



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

August 25, 2022

Mr. Michael Queensland
Senate Chief Clerk
P.O. Box 7882
Madison, WI 53707-7822

Mr. Edward Blazel
Assembly Chief Clerk
P.O. Box 8952
Madison, WI 53708

Dear Mr. Queensland and Mr. Blazel:

The Department of Health Services (DHS) is submitting the attached State Annual Performance Report on the Wisconsin Birth to 3 Program, including the State's 2022 determination status notification as established by the U.S. Department of Education's Office of Special Education Programs (OSEP). The purpose of this report is to meet the requirement outlined in Wis. Stat. § 51.44(5)(c) to annually submit to the chief clerk of each house of the legislature a report highlighting DHS's progress in implementing the Wisconsin Birth to 3 Program.

The enclosed report covers the federal fiscal year 2020 as submitted to OSEP and the response from OSEP, including our Part C Results-Driven Accountability Matrix and accompanying determination letter to the Director of the Bureau of Children's Services, Deborah Rathermel.

Wisconsin's Birth to 3 Program has a strong and successful history in partnering with local county human service agencies and other local partners to support children with delays in development. The State Annual Performance Report highlights the positive outcomes achieved by the Wisconsin Birth to 3 Program in partnership with local Birth to 3 Programs. The year's findings indicate that Wisconsin is in the category of "Meets Requirements," which is the highest determination category.

If you have questions regarding this report, please contact Deb Rathermel, Director of the Bureau of Children's Services, at 608-266-9366.

Sincerely,

A handwritten signature in blue ink, appearing to read "Karen E. Timberlake".

Karen E. Timberlake
Secretary-designee

Enclosures: Annual Performance Report FFY 2020
US Department of Education June 22, 2022, Determination Letter
Wisconsin Part C Results-Driven Accountability Matrix

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART C

for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act

**For reporting on
FFY 2020**

Wisconsin



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting

General Supervision System

The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.

The Wisconsin Department of Health Services (DHS) operates its early intervention program, the Birth to 3 Program, through its counties. Each of Wisconsin's 72 counties are responsible for providing Birth to 3 Program services as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). DHS provides technical assistance, monitoring, and supervision of counties to ensure the Birth to 3 Program is operating in accordance with IDEA requirements. Training, technical assistance, and supervision are provided to counties through DHS Children and Family Program Specialists (CFPS), the DHS Birth to 3 Program Data Manager, and through DHS' contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support team (RESource).

Children and Family Program Specialists (CFPS) are assigned to regions of Wisconsin to support ongoing program implementation and address technical assistance needs. The CFPS team provides assistance to county programs during regularly scheduled teleconferences, regional and statewide meetings, and upon request. RESource provides a staff person for each region in Wisconsin to assist with program implementation of evidence-based practices and strategies to support children's overall development, with a particular focus on social and emotional development. RESource conducts annual reviews of each county Birth to 3 Program as part of the Wisconsin Birth to 3 Program's general supervision system. The annual reviews include a review and assessment of county Birth to 3 Program internal processes and practices. The annual reviews provide an opportunity for county Birth to 3 programs to reflect on the work of implementing their program and determine program strengths as well as opportunities for improvement. The annual review focuses on areas including: evidence-based practices, social and emotional development practices, child outcomes practices

Accurate and reliable data supports the ability of DHS to monitor compliance with IDEA Part C requirements in the Birth to 3 Program. The Birth to 3 Program Data Manager is the lead for monitoring data quality at both the state and county level. Throughout the year, the Data Manager holds data training and data quality calls with county Birth to 3 Programs. These calls are scheduled at a county Birth to 3 Program's request. Topics have included accuracy in exit data, how to build indicator reports using the datamart, and general use of the Birth to 3 Program's datamart. The Data Manager also participates in the monthly Birth to 3 Program teleconferences and uses time during these teleconference to provide technical assistance and walk county Birth to 3 Programs through data reports and use of the datamart.

DHS has created statewide practices to support the accuracy of data collection and reporting as part of its general supervision process. Data analysis charts are annually completed by the Birth to 3 Program Data Manager and distributed to county Birth to 3 Programs after the submission of the APR. These charts are used to assign each county Birth to 3 Program a determination status. The data analysis charts track compliance percentages for indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10. DHS has also incorporated indicator 3, child outcomes data into its county determinations process in order to focus attention on early intervention results achieved by children enrolled in the Wisconsin Birth to 3 Program and to drive county Birth to 3 Programs to improve children's outcomes. A memo describing the county determination process can be found at: <https://www.dhs.wisconsin.gov/dlrc/memos/2019-09.pdf>

Data analysis is also completed annually near the close of the federal fiscal year, which may result in issuance of findings of non-compliance for any county not achieving 100% compliance. When a county Birth to 3 Program receives a formal written notification of findings of non-compliance from DHS, it must then follow the DHS correction process for findings of non-compliance. Correction is demonstrated by submitting 60 consecutive days with 100% compliant data in the statewide database for the identified indicator(s). Additionally, child level corrections for indicator(s) 1, 7, and 8A-8C are demonstrated by submitting child file documentation to DHS showing the implementation of required activity for the indicator(s).

Birth to 3 Program participants have access to the IDEA complaint process, mediation, and due process hearings as a means to resolve disputes regarding the Birth to 3 Program.

IDEA Complaint

Any person or organization may file an IDEA complaint to DHS if they have reason to believe that DHS, a county Birth to 3 Program administrative agency, or any public or private provider is not meeting one or more of the requirements of a state or federal law regarding the early intervention system. The complaint must allege a violation of a requirement of Part C of the Individuals with Disabilities Education Act (34 CFR 303) and/or Wis. Stat 51.54, and/or Wis. Admin. Code ch. DHS 90. DHS staff complete Part C IDEA complaint investigations. The issues of the complaint will determine the nature and the extent of the complaint investigation. DHS sends a written response to the complainant and the county Birth to 3 program within 60 days of the complaint. If an area of non-compliance with IDEA is identified, a corrective action plan is required of the county Birth to 3 program. Any areas of non-compliance must be corrected within one year from the written notification.

Mediation

DHS currently contracts to implement a statewide mediation system for the Birth to 3 Program. Mediation may be used when disputes arise concerning the determination of eligibility, the evaluation or assessment process, or the provision of appropriate early intervention services. During the mediation process, a neutral and impartial third party helps parties to resolve their disputes in a private setting. If both parties consent to mediation and resolve part or all of the dispute, the mediator will ensure that the agreement is in writing and signed by all the parties. The resolution or agreement is legally binding upon the parties.

Due Process Hearing

A parent may challenge a county Birth to 3 Program administrative agency's proposal or refusal to evaluate or provide services to the child or family by

filing a written request for a hearing with the Department of Health Services. The hearing is conducted by an impartial decision maker and a written decision is issued within 30 days of the request for the hearing. The decision of the impartial decision maker is final unless appealed by either party within 30 days to federal district court or the circuit court for the county in which the child resides.

Technical Assistance System:

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

Wisconsin has a comprehensive, statewide program of support for county Birth to 3 Programs through the Bureau of Children's Services (BCS) Children and Family Program Specialists and regional RESource coaches. The DHS Birth to 3 Program contracts with the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support (RESource) Program, to provide coaching and facilitation to all county Birth to 3 Programs, specifically targeted to implementation of evidence-based practices and strategies to support the social and emotional development of infants and toddlers. RESource provides a dedicated staff person for each of the five DHS regions located in Wisconsin: Northern, Northeastern, Southern, Southeastern and Western. The RESource Project works closely with the Wisconsin DHS Birth to 3 Program state staff, and other identified community partners to improve outcomes identified in the State Performance Plan/State Systemic Improvement Plan (SPP/SSIP).

The primary contacts for RESource Coaches are local Birth to 3 Program leadership and the DHS Birth to 3 Program state staff. The RESource Project is guided by the following primary goals as well as the Wisconsin Birth to 3 Program SPP/SSIP, Wis. Admin. Code ch. DHS 90 and Wisconsin policies and procedures:

Building strong, ongoing relationships with Birth to 3 Program staff at the state and local level to focus on the unique assets of each program and support implementation of Wisconsin's SSIP; specifically evidence based practices of Primary Coach Approach to Teaming in Natural Environments, social and emotional development, and the OSEP Child Outcomes rating process.

Supporting continuous quality improvement of county Birth to 3 Programs through facilitation of the Birth to 3 Program Annual Review process, the development of County Performance Plan (CPP) and the facilitation of appropriate support to local county Birth to 3 Programs through program assessment, coaching interactions, teaming, professional development activities. · Completing strategic planning, data gathering, analyzing and program evaluation

Facilitating and participating in community and statewide activities.

The work of RESource is organized around the following goals:

Goal 1: Work in partnership with DHS Birth to 3 staff to support and implement a state-wide Wisconsin Birth to 3 Program, promoting the overall efficiency and effectiveness of each individual county Birth to 3 program through ongoing relationship-based support reflected in the State Performance Plan (SPP), State Systemic Improvement Plan (SSIP) and individual county Birth to 3 Program CPPs. Utilize coaching as an interaction style to build the competence and confidence of the local county Birth to 3 Programs.

Goal 2: Create, facilitate, and track professional development opportunities to meet the identified needs of local Birth to 3 Programs and the SSIP.

Supportive opportunities may include; access to technology/web-based resources, communities of practice, regional or statewide events. Utilize coaching as an interaction style to follow up and build the competence and confidence of the local county Birth to 3 Programs.

Goal 3: Strategic planning, data gathering, analyzing and program evaluation through dedicated data analyst.

Professional Development System:

The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.

Wisconsin has a comprehensive, statewide program of personnel development. DHS currently contracts with the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Program (RESource), to provide personnel development to providers who serve families and children receiving services from the Birth to 3 Program. Professional development goals include: 1) provide professional development assistance on a statewide and regional basis; 2) respond to the highest priority training needs for Wisconsin's Birth to 3 Program as identified by the DHS Part C Coordinator and supported by the U.S. Department of Education (DOE), Office of Special Education Programs (OSEP) State Performance Plan (SPP), Annual Performance Report (APR), and the SSIP; 3) further the mission of the Birth to 3 Program by focusing on effective, efficient, and evidence-based approaches to provide interdisciplinary and interagency services that are based on culturally competent, relationship-based, family-centered practices in natural environments; and 4) collaborate with other early childhood, health-related, and parent training efforts in the state. Professional development activities strive to be culturally competent and reflect the diversity of the families in Wisconsin.

DHS offers training opportunities to county Birth to 3 program staff at all levels of the program. DHS has historically held a Birth to 3 Program Orientation biennially to share information about the Wisconsin Birth to 3 Program for both new staff and veteran staff. Training goals for participants in the orientation include: learning the essential elements of the Birth to 3 Program process from child find through transition; understanding how to implement federal regulations (Part C) and Wis. Admin. Code ch. DHS 90 policies; and identifying family-centered and relationship-based services through the lens of coaching, teaming and natural learning environment. Due to the COVID-19 pandemic, the last in-person Birth to 3 Program Orientation was held on 4/10/2019. However, DHS and its contracted vendor, RESource, hosted four full-day virtual Birth to 3 Program orientation opportunities from December 2021-January 2022.

Additionally DHS and its contracted vendor, RESource, holds full day, in-person trainings on Indicator #3, child outcomes. The goals of this statewide training include fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. The training teaches attendees how to use the Child Outcomes Decision Tree and Bucket List in order to accurately rate a child's functioning as well as how to accurately rate a child's functioning as a team through the process of age anchoring. The training also covers how county Birth to 3 Programs can use child outcomes data to assess and improve Birth to 3 Program practices. Due to the COVID-19 pandemic, the last child outcomes training was held on 6/18/19. However, in FFY 2020, RESource completed online modules including key content from the indicator 3 child outcomes trainings. DHS expects the modules to be ready for posting by the end of 2021. The online modules will provide county Birth to 3 Program staff with real time access to key information about the Birth to 3 Program in Wisconsin and child outcomes requirements and processes.

