  - Interacting with a variety of different small groups and participants.
  - Small group discussions were useful and could have been even longer.
  - Nice blend of information sharing and discussion.
- Comments about what could have been improved about the meeting:
  - A few suggested/requested sending the data out ahead of time to allow for time to review.
  - Much was packed into one day so that some conversations were unfinished—wished there was more time.
  - One person mentioned building in activities that allowed for getting up and moving around – walking and talking.
- Additional comments:
  - Very nice experience.
  - One person specifically mentioned the desire to be a part of future ventures.
  - One person mentioned including quotes or stories about what worked and how the data supports the good work of the Birth to 3 Program.
  - Thought about a factor that may influence differences between regions: “On my drive home I thought about the data illustrating the difference of regions. One factor might be how there is a lack of quality professional development for providers in rural areas of the state compared to quality options for professional development in the southeastern and southern regions. Just a thought?”