Finally, DHS continues to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. In recent fiscal years, DHS has utilized the additional funds allocated in our federal Part C grant to increase the amount of stipends provided and offered to local Birth to 3 Program professionals. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research. With the knowledge gained from the Capstone Program, local Birth to 3 Program professionals build a deeper capacity to aid families in the creation of healthy relationships. Knowledge gained from this program also builds the skills needed for county professionals to be able to assist parents and young children who have experienced trauma and toxic stress.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State's Systemic Improvement Plan (SSIP).

Wisconsin has a long-standing history and commitment to quality services for young children and their families. County agencies, as the local providers of Wisconsin's Birth to 3 Program services, are key partners in the process, through the delivery of effective early intervention services in partnership with families and community providers. County agencies provide input and guidance on the policies and procedures of the Wisconsin Birth to 3 Program during their contacts with Children and Family Program Specialists (CFPS), monthly teleconferences with DHS, and statewide and regional meetings. Additionally, in FFY 2020 DHS held county stakeholder workgroups to seek input from county Birth to 3 Programs on the development of the Wisconsin Birth to 3 Program Operations Guide (published in December of 2021).

County agencies, families, advocates, and the Wisconsin Governor appointed Interagency Coordinating Council (ICC) are among the broad array of stakeholders in the statewide early intervention system. These groups have historically and continually provided input into all major components of Wisconsin's Part C Program. These components include the State Performance Plan (SPP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and the Annual Performance Reports (APR). Wisconsin's county Birth to 3 Programs are fully informed of the APR and the resulting outcome data in the APR. The Wisconsin ICC has a diverse membership and connects with a variety of workgroups and committees related to early intervention services in Wisconsin. Each year DHS staff provides data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. Subsequently, the ICC makes data-driven recommendations to DHS regarding strategies for improvement related to these outcomes and any other identified initiatives. These outcomes closely align with the indicators developed under Part C Individuals with Disabilities Education Act (IDEA). DHS staff continue to update and seek input from ICC members on Child Outcomes Targets, Indicator 3; Family Outcomes Targets, Indicator 4; and State Systemic Improvement Plan, Indicator 11. The ICC members had the opportunity to listen, reflect and make recommendations on the directions of these indicators and overall performance of the Birth to 3 Program at the quarterly ICC meeting on January 26, 2022 during which the Annual Performance Report was reviewed. 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 Birth to 3 Program.

Apply stakeholder input from introduction to all Part C results indicators (y/n)

NO

Number of Parent Members:

3

Parent Members Engagement:

Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

Parents serve as members of the Interagency Coordinating Council (ICC) and families participating in the Wisconsin Birth to 3 Program are able to attend the open council meetings. During the January 26, 2022 ICC meeting, participants had the opportunity to listen, reflect and make recommendations on the Wisconsin Birth to 3 Programs' APR indicator targets. During this meeting participants were also able to recommend strategies to improve overall program performance and Birth to 3 Program data going forward.

Throughout FFY 2020, the ICC was briefed on state-level initiatives to develop improvement strategies and evaluate Birth to 3 Program performance and progress. Comments and feedback were solicited from the ICC and were used to guide and inform the Wisconsin Birth to 3 Program's efforts. As an example, during the February 10, 2021 ICC meeting, the Birth to 3 Program Data Manager shared our Child Outcomes (Indicator 3) data with an analysis based upon various data criteria, such as child characteristics, referral sources, race and ethnicity and region. ICC members then discussed the child outcomes data and analysis and provided the following recommendations for the Wisconsin Birth to 3 Program:

- Continue to analyze and review population characteristics data.
- Examine differences in population characteristics at a regional level.
- Review county program infrastructure and practices and identify program operations that result in improved outcomes.
- Address implementation variability across counties and their approach to intervention/services and support all programs with implementation.

Additionally, during the May 7, 2021 council meeting, the ICC was briefed about The Wisconsin Birth to 3 Program's APR Improvement Strategies workgroup, which has focused on improving child and family outcomes results in the Birth to 3 Program. During this meeting, ICC members were asked for their feedback and input on strategies to improve child and family outcomes, family experience survey data and demographic representation for the Wisconsin Birth to 3 Program's family survey.

The Wisconsin Birth to 3 Program also engages individual parents in setting targets, analyzing data, and developing improvement strategies during the annual Circles of Life conference. Circles of Life is Wisconsin's annual statewide conference for families who have children with disabilities and the professionals who support them. The conference includes a keynote speaker and over 20 family-focused input and listening sessions. The Wisconsin Birth to 3 Program has led several input and listening sessions at the Circles of Life conference throughout the years in order to obtain family input and guidance and to work with families to find ways to make the Wisconsin Birth to 3 Program stronger. As an example, during the Circles of Life Conference held on May 6th, 2021, the Wisconsin Birth to 3 Program led a presentation on the Birth to 3 Program Annual Performance Report (APR). During this presentation, DHS staff discussed the federal indicator targets established in the APR and areas where we saw slippage from the previous fiscal year. DHS also discussed the formation of an APR Improvement Strategies workgroup within DHS, tasked with developing and implementing improvement strategies for APR federal indicators. Conference attendees were then asked for their thoughts and recommendation regarding strategies to improve the APR performance.

Activities to Improve Outcomes for Children with Disabilities:

Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.

In FFY 2020, DHS hosted two online family input sessions for families participating in the Wisconsin Birth to 3 Program. During these input sessions, families had the chance to learn about the Birth to 3 Program, and share their thoughts and ideas for the program in their own words. All families participating in the Birth to 3 Program were invited to attend the input sessions.

During these sessions, families were asked the following questions:

- How would you describe the Birth to 3 Program to your friends or family members?
- What made you decide if you should enroll in the Birth to 3 Program?
- What impacted your decision to say "yes" or "no"?
- Is there anything you wish would have been done or said differently when you were first told about early intervention or the Birth to 3 Program
- What information or explanations would have helped you with this decision?

- What do you think families need to know to make informed choices about early intervention that should be added to our outreach materials?
- Is there anything you would like to add or want us to know about the Birth to 3 Program ?

DHS hosted these family input sessions to aid us in our efforts to ensure that every parent or caregiver of a child with a delay or disability is aware of the Birth to 3 Program, understands the benefits of early intervention, and knows how to access the program. Additionally, DHS held these sessions to obtain input from families served in the Birth to 3 Program to help us understand how early intervention is working and where improvements can be made to make the Birth to 3 Program stronger for families throughout Wisconsin.

In FFY 2020, DHS also held broad stakeholder input sessions requesting guidance and input to inform the development of recommendations and strategies for use of the supplemental American Rescue Plan Act funds in the Wisconsin Birth to 3 Program. These stakeholder input sessions were open to families participating in the Wisconsin Birth to 3 Program. A GovD message was also sent to all Birth to 3 Program distribution lists (including family lists) with instruction on how to submit recommendations for use of the ARPA funds through email. Through our stakeholder engagement efforts, DHS received recommendations from many sources on ways to support the development and implementation of activities designed to improve outcomes for infants and toddlers enrolled in the Wisconsin Birth to 3 Program. The Wisconsin Birth to 3 Program received input from stakeholders including:

- Families participating in the Birth to 3 Program
- Local Birth to 3 Programs,
- The Wisconsin County Human Services Association Long Term Care Policy Advisory Council,
- The Birth to 3 Program Interagency Coordinating Council,
- The Cooperative Educational Service Agency (CESA 5) Regional Enhancement Support Team
- The Wisconsin Family Foundations Home Visiting Program,
- The Office of Children's Mental Health,
- The Wisconsin Child Abuse and Neglect Prevention Board,
- The Wisconsin Alliance for Infant Mental Health,

Based on the input received from stakeholders, DHS will utilize the ARPA funds in the following three focus areas:

- Professional Development and Workforce Sustainability and Supports
- Information Systems and Data
- Child and family focused pandemic recovery supports

All strategies within each focus area will be developed using a health equity lens, with the intention of addressing disparities in early intervention outcomes for children and families in the Birth to 3 Program. Additionally, strategies within the child and family focused pandemic recovery supports focus area will be developed using the protective factors framework in order to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children adapt and develop positively in the face of adversity.

Protective factors applicable to COVID pandemic recovery include:

- sensitive, responsive caregiving;
- support for caregiver well-being;
- emotional support for children;
- concrete support in times of need
- social connectedness; and
- knowledge of parenting and child development

More information about our ARPA activities can be found at the following links: <https://www.dhs.wisconsin.gov/dms/memos/info/2022-01.pdf>
<https://www.dhs.wisconsin.gov/dms/memos/num/2022-01.pdf>

Soliciting Public Input:

The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.

The Wisconsin Birth to 3 Program holds ICC meetings on a quarterly basis. These are public meetings open to families participating in the Wisconsin Birth to 3 Program as well as advocates and members of the general public. During the ICC meetings, participants have the opportunity to listen, reflect and make recommendations on the Wisconsin Birth to 3 Programs' APR indicator targets. Participants are also able to recommend strategies to improve overall program performance and Birth to 3 Program data going forward.

The Wisconsin Birth to 3 Program also hosts monthly teleconferences and county stakeholder workgroups with county Birth to 3 Programs in order to obtain input and guidance on the development of improvement strategies and recommendations for improving overall Birth to 3 Program performance. The APR and SSIP data is reviewed and presented to county programs during monthly teleconferences and programs are able to provide input on setting targets and analyzing data.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

In the first quarter of each year, the APR is reviewed with the ICC and county Birth to 3 programs in order to discuss and review our FFY indicator data and target setting efforts. The APR is also posted publicly on the Birth to 3 Program Website at <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>. County Birth to 3 Program data is also publicly available at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>

Throughout the year, DHS staff discuss indicator data, data analysis, development of the improvement strategies, and evaluation efforts with the ICC. ICC meeting minutes are available to the public at: <https://www.dhs.wisconsin.gov/b3icc/past.htm>

In FFY 2020, DHS hosted two online family input sessions to help us understand how early intervention is working and where improvements can be made to make the Birth to 3 Program stronger for families throughout Wisconsin. DHS intends to host additional family input sessions in CY 2022.

Finally, in FFY 2020, DHS held broad stakeholder input sessions to discuss recommendations and improvement strategies for use of the supplemental American Rescue Plan Act (ARPA) funds in the Wisconsin Birth to 3 Program. Stakeholders involved in these discussions included:

- o Families participating in the Birth to 3 program
 - o Local Birth to 3 Programs,
 - o The Wisconsin County Human Services Association Long Term Care Policy Advisory Council,

- o The Birth to 3 Program Interagency Coordinating Council,
- o The (CESA 5) Regional Enhancement Support Team
- o The Wisconsin Family Foundations Home Visiting Program,
- o The Office of Children's Mental Health,
- o The Wisconsin Child Abuse and Neglect Prevention Board,
- o The Wisconsin Alliance for Infant Mental Health, and

The Department will continue to engage with stakeholders as we develop and implement initiatives undertaken with the supplemental ARPA funds.

Reporting to the Public:

How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.

In support of transparency and communication with external stakeholders, upon submission to the U.S. Department of Education, a direct link to the OSEP APR public page for accessing the last several years of APR reports is provided at the DHS website at: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>

Documents are also available in printed and alternate formats upon request. DHS provides information to the public regarding accessing the Wisconsin SPP and APR through email messages, trainings, teleconferences, regional meetings, and local county outreach.

DHS meets the requirement for public reporting of local EIS program performance through posting county program data on its website. County performance results are currently displayed in a dashboard format, allowing readers to compare different counties' compliance on any of the federal indicators. The determination status for each county program is also publically available on the DHS website. Both county performance data and county determination status are available at: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>

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

Finally, the Wisconsin Birth to 3 Program annually submits to the Wisconsin legislature on the progress of the Department of Health Services in implementing the Birth to 3 Program as required by Wis. Stat. §51.44(5)(c) .

Intro - Prior FFY Required Actions

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 11 attachments included in the State's FFY 2019 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2019 SPP/APR

Intro - OSEP Response

Intro - Required Actions

Indicator 1: Timely Provision of Services

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Compliance indicator: Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

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.

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

Instructions

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State's timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs' (OSEP's) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	85.79%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.90%	99.79%	99.83%	100.00%	99.90%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner	Total number of infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
10,530	11,251	99.90%	100%	99.98%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.

719

Provide reasons for delay, if applicable.

The acceptable delay reasons for Wisconsin are family reason, extreme weather and IFSP team determined that services should begin after the 30-day timeline. The only other reason is system reason and that is a non-compliant reason.

Include your State's criteria for "timely" receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

The Wisconsin Birth to 3 Program defines timely service as a service beginning within 30 days of a parent's consent and added to the Individual Family Service Plan

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

State database

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

July 1, 2020- June 30, 2021

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that 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

Provide additional information about this indicator (optional)

The validity and reliability of indicator #1 data has not been impacted by the COVID-19 pandemic. DHS does not believe the the COVID-19 pandemic made a significant impact on FFY 2020 indicator #1 performance since the Wisconsin Birth to 3 Program has continued to operate throughout the pandemic. DHS will continue to monitor the impact of COVID-19 on our indicator data.

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS issues a written finding of noncompliance to a county Birth to 3 Program when the annual compliance data review from January 1-March 31 shows less than 100% compliance for indicator 1. Although our indicator 1 data was less than 100% compliant during FFY 2019, no non-compliance for indicator 1 was found during the January 1 through March 31 data pull.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

1 - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory

requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS issues a written finding of noncompliance to a county Birth to 3 Program when the annual compliance data review from January 1-March 31 shows less than 100% compliance for indicator 1. Although our indicator 1 data was less than 100% compliant during FFY 2019, no non-compliance for indicator 1 was found during the January 1 through March 31 data pull.

1 - OSEP Response

1 - Required Actions

Indicator 2: Services in Natural Environments

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)).

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.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State's 618 data reported in Table 2. If not, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.10%

FFY	2015	2016	2017	2018	2019
Target>=	96.34%	96.35%	96.37%	96.40%	99.00%
Data	99.17%	99.61%	99.59%	99.40%	99.54%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%

Targets: Description of Stakeholder Input

The ICC reviewed the indicator 2 target at the 1/23/2020 meeting and the target was increased for FFY 2019 to 99%. During the 1/26/2022 ICC meeting, a decision was made to keep the target at 99% through FFY 2025.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,049
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Total number of infants and toddlers with IFSPs	5,070

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	Total number of Infants and toddlers with IFSPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,049	5,070	99.54%	99.00%	99.59%	Met target	No Slippage

Provide additional information about this indicator (optional).

The validity and reliability of indicator #2 data has not been impacted by the COVID-19 pandemic. DHS does not believe the the COVID -19 pandemic made a significant impact on FFY 2020 indicator #2 performance.

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3: Early Childhood Outcomes

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of infants and toddlers with IFSPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication); and
- C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

- 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.

Progress categories for A, B and C:

- a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# 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 = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# 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 = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# 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 = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# 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 = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

Summary Statement 1: Of those infants and toddlers who entered 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.

Instructions

Sampling of infants and toddlers with IFSPs is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or "developmentally delayed children") or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or "children with diagnosed conditions")). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

3 - Indicator Data

Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or "at-risk infants and toddlers") under IDEA section 632(5)(B)(i)? (yes/no)

NO

Targets: Description of Stakeholder Input

DHS staff annually present Child Outcome (indicator 3) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC reviewed the targets during the January 26, 2022 ICC meeting, and the targets will be changing. The Wisconsin Birth to 3 Program experienced slippage across all indicator 3, summary statements in FFY 2019 and FFY 2020 and we are currently performing under our baseline data. The Wisconsin Birth to 3 Program cannot say definitively why our performance in indicator 3, child outcomes has declined in recent years, but we are undertaking many improvement efforts as detailed in the FFY 2020 APR. The Wisconsin Birth to 3 Program has set our indicator 3 targets below the baseline for FFY 2021-FFY 2024. During these years we intend to undertake efforts and strategies to improve our indicator 3 performance, so that we gradually increase our performance back to our baseline data. The FFY 2025 targets are equivalent to the indicator 3 baseline data.

Historical Data

Outcome	Baseline	FFY	2015	2016	2017	2018	2019
A1	2018	Target>=	59.03%	59.04%	59.05%	59.06%	62.00%
A1	60.40%	Data	54.38%	56.01%	60.23%	60.40%	56.47%
A2	2018	Target>=	66.13%	66.14%	66.15%	66.16%	48.00%
A2	43.81%	Data	52.18%	47.96%	47.27%	43.81%	39.86%
B1	2018	Target>=	66.13%	66.14%	66.15%	66.16%	66.17%
B1	66.16%	Data	61.21%	62.02%	64.30%	63.84%	59.89%
B2	2018	Target>=	50.73%	50.74%	50.75%	50.76%	36.00%
B2	32.61%	Data	38.57%	34.17%	34.89%	32.61%	28.11%
C1	2018	Target>=	69.53%	69.54%	69.55%	69.56%	69.57%
C1	66.53%	Data	64.16%	64.88%	67.43%	66.53%	61.64%
C2	2018	Target>=	68.53%	68.54%	68.55%	68.56%	51.00%
C2	47.03%	Data	53.75%	49.57%	50.91%	47.03%	41.06%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1>=	62.00%	56.13%	57.20%	58.27%	59.34%	60.40%
Target A2>=	48.00%	37.77%	39.28%	40.79%	42.30%	43.81%
Target B1>=	66.17%	59.83%	61.41%	62.99%	64.57%	66.16%
Target B2>=	36.00%	27.43%	28.72%	30.01%	31.30%	32.61%
Target C1>=	69.57%	61.51%	62.77%	64.03%	55.29%	66.53%
Target C2>=	51.00%	39.23%	41.18%	43.13%	45.08%	47.03%

FFY 2020 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

3,734

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

Outcome A Progress Category	Number of children	Percentage of Total
a. Infants and toddlers who did not improve functioning	22	0.59%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,447	38.75%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	911	24.40%

Outcome A Progress Category	Number of children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	889	23.81%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	465	12.45%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	1,800	3,269	56.47%	62.00%	55.06%	Did not meet target	Slippage
A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program	1,354	3,734	39.86%	48.00%	36.26%	Did not meet target	Slippage

Provide reasons for A1 slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage across all of the six summary statements that make up indicator 3. The Wisconsin Birth to 3 Program believes the slippage experienced in our indicator 3 data is due, in part, to the impact of the COVID-19 pandemic. Studies have revealed that the COVID-19 pandemic poses risks to child development, including the developmental areas measured by indicator 3 (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). These risks result from social and economic stressors experienced during the pandemic including: social restrictions, distancing, and childcare shutdowns; loss of support networks; increased stress level of parents and caregivers as a result of illness caused by COVID; the difficulty of combining working from home with full-time childcare; and economic insecurity. Finally, studies have shown that the COVID pandemic also increases exposure to pre-existing vulnerabilities within families that impair child development including domestic violence, drug use, and mental illness.

The Wisconsin Birth to 3 Program is currently undertaking initiatives to foster improvements in our indicator 3, child outcomes data and recover from the impacts of the pandemic. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children develop and adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: sensitive, responsive caregiving; support for caregiver well-being; emotional support for children; social connectedness; and knowledge of parenting and child development. The Wisconsin Birth to 3 Program is also investing a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESource) are working together to gather information from county Birth to 3 Programs to inform professional development activities and implement evidence-based practices that will enhance our statewide, comprehensive professional development system and achieve our shared commitment to strengthening Wisconsin's Birth to 3 Program.

Additionally, the Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) to evaluate the results of the "Innovation in Social-Emotional Development" grant initiative undertaken in FFY 2019. In FFY 2019 county Birth to 3 Programs were given the opportunity to apply for grants from the Wisconsin Department of Health Services (DHS) to fund projects that support the implementation of evidence-based practices and system changes to improve social-emotional outcomes for enrolled children. The Birth to 3 Program Innovation in Social-Emotional Development grant initiative offered the opportunity for county programs to pilot projects that fell within the following scope (1) funding to purchase evidence-based screening and evaluation tools designed to identify delays in the social-emotional domain as well as funding to train staff and implement the application of these tools (2) funding for training and supports that increase the competence and confidence of Birth to 3 Program team members in assessing the social and emotional needs of children and (3) implementation of evidence-based interventions to address the social and emotional progress of enrolled children and their families. Examples of projects to being implemented in local Birth to 3 Programs with the Innovation in Social-Emotional Development grant initiative include:

- The integration of the Brazelton's Touchpoints Model of Development into service delivery;
- The development of a "Parent University" focused on improving parental responsiveness to the social and emotional needs of their child;
- The implementation of the Positive Parenting Program (Triple P) into service delivery;
- The development and implementation of infant massage and attachment series classes for parents; and
- The implementation of a Safe Babies Court Team to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect.

The Institute for Child and Family Well-Being, (ICFW) evaluation project will identify best practices and where or how to invest more resources and disseminate resources and practices statewide. The evaluation project will include surveying and interviewing grantees and Birth to 3 Program recipients and reviewing state-level data. Two reports from ICFW with insights into statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices will be shared with the Wisconsin Birth to 3 Program in April and May of 2022.

Though the focus of the Innovation in Social-Emotional Development grant initiative is social-emotional development, the Wisconsin Birth to 3 Program believes that the projects will positively impact all of the summary statements that make up indicator 3 (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). All aspects of an infant/toddler's development are

interconnected and influence each other. Projects funded through the "Innovation in Social- Emotional Development" grants aim to enhance and support emotional regulation, foster attachment between the child and caregivers, and build social competence. These social and emotional characteristics and skills have been identified as the foundations for future learning and development.

Finally, in FFY 2019, the Wisconsin Birth to 3 Program began incorporating indicator 3, child outcomes data into its county determinations process in order to focus attention on early intervention results achieved and to drive county Birth to 3 Programs to improve children's outcomes. The Wisconsin Birth to 3 Program is currently revising the county determination scoring system to place additional weight and emphasis on child outcomes. The Wisconsin Birth to 3 Program will obtain stakeholder input into the new determination process and scoring system throughout CY 2021. The Wisconsin Birth to 3 program intends to implement the new determination scoring system in CY 2023.

Provide reasons for A2 slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage across all of the six summary statements that make up indicator 3. The Wisconsin Birth to 3 Program believes the slippage experienced in our indicator 3 data is due, in part, to the impact of the COVID-19 pandemic. Studies have revealed that the COVID-19 pandemic poses risks to child development, including the developmental areas measured by indicator 3 (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). These risks result from social and economic stressors experienced during the pandemic including: social restrictions, distancing, and childcare shutdowns; loss of support networks; increased stress level of parents and caregivers as a result of illness caused by COVID; the difficulty of combining working from home with full-time childcare; and economic insecurity. Finally, studies have shown that the COVID pandemic also increases exposure to pre-existing vulnerabilities within families that impair child development including domestic violence, drug use, and mental illness.

The Wisconsin Birth to 3 Program is currently undertaking initiatives to foster improvements in our indicator 3, child outcomes data and recover from the impacts of the pandemic. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children develop and adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: sensitive, responsive caregiving; support for caregiver well-being; emotional support for children; social connectedness; and knowledge of parenting and child development. The Wisconsin Birth to 3 Program is also investing a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESource) are working together to gather information from county Birth to 3 Programs to inform professional development activities and implement evidence-based practices that will enhance our statewide, comprehensive professional development system and achieve our shared commitment to strengthening Wisconsin's Birth to 3 Program.

Additionally, the Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) to evaluate the results of the "Innovation in Social-Emotional Development" grant initiative undertaken in FFY 2019. In FFY 2019 county Birth to 3 Programs were given the opportunity to apply for grants from the Wisconsin Department of Health Services (DHS) to fund projects that support the implementation of evidence-based practices and system changes to improve social-emotional outcomes for enrolled children. The Birth to 3 Program Innovation in Social-Emotional Development grant initiative offered the opportunity for county programs to pilot projects that fell within the following scope (1) funding to purchase evidence-based screening and evaluation tools designed to identify delays in the social-emotional domain as well as funding to train staff and implement the application of these tools (2) funding for training and supports that increase the competence and confidence of Birth to 3 Program team members in assessing the social and emotional needs of children and (3) implementation of evidence-based interventions to address the social and emotional progress of enrolled children and their families. Examples of projects to be implemented in local Birth to 3 Programs with the Innovation in Social-Emotional Development grant initiative include:

- The integration of the Brazelton's Touchpoints Model of Development into service delivery;
- The development of a "Parent University" focused on improving parental responsiveness to the social and emotional needs of their child;
- The implementation of the Positive Parenting Program (Triple P) into service delivery;
- The development and implementation of infant massage and attachment series classes for parents; and
- The implementation of a Safe Babies Court Team to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect.

The Institute for Child and Family Well-Being, (ICFW) evaluation project will identify best practices and where or how to invest more resources and disseminate resources and practices statewide. The evaluation project will include surveying and interviewing grantees and Birth to 3 Program recipients and reviewing state-level data. Two reports from ICFW with insights into statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices will be shared with the Wisconsin Birth to 3 Program in April and May of 2022.

Though the focus of the Innovation in Social-Emotional Development grant initiative is social-emotional development, the Wisconsin Birth to 3 Program believes that that the projects will positively impact all of the summary statements that make up indicator 3 (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). All aspects of an infant/toddler's development are interconnected and influence each other. Projects funded through the "Innovation in Social- Emotional Development" grants aim to enhance and support emotional regulation, foster attachment between the child and caregivers, and build social competence. These social and emotional characteristics and skills have been identified as the foundations for future learning and development.

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

Outcome B Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	17	0.46%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,460	39.10%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,281	34.31%

Outcome B Progress Category	Number of Children	Percentage of Total
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	780	20.89%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	196	5.25%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,061	3,538	59.89%	66.17%	58.25%	Did not meet target	Slippage
B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program	976	3,734	28.11%	36.00%	26.14%	Did not meet target	Slippage

Provide reasons for B1 slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage across all of the six summary statements that make up indicator 3. The Wisconsin Birth to 3 Program believes the slippage experienced in our indicator 3 data is due, in part, to the impact of the COVID-19 pandemic. Studies have revealed that the COVID-19 pandemic poses risks to child development, including the developmental areas measured by indicator 3 (positive social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs). These risks result from social and economic stressors experienced during the pandemic including: social restrictions, distancing, and childcare shutdowns; loss of support networks; increased stress level of parents and caregivers as a result of illness caused by COVID; the difficulty of combining working from home with full-time childcare; and economic insecurity. Finally, studies have shown that the COVID pandemic also increases exposure to pre-existing vulnerabilities within families that impair child development including domestic violence, drug use, and mental illness.

The Wisconsin Birth to 3 Program is currently undertaking initiatives to foster improvements in our indicator 3, child outcomes data and recover from the impacts of the pandemic. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children develop and adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: sensitive, responsive caregiving; support for caregiver well-being; emotional support for children; social connectedness; and knowledge of parenting and child development. The Wisconsin Birth to 3 Program is also investing a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESorce) are working together to gather information from county Birth to 3 Programs to inform professional development activities and implement evidence-based practices that will enhance our statewide, comprehensive professional development system and achieve our shared commitment to strengthening Wisconsin's Birth to 3 Program.

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- The integration of the Brazelton's Touchpoints Model of Development into service delivery;
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Provide reasons for B2 slippage, if applicable

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Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Total
a. Infants and toddlers who did not improve functioning	10	0.27%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,344	35.99%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	988	26.46%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,064	28.49%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	328	8.78%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program	2,052	3,406	61.64%	69.57%	60.25%	Did not meet target	Slippage
C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program	1,392	3,734	41.06%	51.00%	37.28%	Did not meet target	Slippage

Provide reasons for C1 slippage, if applicable

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The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Question	Number
The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State's Part C exiting 618 data	5,517
The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.	1,644

Sampling Question	Yes / No
Was sampling used?	NO

Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)

YES

List the instruments and procedures used to gather data for this indicator.

County Birth to 3 Programs enter individual child entrance and exit ratings in our statewide database, the Program Participation System (PPS). The Wisconsin Birth to 3 Program data manager pulls the data from PPS for the required data reporting period and uses the Child Outcomes analytic calculator to arrive at data reported in the APR.

Provide additional information about this indicator (optional).

3 - Prior FFY Required Actions

None

3 - OSEP Response

3 - Required Actions

Indicator 4: Family Involvement

Instructions and Measurement

Monitoring Priority: Early Intervention Services In Natural Environments

Results indicator: Percent of families participating in Part C who report that early intervention services have helped the family:

- A. Know their rights;
- B. Effectively communicate their children's needs; and
- C. Help their children develop and learn.

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

Data Source

State selected data source. State must describe the data source in the SPP/APR.

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.

Instructions

Sampling of families participating in Part C is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) page 2 for additional instructions on sampling.)

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year's response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State's analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

4 - Indicator Data

Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2011	Target>=	82.88%	82.93%	82.98%	83.03%	85.00%
A	82.83%	Data	89.37%	92.92%	75.06%	76.57%	78.20%
B	2011	Target>=	87.54%	87.59%	87.64%	87.69%	89.00%
B	87.49%	Data	93.49%	91.37%	82.75%	81.71%	87.74%
C	2011	Target>=	85.25%	85.30%	85.35%	85.40%	92.00%

C	85.20 %	Data	91.57%	93.25%	81.35%	77.14%	82.83%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target A>=	85.00%	76.21%	77.87%	79.53%	81.19%	82.83%
Target B>=	89.00%	82.20%	83.60%	85.00%	86.40%	87.79%
Target C>=	92.00%	80.61%	81.76%	82.91%	84.06%	85.20%

Targets: Description of Stakeholder Input

DHS staff annually present Family Outcome (Indicator 4) data results for each FFY to the Wisconsin Interagency Coordinating Council (ICC). The ICC reviewed the targets during the January 26, 2022 meeting, and the targets will be changing. The Wisconsin Birth to 3 Program experienced slippage in indicator 4 in FFY 2020 and we are currently performing under our baseline data. The Wisconsin Birth to 3 Program is undertaking efforts to improve our indicator 4 data as detailed in the FFY 2020 APR. The Wisconsin Birth to 3 Program has set our indicator 4 targets below the baseline for FFY 2021-FFY 2024. During these years we intend to undertake efforts and strategies to improve our indicator 4 performance, so that we gradually increase our performance back to our baseline data. The FFY 2025 targets are equivalent to the indicator 4 baseline data.

FFY 2020 SPP/APR Data

The number of families to whom surveys were distributed	3,168
Number of respondent families participating in Part C	224
Survey Response Rate	7.07%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	167
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	224
B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	181
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	224
C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn	178
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	224

Measure	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2)	78.20%	85.00%	74.55%	Did not meet target	Slippage
B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2)	87.74%	89.00%	80.80%	Did not meet target	Slippage
C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2)	82.83%	92.00%	79.46%	Did not meet target	Slippage

Provide reasons for part A slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage in indicators 4A, 4B, and 4C. We have analyzed our FFY 2020 family survey data, and we have identified outlier questions with poor performance and steep slippage. The FFY 2020 family survey questions with the sharpest decline in performance as compared to the FFY 2019 survey data are listed below:

- The Birth to 3 program has been helpful in connecting you with other services or people who can help your child and family?
- The Birth to 3 Program has been helpful in sharing ideas on how to include your child in daily activities?
- The Birth to 3 Program has been helpful in developing a good relationship with you and your family?
- The Birth to 3 Program has been helpful in giving you useful information about available options when your child leaves the program?

The Wisconsin Birth to 3 Program believes that our FFY 2020 indicator 4 data performance was impacted by the COVID pandemic. Many of the outlier questions detailed above with the poorest performance and sharpest declines in performance in FFY 2020 were related to social opportunities,

recreational opportunities, and connecting with others. As social restrictions and distancing have been used as a means of containing the spread of the coronavirus and protecting the public health many families have experienced a loss of support networks and social/recreational opportunities. We expect our indicator 4 data to improve as the pace of COVID infections slow and as businesses and recreational centers reopen.

The Wisconsin Birth to 3 Program is also undertaking initiatives, which we believe will improve performance in the survey areas where we experienced slippage and poor performance in FFY 2020. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: social connectedness, support for caregiver well-being, concrete support in times of need, and emotional support for children. As many of our poorest survey responses were related to social supports, caregiver well-being, and social connections, we believe these grants may improve our survey data and indicator 4 performance.

Additionally, the Wisconsin Birth to 3 Program has recently formed a Birth to 3 Program Transitions Workgroup. The goal of this workgroup is to identify opportunities to improve the experience families have in transitioning from the Birth to 3 Program to special education and other appropriate services to support children's needs and development. As some of the family survey questions with poor performance in FFY 2020 were related to transitions and knowing what options are available when a child leaves the Birth to 3 Program, we believe the activities undertaken by this workgroup will improve our indicator 4 performance.

Provide reasons for part B slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage in indicators 4A, 4B, and 4C. We have analyzed our FFY 2020 family survey data, and we have identified outlier questions with poor performance and steep slippage. The FFY 2020 family survey questions with the sharpest decline in performance as compared to the FFY 2019 survey data are listed below:

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- The Birth to 3 Program has been helpful in giving you useful information about available options when your child leaves the program?

The Wisconsin Birth to 3 Program believes that our FFY 2020 indicator 4 data performance was impacted by the COVID pandemic. Many of the outlier questions detailed above with the poorest performance and sharpest declines in performance in FFY 2020 were related to social opportunities, recreational opportunities, and connecting with others. As social restrictions and distancing have been used as a means of containing the spread of the coronavirus and protecting the public health many families have experienced a loss of support networks and social/recreational opportunities. We expect our indicator 4 data to improve as the pace of COVID infections slow and as businesses and recreational centers reopen.

The Wisconsin Birth to 3 Program is also undertaking initiatives, which we believe will improve performance in the survey areas where we experienced slippage and poor performance in FFY 2020. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: social connectedness, support for caregiver well-being, concrete support in times of need, and emotional support for children. As many of our poorest survey responses were related to social supports, caregiver well-being, and social connections, we believe these grants may improve our survey data and indicator 4 performance.

Additionally, the Wisconsin Birth to 3 Program has recently formed a Birth to 3 Program Transitions Workgroup. The goal of this workgroup is to identify opportunities to improve the experience families have in transitioning from the Birth to 3 Program to special education and other appropriate services to support children's needs and development. As some of the family survey questions with poor performance in FFY 2020 were related to transitions and knowing what options are available when a child leaves the Birth to 3 Program, we believe the activities undertaken by this workgroup will improve our indicator 4 performance.

Provide reasons for part C slippage, if applicable

In FFY 2020, the Wisconsin Birth to 3 Program experienced slippage in indicators 4A, 4B, and 4C. We have analyzed our FFY 2020 family survey data, and we have identified outlier questions with poor performance and steep slippage. The FFY 2020 family survey questions with the sharpest decline in performance as compared to the FFY 2019 survey data are listed below:

- The Birth to 3 program has been helpful in connecting you with other services or people who can help your child and family?
- The Birth to 3 Program has been helpful in sharing ideas on how to include your child in daily activities?
- The Birth to 3 Program has been helpful in developing a good relationship with you and your family?
- The Birth to 3 Program has been helpful in giving you useful information about available options when your child leaves the program?

The Wisconsin Birth to 3 Program believes that our FFY 2020 indicator 4 data performance was impacted by the COVID pandemic. Many of the outlier questions detailed above with the poorest performance and sharpest declines in performance in FFY 2020 were related to social opportunities, recreational opportunities, and connecting with others. As social restrictions and distancing have been used as a means of containing the spread of the coronavirus and protecting the public health many families have experienced a loss of support networks and social/recreational opportunities. We expect our indicator 4 data to improve as the pace of COVID infections slow and as businesses and recreational centers reopen.

The Wisconsin Birth to 3 Program is also undertaking initiatives, which we believe will improve performance in the survey areas where we experienced slippage and poor performance in FFY 2020. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow county Birth to 3 Programs to apply for one-time grants from The Wisconsin Department of Health Services to fund projects that

support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: social connectedness, support for caregiver well-being, concrete support in times of need, and emotional support for children. As many of our poorest survey responses were related to social supports, caregiver well-being, and social connections, we believe these grants may improve our survey data and indicator 4 performance.

Additionally, the Wisconsin Birth to 3 Program has recently formed a Birth to 3 Program Transitions Workgroup. The goal of this workgroup is to identify opportunities to improve the experience families have in transitioning from the Birth to 3 Program to special education and other appropriate services to support children's needs and development. As some of the family survey questions with poor performance in FFY 2020 were related to transitions and knowing what options are available when a child leaves the Birth to 3 Program, we believe the activities undertaken by this workgroup will improve our indicator 4 performance.

Sampling Question	Yes / No
Was sampling used?	NO

Question	Yes / No
Was a collection tool used?	YES
If yes, is it a new or revised collection tool?	NO
The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.	NO

If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

DHS is undertaking several actions to ensure that, in the future, response data for the Family Survey are representative of the demographics of infants, toddlers, and families enrolled in the program. DHS has personalized the envelope used for mailing the Family Survey to program participants and has also marked the envelope as containing a survey. DHS is also providing the cover letter of the survey in English and Spanish to all program participants and is providing the survey in Spanish to all program participants recorded as Hispanic in our Program Participation System (PPS). Additionally, DHS developed a Birth to 3 Program family communications newsletter. This newsletter is distributed periodically to families of children enrolled in the Birth to 3 Program. DHS plans to use this publication to better support and inform families about our programs, and DHS plans to use the newsletter to notify families of the importance of the Family Survey and encourage responses from families.

DHS is also planning to partner with racial and ethnic advocacy agencies and tribal health agencies to educate families in the Birth to 3 Program on the importance of the Family Survey and the importance of contributing their voice to the Birth to 3 Program. DHS anticipates that the work with these advocacy agencies will increase the response rate of minorities and lower socioeconomic participants in the Birth to 3 Program. DHS also plans to investigate other States' strategies for improving the representativeness of their surveys and will access national technical assistance available to States to improve the representativeness of the Family Survey.

Survey Response Rate

FFY	2019	2020
Survey Response Rate	13.73%	7.07%

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The Wisconsin Birth to 3 Program is undertaking several actions to increase our survey response rate. In quarter 4 of calendar year 2021, the Wisconsin Birth to 3 Program completed the following actions:

- Changed the frequency of survey distribution: The survey is now mailed monthly to families as they transition out of the program (rather than an annual distribution).
- Shortened the survey length: Wisconsin now utilizes only section B of Early Child Outcomes (ECO) survey and demographics questions
- Enhanced survey distribution methods: DHS now sends the surveys through mail and email. Additionally, individuals receiving the paper copy are able to respond to the survey electronically through a QR code
- Completed a Family Experience survey fact sheet to support local/county Birth to 3 Programs and advocacy agencies in explaining the survey to families.

As a result of these efforts, the Wisconsin Birth to 3 Program is already seeing an increase in our survey response rate.

Additionally, DHS is planning to partner with racial and ethnic advocacy agencies and tribal health agencies to educate families in the Birth to 3 Program on the importance of the Family Survey and the importance of contributing their voice to the Birth to 3 Program. DHS anticipates that the work with these advocacy agencies will increase the response rate of minorities and lower socioeconomic participants in the Birth to 3 Program. DHS also plans to investigate other States' strategies for improving the representativeness of their surveys and will access national technical assistance available to States to improve the representativeness of the Family Survey.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

In FFY 2020 the Wisconsin Birth to 3 Program distributed 3,168 Early Childhood Outcomes (ECO) Family Surveys and received 237 completed surveys, a return rate of 7.5%. In FFY 2019 the return rate for the Early Childhood Outcomes (ECO) Family Surveys for the Wisconsin Birth to 3 Program was 13.7%.

Among the responses received in FFY 2020, there was bias identified in the race and ethnicity of the survey respondents when compared to the race and ethnicity of the Wisconsin Birth to 3 Program participants reported in FFY 2020 618 child count data. 15% of survey respondents were non-white while the percentage of non-white families reported in the Wisconsin FFY 2020 618 child count data was 18%. Additionally, 12% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2020 618 child count data was 15%. In FFY 2020 the Wisconsin Birth to 3 Program distributed surveys to all families enrolled in the program for a minimum of six months using a one-day count occurring in FFY 2020. Given the race and ethnicity analysis of survey respondents discussed above, the Wisconsin Birth to 3 Program has identified a slight nonresponse bias in race and ethnicity of non-respondents.

Include the State's analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

In FFY 2020 the Wisconsin Birth to 3 Program distributed 3,168 Early Childhood Outcomes (ECO) Family Surveys and received 237 completed surveys, a return rate of 7.5%. The ECO Family Survey distribution list was developed from a one-day count of data in the Program Participation System (PPS). In FFY 2020 the Wisconsin Birth to 3 Program continued the practice of distributing the ECO Family Survey to all families enrolled in the program, a practice started in FFY 2010. Survey recipients included families enrolled in a Birth to 3 Program in Wisconsin for a minimum of six months, also a 23 Part C continuation of the survey process implemented in FFY 2010. In FFY 2020, DHS continued to emphasize the expectation for county Birth to 3 Programs to update PPS data on a monthly basis to ensure the accuracy of the survey distribution list and demographic information.

15% of the surveys were completed by non-white families, a lower percent than the 18% of non-white Wisconsin families as reported in the Wisconsin FFY 2020 618 child count data. 12% of surveys were completed by Hispanic families, a lower percent than the 15% of Wisconsin families reported as Hispanic in the FFY 2020 618 child count report. 61% of the respondents had male children in the Birth to 3 Program and 39% had female children. 29% of families completed the survey before their child was two years old. 56% of families completed the survey when their child was between two and three years old. 14% of families completed the survey after their child already turned three years old and left the Birth to 3 Program.

Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).

To determine representativeness of the survey respondents, the Wisconsin Birth to 3 Program compared the race and ethnicity share of the survey respondents to the race and ethnicity data reported in the FFY 2020 618 child count data. We believe that given the number of surveys sent on an annual basis and the number of responses received, the percentage share of the survey responses should be equal to the race and ethnicity make-up of the Wisconsin Birth to 3 Program in the respective fiscal year.

Provide additional information about this indicator (optional).

The validity and reliability of indicator #4 data has not been impacted by the COVID-19 pandemic

4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

Response to actions required in FFY 2019 SPP/APR

4 - OSEP Response

4 - Required Actions

Indicator 5: Child Find (Birth to One)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED Facts Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

5 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2008	0.86%

FFY	2015	2016	2017	2018	2019
Target >=	0.95%	0.95%	0.95%	0.95%	1.05%
Data	1.03%	0.97%	1.03%	1.04%	1.00%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	1.05%	1.06%	1.07%	1.08%	1.09%	1.10%

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its Indicator 5 target of 0.95% from FFY 2013 - FFY 2018. The ICC reviewed the target at the 1/23/2020 ICC meeting, and the target was increased for FFY 2019 to 1.05%. During the 1/26/2022 ICC meeting a decision was made to gradually increase the indicator 5 target to reach 1.1 by FFY 2025.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 1 with IFSPs	515
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 1	62,759

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
515	62,759	1.00%	1.05%	0.82%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Wisconsin Birth to 3 Program believes that our FFY 2020 indicator 5 data performance was impacted by the COVID pandemic. The Wisconsin Birth to 3 Program experienced a decrease in referrals and enrollment during the COVID-19 pandemic, especially in the early months of the pandemic. In response, the Wisconsin Birth to 3 Program launched a public service announcement (PSA) campaign aimed to support child find efforts and referrals to the Birth to 3 Program, especially through the lens of COVID-19 and the impact the pandemic has had across Wisconsin. DHS launched the Birth to 3 Program PSA campaign to alert families, providers, physicians, and other health and child care professionals that the Wisconsin Birth to 3 Program continues to provide services and that they should continue referring any child under the age of 3 to the Birth to 3 Program if they have concerns about

the child's growth and development. Through the PSA campaign, DHS developed and published a flyer, social media campaign, and a media toolkit and sent these materials to local agencies, statewide partners, and other stakeholders to boost grassroots outreach across Wisconsin, and to spread the word that the Wisconsin Birth to 3 Program is providing continuous support throughout the COVID pandemic. The Birth to 3 Program PSA campaign materials are available on the Birth to 3 Program homepage on the DHS website. Additionally, in FFY 2020, the Wisconsin Birth to 3 Program launched the First 1,000 Days Wisconsin Child Find Campaign. The goals of this campaign are to:

- Help families understand the Birth to 3 Program.
- Help doctors and professionals who work with children to talk with families about the program.
- Encourage families to act early.
- Support local/county Birth to 3 Program child find activities.

The Wisconsin Birth to 3 Program created the First 1,000 Days State Level Child Find campaign to establish a state-level child find framework and support local Child Find child find efforts. By providing ready-to-use materials to promote the Birth to 3 Program across Wisconsin, the Wisconsin Birth to 3 Program aims to create more equitable access to early intervention information for families and referral sources in all 72 counties. All materials are available in English, Spanish, and Hmong. Additional information about the First 1,000 Days State Level Child Find campaign can be found at the following link: <https://www.dhs.wisconsin.gov/dms/memos/info/2021-01.htm>

As a result of our efforts, the Wisconsin Birth to 3 Program's monthly referral and enrollment is back to pre-pandemic levels.

Provide additional information about this indicator (optional)

The validity and reliability of indicator 5 data has not been impacted by the COVID-19 pandemic.

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Child Find (Birth to Three)

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

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

Data Source

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (EMAPS)) and Census (for the denominator).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations. The data reported in this indicator should be consistent with the State's reported 618 data reported in Table 1. If not, explain why.

6 - Indicator Data

Baseline Year	Baseline Data
2005	2.79%

FFY	2015	2016	2017	2018	2019
Target >=	2.83%	2.83%	2.83%	2.83%	3.00%
Data	2.85%	2.79%	2.90%	3.03%	3.04%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	3.00%	3.01%	3.02%	3.03%	3.04%	3.05%

Targets: Description of Stakeholder Input

The ICC reviews data performance and targets on an annual basis in order to advise the Part C program on any changes or revisions. The Wisconsin Birth to 3 Program has met its target for indicator 6 from FFY 2017 -FFY 2018. The ICC reviewed the target during the 1/23/2020 ICC meeting, and the target was increased for FFY 2019 to 3%. During the ICC meeting on 1/26/2022, a decision was made to gradually increase the indicator #6 target to reach 3.05 by 2025.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/07/2021	Number of infants and toddlers birth to 3 with IFSPs	5,070
Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020	07/01/2020	Population of infants and toddlers birth to 3	191,527

FFY 2020 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
5,070	191,527	3.04%	3.00%	2.65%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Wisconsin Birth to 3 Program believes that our FFY 2020 indicator #6 data performance was impacted by the COVID pandemic. The Wisconsin Birth to 3 Program experienced a decrease in referrals and enrollment during the COVID-19 pandemic, especially in the early months of the pandemic. In response, the Wisconsin Birth to 3 Program launched a public service announcement (PSA) campaign aimed to support child find efforts and referrals to the Birth to 3 Program, especially through the lens of COVID-19 and the impact the pandemic has had across Wisconsin. DHS launched the Birth to 3 Program PSA campaign to alert families, providers, physicians, and other health and child care professionals that the Wisconsin Birth to 3 Program continues to provide services and that they should continue referring any child under the age of 3 to the Birth to 3 Program if they have concerns about the child's growth and development. Through the PSA campaign, DHS developed and published a flyer, social media campaign, and a media toolkit and sent these materials to local agencies, statewide partners, and other stakeholders to boost grassroots outreach across Wisconsin, and to spread the

word that the Wisconsin Birth to 3 Program is providing continuous support throughout the COVID pandemic. The Birth to 3 Program PSA campaign materials are available on the Birth to 3 Program homepage on the DHS website. Additionally, in FFY 2020, the Wisconsin Birth to 3 Program launched the First 1,000 Days Wisconsin Child Find Campaign. The goals of this campaign are to:

- Help families understand the Birth to 3 Program.
- Help doctors and professionals who work with children to talk with families about the program.
- Encourage families to act early.
- Support local/county Birth to 3 Program child find activities.

The Wisconsin Birth to 3 Program created the First 1,000 Days State Level Child Find campaign to establish a state-level child find framework and support local Child Find child find efforts. By providing ready-to-use materials to promote the Birth to 3 Program across Wisconsin, the Wisconsin Birth to 3 Program aims to create more equitable access to early intervention information for families and referral sources in all 72 counties. All materials are available in English, Spanish, and Hmong. Additional information about the First 1,000 Days State Level Child Find campaign can be found at the following link: <https://www.dhs.wisconsin.gov/dms/memos/info/2021-01.htm>

As a result of our efforts, the Wisconsin Birth to 3 Program's monthly referral and enrollment is back to pre-pandemic levels.

Provide additional information about this indicator (optional).

The validity and reliability of indicator 6 data has not been impacted by the COVID-19 pandemic.

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: 45-Day Timeline

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Child Find

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

Data Source

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

Measurement

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) 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.

Instructions

If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

7 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	74.40%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.42%	99.44%	99.19%	99.11%	99.36%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline	Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4,454	6,105	99.36%	100%	99.59%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.

1,626

Provide reasons for delay, if applicable.

The acceptable delay reasons for Wisconsin are family reason and extreme weather. The only other reason is system reason and that is a non-compliant reason.

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

State database

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

July 1, 2020 - June 31, 2021

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a datamart that 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.

Provide additional information about this indicator (optional).

The validity and reliability of indicator #7 data has not been impacted by the COVID-19 pandemic

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of:

- 1) timeliness of correction and
- 2) identification of root causes contributing to both initial and long-standing findings of noncompliance.

This process verifies correct implementation of the regulatory requirements of this indicator through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

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

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements articulated in OSEP Memorandum 09-02. A two-step verification process exists, including a review of updated system-level data and correction of all individual cases of noncompliance. All findings of individual noncompliance for indicator 7 are corrected through:

- Child file documentation review to ensure the implementation of required activity for the indicator.
 - System level correction demonstrated by identifying 60 consecutive days with 100% compliant data in the statewide data base for the indicator 7
- The Wisconsin Birth to 3 Program verifies through a review of data within the PPS data system that all children for whom services were not initiated in a timely manner subsequently had their services initiated unless the child was no longer within the jurisdiction of the local EI program in accordance with requirements articulated in OSEP Memorandum 09-02, dated October 17, 2008

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

7 - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

7 - OSEP Response

7 - Required Actions

Indicator 8A: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.

B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	100.00%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	99.78%	99.83%	99.87%	99.45%	99.66%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday. (yes/no)

YES

Number of children exiting Part C who have an IFSP with transition steps and services	Number of toddlers with disabilities exiting Part C	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,543	4,144	99.66%	100%	99.83%	Did not meet target	No Slippage

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of children exiting Part C who have an IFSP with transition steps and services" field to calculate the numerator for this indicator.

594

Provide reasons for delay, if applicable.

Family reason is the only compliant reason for 8A for Wisconsin. The only other reason is system reason and that is a non-compliant reason.

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

State database

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

July 1, 2020-June 30, 2021

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on the accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that 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

Provide additional information about this indicator (optional)

The validity and reliability of indicator #8A data has not been impacted by the COVID-19 pandemic. DHS does not believe the the COVID -19 pandemic made a significant impact on FFY 2020 indicator #8A performance.

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS issues a written finding of noncompliance to a local Birth to 3 Program when the annual compliance data review from January 1-March 31 shows less than 100% compliance for indicator 8A. Although our 8A indicator data was less than 100% compliant during FFY 2019, no non-compliance for indicator 8A was found during the January 1 through March 31 data pull.

Correction of Findings of Noncompliance Identified in FFY 2019

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

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8A - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS issues a written finding of noncompliance to a local Birth to 3 Program when the annual compliance data review from January 1-March 31 shows less than 100% compliance for indicator 8A. Although our 8A indicator data was less than 100% compliant during FFY 2019, no non-compliance for indicator 8A was found during the January 1 through March 31 data pull.

8A - OSEP Response

8A - Required Actions

Indicator 8B: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday)}}{\text{(\# of toddlers with disabilities exiting Part C)}} \right] \times 100$.

B. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

C. Percent = $\left[\frac{\text{(\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B)}}{\text{(\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)}} \right] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8B - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	83.45%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	98.71%	98.46%	97.78%	97.65%	98.27%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data include notification to both the SEA and LEA

YES

Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,040	3,167	98.27%	100%	98.93%	Did not meet target	No Slippage

Number of parents who opted out

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

94

Provide reasons for delay, if applicable.

Family reason is the only compliant reason for 8B for Wisconsin. The only other reason is system reason and that is a non-compliant reason.

Describe the method used to collect these data.

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that 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.

Do you have a written opt-out policy? (yes/no)

YES

If yes, is the policy on file with the Department? (yes/no)

YES

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

State database

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

July 1, 2020-June 30, 2021

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a data mart that 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.

Provide additional information about this indicator (optional).

The validity and reliability of indicator 8B data has not been impacted by the COVID-19 pandemic. DHS does not believe the the COVID -19 pandemic made a significant impact on FFY 2020 indicator 8B performance.

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements*.

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of:

- 1) timeliness of correction and
- 2) identification of root causes contributing to both initial and long-standing findings of noncompliance.

This process verifies correct implementation of the regulatory requirements of indicator 8B, through a two-step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

Describe how the State verified that each *individual case* of noncompliance was corrected.

These specific children left the program at the time of verification and were no longer in the program's jurisdiction.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8B - Prior FFY Required Actions

The State did not provide the reasons for delay as required by the Measurement Table. The State must report reasons for delay for FFY 2020 in its FFY 2020 SPP/APR.

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8B - OSEP Response

8B - Required Actions

Indicator 8C: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / Effective Transition

Compliance indicator: The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

- A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday;
- B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (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)

Data Source

Data to be taken from monitoring or State data system.

Measurement

A. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}}{\text{\# of toddlers with disabilities exiting Part C}} \right] \times 100$.

B. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

C. Percent = $\left[\frac{\text{\# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}}{\text{\# of toddlers with disabilities exiting Part C who were potentially eligible for Part B}} \right] \times 100$.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

Instructions

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State's monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child's record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child's record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to "opt-out" of the referral. Under the State's opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State's Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP's response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

8C - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	66.20%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%

Data	99.02%	99.57%	97.74%	97.31%	97.88%
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Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

FFY 2020 SPP/APR Data

Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)

YES

Number of toddlers with disabilities exiting Part C where the transition conference occurred 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	Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,876	3,167	97.88%	100%	99.27%	Did not meet target	No Slippage

Number of toddlers for whom the parent did not provide approval for the transition conference

This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.

824

Number of documented delays attributable to exceptional family circumstances

This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred 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" field to calculate the numerator for this indicator.

450

Provide reasons for delay, if applicable.

Acceptable delay reasons for Wisconsin are: family did not consent to a TPC; family did not provide timely consent; child referred after 2 years and nine months of age; family was not available for transition planning process; and child exited program prior to TPC. The reasons that will result in a finding of non-compliance are: LEA did not attend TPC; transition process was not timely; not able to schedule with LEA

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

State database

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

July 1, 2020-June 30, 2021

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

DHS uses a statewide database, the Program Participation System (PPS), to collect child enrollment information. DHS reports on all data entered into PPS for the full reporting period. DHS continues to increase focus on accuracy of data collection and reporting as part of its general supervision process through the following activities:

1. Conduct annual data review and analysis near the close of the federal fiscal year at the state and local program level. Programs must certify their data is complete and accurate.
2. Use a datamart that 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.

Provide additional information about this indicator (optional).

The validity and reliability of indicator #8C data has not been impacted by the COVID-19 pandemic. DHS does not believe the the COVID -19 pandemic made a significant impact on FFY 2020 indicator #8C performance.

Correction of Findings of Noncompliance Identified in FFY 2019

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

FFY 2019 Findings of Noncompliance Verified as Corrected

Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements.

The verification process for the correction of findings of noncompliance used in Wisconsin implements the requirements of the OSEP Memorandum 09-02. In the fall of 2013, the Wisconsin Birth to 3 Program finalized revisions to the findings of noncompliance correction process to target improvement of:

- 1) timeliness of correction and
- 2) identification of root causes contributing to both initial and long-standing findings of noncompliance.

This process verifies correct implementation of the regulatory requirements of indicator 8C. through a two -step verification process and corresponding root cause analysis. The two-step verification process includes a review of updated system-level data and correction of all cases of noncompliance. All findings of noncompliance corrected were verified based on a review of 60 consecutive days of data which reflect 100% compliance.

Describe how the State verified that each *individual case of noncompliance was corrected.*

These specific children left the program at the time of verification and were no longer in the program’s jurisdiction.

Correction of Findings of Noncompliance Identified Prior to FFY 2019

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

Response to actions required in FFY 2019 SPP/APR

8C - OSEP Response

8C - Required Actions

Indicator 9: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (*EMAPS*)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

YES

Provide an explanation of why it is not applicable below.

This indicator is not applicable as Part B due process procedures under section 615 of the IDEA have not been implemented in the Wisconsin Birth to 3 Program.

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part C / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

Data Source

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's 618 data, explain.

States are not required to report data at the EIS program level.

10 - Indicator Data

Select yes to use target ranges

Target Range not used

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	0
SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	0

Targets: Description of Stakeholder Input

The governor-appointed Interagency Coordinating Council (ICC) discussed the low number of mediations received annually and the need to enter targets for the next five-year cycle. Although a target is not required for programs with less than 10 mediations per year, the ICC agreed to target 100% per year. No matter how many mediations are received, the goal for each is to get mediation agreements signed.

Historical Data

Baseline Year	Baseline Data
2005	

FFY	2015	2016	2017	2018	2019
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
Data					

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

FFY 2020 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
0	0	0		100.00%		N/A	N/A

Provide additional information about this indicator (optional)

Although a target is not required for programs with less than 10 mediations per year, the ICC agreed to target 100% per year. No matter how many mediations are received, the goal for each is to get mediation agreements signed.

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

Indicator 11: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

11 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

Wisconsin's State Identified Measureable Result (SiMR) is the percentage of children who enter the Birth to 3 Program below age expectations in positive social and emotional skills, including social relationships, that make greater than expected gains by the time they exit the program as measured by indicator 3 - child outcomes, outcome A, summary statement 1.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://www.dhs.wisconsin.gov/publications/p01036.pdf>

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2018	60.40%

Targets

FFY	2020	2021	2022	2023	2024	2025
Target>=	62.00%	56.13%	57.20%	58.27%	59.34%	60.40%

FFY 2020 SPP/APR Data

		FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1,800	3,269	56.47%	62.00%	55.06%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The Wisconsin Birth to 3 Program believes the slippage experienced in our SiMR data is due, in part, to the impact of the COVID-19 pandemic. Studies have revealed that the COVID-19 pandemic poses risks to child development, including the developmental area measured by the Wisconsin Birth to 3 Program's SiMR – positive social and emotional skills. These risks to child development result from social and economic stressors experienced during the pandemic including: social restrictions, distancing, and childcare shutdowns; loss of support networks; increased stress level of parents and caregivers as a result of illness caused by COVID; the difficulty of combining working from home with full-time childcare; and economic insecurity. Finally, studies have shown that the COVID pandemic also increases exposure to pre-existing vulnerabilities within families that impair social and emotional development including domestic violence, drug use, and mental illness.

The Wisconsin Birth to 3 Program is currently undertaking initiatives to foster improvements in our SiMR data and help children and families participating in the Birth to 3 Program recover from the impacts of the COVID pandemic. As an example, the Wisconsin Birth to 3 Program intends to use approximately \$1 million of the supplemental American Rescue Plan Act (ARPA) funds to support a Child and Family-Focused Pandemic Recovery Supports grant initiative. The initiative will allow local/county Birth to 3 Programs to apply for grants from The Wisconsin Department of Health Services to fund projects that support child and family-focused pandemic recovery efforts at the local level. All proposals are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the grant application as applicable to COVID pandemic recovery include: sensitive, responsive caregiving; support for caregiver well-being; emotional support for children, social connectedness; and knowledge of parenting and child development.

Additionally, the Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (a community-university partnership between the Children's Wisconsin hospital system and the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee) to evaluate the results of the "Innovation in Social-Emotional Development" grant initiative undertaken in FFY 2019 and FFY 2020. In FFY 2019 local Birth to 3 Programs were given the opportunity to apply for grants from DHS to fund projects that support the implementation of evidence-based practices and system changes to improve social-emotional outcomes for enrolled children. The Birth to 3 Program Innovation in Social-Emotional Development grant initiative offered the opportunity for local programs to pilot projects that fell within the following scope:

- Funding to purchase evidence-based screening and evaluation tools designed to identify delays in the social-emotional domain as well as funding to train staff and implement the application of these tools;
- Funding for training and supports that increase the competence and confidence of Birth to 3 Program team members in assessing the social and emotional needs of children; and
- Implementation of evidence-based interventions to address the social and emotional progress of enrolled children and their families.

Examples of projects to be implemented in local Birth to 3 Programs with the Innovation in Social-Emotional Development grant initiative include:

- The integration of the Brazelton's Touchpoints Model of Development into service delivery;
- The development of a "Parent University" focused on improving parental responsiveness to the social and emotional needs of their child;
- The implementation of the Positive Parenting Program (Triple P) into service delivery;
- The development and implementation of infant massage and attachment series classes for parents; and
- The implementation of a Safe Babies Court Team to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect.

The Institute for Child and Family Well-Being, (ICFW) evaluation project will identify best practices and where to invest and disseminate resources and practices statewide. The evaluation project will include surveying and interviewing grantees and Birth to 3 Program recipients and reviewing state-level data. Two reports from ICFW with insights into statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices will be shared with the state Birth to 3 Program in April and May of 2022.

Finally, DHS continues to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. In recent years DHS utilized the additional funds allocated in our federal Part C grant to increase the amount of stipends provided and offered to local Birth to 3 Program professionals. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research. With the knowledge gained from the Capstone Program, local Birth to 3 Program professionals build a deeper capacity to aid families in the creation of healthy relationships. Knowledge gained from this program also builds the skills needed for county professionals to be able to assist parents and young children who have experienced trauma and toxic stress.

Additional initiatives undertaken in Phase III, Year 6 of the SSIP to enhance social and emotional development practices for children enrolled in the Wisconsin Birth to 3 Program include:

- The Wisconsin Birth to 3 Program is revising the local determination scoring system to place additional weight and emphasis on child outcomes. The Wisconsin Birth to 3 Program will obtain stakeholder input into the new determination process and scoring system throughout calendar year 2022. The Wisconsin Birth to 3 program intends to implement the new determination scoring system in calendar year 2023.
- The Wisconsin Birth to 3 Program implemented the Birth to 3 Program Review Protocol, a file review tool to objectively quantify the quality and impact of early intervention services, in all of our local Birth to 3 Programs during Phase III, Year 6 of the SSIP.
- The Wisconsin Birth to 3 Program offered stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program
- The Wisconsin Birth to 3 Program is investing a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESource) are working together to gather information from local Birth to 3 Programs to inform professional development activities that will enhance our statewide, comprehensive professional development system and achieve our shared commitment to strengthening Wisconsin's Birth to 3 Program.
- The Wisconsin Birth to 3 Program formed a workgroup dedicated to serving children and families referred to the Birth to 3 Program through the Child Abuse Prevention and Treatment Act (CAPTA) and from child welfare.

Each of these initiatives is further detailed in Section B. of the Phase III, Year 6 SSIP

Provide the data source for the FFY 2020 data.

Statewide database

Please describe how data are collected and analyzed for the SiMR.

County Birth to 3 Programs enter individual child entrance and exit ratings in our statewide database, the Program Participation System (PPS). The Wisconsin Birth to 3 Program data manager pulls the data from PPS for the required data reporting period and uses the Child Outcomes analytic calculator to arrive at data reported.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

The Birth to 3 Program Data Manager has reviewed our indicator 3, child outcome data by county, region, diagnosis/eligibility, race/ethnicity, child welfare involvement, program fidelity practices and length of time in the program to assist in determining what may be contributing to the slippage in our SiMR performance and how we may make progress towards achieving our SiMR. Through this analysis, DHS is beginning to identify trends in our data and areas in need of improvement in order to make gains in our SiMR.

One trend identified in the data analysis is a disparity in outcomes achieved for children of color in the Wisconsin Birth to 3 Program. A review of existing literatures illustrates Wisconsin ranks poorly on a number of metrics for health care access, equity, and outcomes among people of color. As detailed in the Healthiest Wisconsin 2020 Report, the Wisconsin Health Disparities Report and the Center for Disease Control's National Center on Health Statistics substantial racial and ethnic disparities exist in Wisconsin in rates of infant mortality, chronic disease, substance abuse and access to preventative care. Analysis of our indicator 3, child outcomes data has revealed similar racial/ethnic disparities in the Wisconsin Birth to 3 Program, with white children and families achieving better outcomes in the Birth to 3 Program than children and families of color.

In Phase III, Year 6 of the SSIP, DHS undertook initiatives to address the disparities we are seeing in our indicator 3, child outcomes data and to promote health equity in the Birth to 3 Program. In FFY 2020, The Wisconsin Birth to 3 Program received \$3,313,493 in supplemental American Rescue Plan Act funds, provided with the intention of mitigating the impact of the COVID-19 pandemic on children and families and assisting those children and families disproportionately affected by the pandemic. BCS held stakeholder input sessions requesting guidance and input to inform the development of recommendations and strategies for use of the ARPA funds. Based on the input received from stakeholders, the Wisconsin Birth to 3 is preparing to utilize the ARPA funds in the following three focus areas:

- Professional Development and Workforce Sustainability and Supports
- Information Systems and Data
- Child and family-focused pandemic recovery supports

The Wisconsin Birth to 3 Program is requiring that all strategies undertaken within each focus area be developed using a health equity lens, with the intention of addressing racial disparities in early intervention outcomes for children and families in the Birth to 3 Program. (Additional information about the strategies being undertaken with the ARPA funds is available in Section B. of the Phase III, Year 6 SSIP.)

Additionally, during Phase III, Year 6 of the SSIP, the Wisconsin Birth to 3 Program implemented a Program Review Protocol, which incorporates racial equity and diversity as a focus area under Family Engagement. (Additional information about the Birth to 3 Program Review Protocol is available in Section B. of the Phase III, Year 6 SSIP.)

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

NO

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

NO

Section B: Implementation, Analysis and Evaluation

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Describe how the data support the decision not to make revisions to the evaluation plan. Please provide a link to the State's current evaluation plan.

The Evaluation Plan for the Wisconsin Birth to 3 Program's SSIP was developed during Phase II of SSIP implementation. The evaluation activities identified in our Phase II SSIP evaluation plan remain in place and are detailed in Section B. of the Phase III, Year 6 SSIP (see section - Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy). Additionally, as the Wisconsin Birth to 3 Program has undertaken new SSIP initiatives and activities additional evaluation methods are being utilized. Additional evaluation efforts include:

The Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) a community-university partnership between Children's Wisconsin and the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee, to evaluate the results of the "Innovations in Social-Emotional Development" grant initiative. ICFW will evaluate the 15 projects with 3 central aims detailed below:

- Describe trends in Birth to 3 Program services delivered and outcomes of children and families served, observe changes that occur in the overall client population and specific demographic subgroups after the adoption of the proposed program enhancements.
- Identify common and unique approaches across the sites, and draw associations between observed trends, reported successes, and specified programmatic changes.
- Support recommendations about whether and which program elements should be sustained and incorporated in Wisconsin's Birth to 3 programs.

Beginning in 2019, DHS considers indicator 3, child outcomes when calculating county Birth to 3 Program determinations. DHS examines data quality and completeness for indicator 3, as well as whether county Birth to 3 Programs met state performance targets for indicator 3 or improved performance on indicator 3 over the previous year. DHS made this modification to drive local programs to improve children's outcomes in the Birth to 3 Program. In FFY 2020, The Wisconsin Birth to 3 Program began efforts to revise the county determination scoring system and place additional scoring weight on child outcomes. Under the current county determinations scoring system, child outcomes performance accounts for two out of six possible points in the determination results section. The revised determinations scoring system will add an additional two points for child outcomes performance increasing its total possible point contribution to 4 in the determinations results section.

A complete description of the Wisconsin Birth to 3 Program's county determinations process can be found at the following link:
<https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>.

See section - Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy for information regarding how the data supports our current evaluation efforts.

Provide a summary of each infrastructure improvement strategy implemented in the reporting period.

The continuing strategies implemented during the Phase III, Year 6 SSIP are detailed below. These strategies are grouped by the state system components identified in our Phase I, SSIP infrastructure analysis

1. Professional Development

The Wisconsin Birth to 3 Program provides a comprehensive program of support and professional development to county Birth to 3 Programs through its contract with the Cooperative Educational Service Agency, Regional Enhancement Support Team (RESource). RESource has developed an Evidence-Based Practice Guide, which provides a framework used to assess the consistency and sustainability of evidence-based practices within our county programs. During Phase III, Year 6 of the SSIP, RESource staff facilitated application of the Evidence Based Practice Guide with each of Wisconsin's 72 counties during their annual reviews.

DHS also provides professional development opportunities to county Birth to 3 Programs through indicator 3, child outcomes trainings and the Birth to 3 Program Orientation. The goals of the indicator 3, child outcomes training include fostering an understanding of the integrated nature of the child outcome areas measured by indicator 3 and promoting the use of authentic assessment practices. Training goals for participants in the Birth to 3 Program Orientation include: learning the essential elements of the Birth to 3 Program from child find through transition; understanding how to implement federal regulations (IDEA Part C) and Wis. Admin. Code ch. DHS 90; and identifying family-centered and relationship-based services .

Finally, DHS continues to offer stipends for county Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research.

2. Data

Beginning in 2019, DHS considers indicator 3, child outcomes when calculating county Birth to 3 Program determinations. DHS examines data quality and completeness for indicator 3, as well as whether county Birth to 3 Programs met state performance targets for indicator 3 or improved performance on indicator 3 over the previous year. DHS made this modification to both drive local programs to improve children's outcomes in the Birth to 3 Program. In FFY 2020, The Wisconsin Birth to 3 Program began efforts to revise the county determination scoring system and place additional scoring weight on child outcomes.

The Wisconsin Birth to 3 Program has also enhanced its procedure for identification and issuance of a finding of non-compliance to county Birth to 3 Programs. In 2019, DHS established a data clarification period in its annual data review process. During this data clarification period, county Birth to 3 Programs have the opportunity to remediate data concerns. The purpose of the data clarification period is to: incentivize county programs to run DataMart reports, monitor their data quality, and ultimately improve their program performance; and focus issuances of findings of non-compliance on systemic problems.

3. Quality Improvement and Accountability

Throughout Phase III, Year 6 of the SSIP, DHS continued to collaborate with the Wisconsin Department of Children and Families (DCF) on the automated Child Abuse Prevention and Treatment Act (CAPTA) referral process. The automated referral process was designed to ensure prompt referrals of children involved in substantiated cases of child abuse or neglect. This enhancement to the system was prompted by recognition of the heightened vulnerability of children involved in the child welfare system. Under the automated process, all CAPTA referrals are sent electronically from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) to the Birth to 3 Program's Program Participation System (PPS) inbox for access by county Birth to 3 Program staff.

Additionally, in Phase III, Year 6 of the SSIP, DHS awarded a total of \$1.2 million to 15 county Birth to 3 Programs through the "Innovations in Social-Emotional Development" grant initiative. With these grants, county Birth to 3 Programs are piloting new and innovative efforts to foster the social and emotional development of children enrolled in their programs. All projects are expected to be finalized no later than December 31, 2021. The findings from the Innovations in Social and Emotional Development grant initiative are expected to lead to program improvement opportunities that can be implemented statewide.

4. Quality Standards

During Phase III, Year 6 of the SSIP, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol provides an independent measure of the quality of Birth to 3 Program practices as evidenced by information included in individual child files. The review process includes application of an objective, standardized measurement tool. The protocol utilized in Phase III, Year 6 of the SSIP included measures to assess county Birth to 3 Program practice in the following focus areas:

- Child IFSP Outcome Practices
- Social and Emotional Practices
- Family Engagement, including racial equity and diversity.
- Transition

Additionally, during Phase III, Year 6 of the SSIP, DHS also published the Birth to 3 Program Operations Guide . The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statute and regulations and administrative rules, including the Individuals with Disabilities Education Act, Wis. Admin. Code ch. DHS 90 and Wis. Stat 51.44 . The guide provides a framework for local programs to improve their practices and will lead to better outcomes for children and families participating in the Birth to 3 Program.

5. Governance

As part of DHS' efforts to ensure proper oversight and governance of county Birth to 3 Programs, each program had an annual review in Phase III, Year 6 of the SSIP. The annual reviews are facilitated by DHS' contracted vendor, RESource. The annual reviews include a review and self-assessment of local Birth to 3 Program internal processes and practices. The annual reviews provide an opportunity for county Birth to 3 Programs to reflect on the work of implementing their program and determine program strengths as well as opportunities for improvement.

During the annual reviews, county Birth to 3 Programs complete two tools to assess program practices: the child outcome continuum checklist and one section of the Evidence Based Practice Guide developed by RESource. The Evidence Based Practice Guide provides a framework used to assess the consistency and sustainability of PCATT within county programs. Following the annual review, local Birth to 3 Programs complete a County Performance Plan (CPP). The CPP identifies key outcomes, action steps and measurements for the ongoing provision of high quality early intervention services.

Additionally, in Phase III, Year 6 of the SSIP, DHS continued to send participating families the All in for Kids: Birth to 3 Program newsletter. The All in for Kids Birth to 3 Program newsletter was developed to keep families informed about Birth to 3 Program resources and practices. The newsletter is mailed

to all families who have a child with a Birth to 3 Program individualized family service plan (IFSP), in addition to families who had a referral or initial contact date established within the previous three months of release of the newsletter.

6. Technical Assistance

During Phase III, Year 6 of the SSIP, the Wisconsin Birth to 3 Program held monthly teleconferences with our county operating programs to provide guidance and assistance on items related to our SSIP.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

1. Indicator 3, child outcomes trainings

Since the inception of the SSIP, DHS has continued to provide training to county Birth to 3 Programs regarding the importance of quality child outcomes reporting. As a result of these efforts, children in the program are being assessed more accurately (fewer children receiving a seven score at both entry and exit). Additionally, as a result of initiatives undertaken to promote the SSIP, enrolled children are making gains in social-emotional skills (more children concentrated in exit ratings of 5, 6 and 7, displayed in green). The heat chart attached the the FFY 2020 APR/SSIP report illustrates our progress in improving the accuracy of the indicator 3, child outcomes rating process and improving the gains enrolled children make in social and emotional skills.

2. County Birth to 3 Program Determinations

Beginning in 2019, DHS considers indicator 3, child outcomes data in county Birth to 3 Program determinations. DHS is examining data quality and completeness for indicator 3, as well as performance on indicator 3 targets when calculating county Birth to 3 Program determinations. County Birth to 3 Programs earn points towards their determinations status for the indicator 3, child outcomes data components detailed below:

- Data Quality for indicator 3, child outcomes as measured by the percentage of unfixable error rates in a local Birth to 3 Program's child outcomes data.
- Data completeness for indicator 3, child outcomes as measured by the percentage of files with usable child outcomes data.
- Children's Performance on indicator 3, child outcomes as measured by the local Birth to 3 Program's performance on the six summary statements that make up indicator 3, child outcomes for the reporting year.

A complete description of the Wisconsin Birth to 3 Program's county determinations process can be found at the following link:
<https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>.

3. CAPTA Referral Automation

In 2019, DHS collaborated with the Wisconsin Department of Children and Families (DCF) to automate CAPTA referrals from Child Protective Services (CPS) to the Wisconsin Birth to 3 Program. Under this new process, all CAPTA referrals are required to be sent electronically from the Wisconsin Statewide Automated Child Welfare Information System (eWISACWIS) to the Birth to 3 Program's Program Participation System (PPS) inbox.

Prior to the automated process, all referrals from child welfare agencies were completed through a manual paper process. A review of this manual process revealed that children involved in substantiated cases of abuse or neglect were not always being accurately referred to the Wisconsin Birth to 3 Program. Data on the automated CAPTA referral process reveals that automation is having a great deal of success in increasing the accuracy of referrals from CPS to the Wisconsin Birth to 3 Program. In FFY 2018 (July 1, 2018 – June 30, 2019) the Birth to 3 Program received 1267 referrals for children from DCF staff, identified in PPS as CAPTA or social services referrals. From Dec. 1, 2019 through Nov. 30, 2020, the first year of automated referrals, the Birth to 3 Program received over 1500 referrals for children from DCF staff, identified in PPS as CAPTA or social services referrals. From Dec. 1, 2020 through November 30, 2021, the Birth to 3 Program also received over 1500 referrals for children from DCF staff.

4. Birth to 3 Program Review Protocol

During Phase III, Year 5 of the SSIP, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol provides an independent measure of the quality and impact of Birth to 3 Program practices as evidenced by information included in individual child files. The protocol implemented during Phase III, Year 6 of the SSIP assessed county Birth to 3 Program practice across the following focus areas:

- Child IFSP Outcome Practices
- Social and Emotional Practices
- Family Engagement, including racial equity and diversity.
- Transition

The scoring criteria for the protocol are used to assign a numeric weight and level to each focus area. The protocol uses a Four Point Likert Scale, and the numeric value assigned to each level allows for an overall rating in each key focus area. The level achieved is determined by the number of quality practices evidenced for each focus area:

Level 0: 0% - 33.2% – Does not meet minimum quality standards. Numeric Value = 0

Level 1: 33.3% - 66.6% – Emerging minimum quality standards. Numeric Value = 1

Level 2: 66.7% - 99.9% – Meets minimum quality standards. Numeric Value = 2

Level 3: 100% – Exceeds standards. Numeric Value = 3

Child IFSP Outcome Practices

The child IFSP outcome practices component of the protocol identifies 11 quality practices.

Level 0 indicates that Level 2 was not achieved.

Level 1 is not applicable to this area.

Level 2 is achieved by evidencing all applicable practices identified (9-10 practices).

Level 3 is achieved by evidencing all practices in Level 2, and one additional practice.

Social & Emotional Practices

The social-emotional component of the protocol identifies 7 quality practices.

Level 0 indicates that Level 1 was not achieved.
Level 1 is achieved by evidencing the quality practice identified (1 practice).
Level 2 is achieved by evidencing Level 1 practice and one to two additional practices.
Level 3 is achieved by evidencing all applicable practices in Level 1, and three or more additional practices.

Family Engagement

The family engagement component of the protocol identifies 17 quality practices.
Level 0 indicates that Level 1 was not achieved.
Level 1 is achieved by evidencing all applicable practices (5-6 practices).
Level 2 is achieved by evidencing all applicable practices in Level 1, and one to five additional practices.
Level 3 is achieved by evidencing all applicable practices in Level 1, and six or more additional practices.

Transition

The transition practices component of the protocol identifies 8 quality practices.
Level 0 indicates that Level 2 was not achieved.
Level 1 is not applicable to this area.
Level 2 is achieved by evidencing all applicable practices identified (2-3 practices).
Level 3 is achieved by evidencing all practices in Level 2, and one or more additional practices.

Data from the Phase III, Year 6 implementation of the protocol reveals that county Birth to 3 Programs are implementing the highest number of quality practices in the social-emotional practice area. The lowest scores were seen in the transition focus area.

5. Findings of Non-Compliance

In 2019, DHS established a data clarification period in the annual data review process during which county Birth to 3 Programs may remediate data concerns.

The purpose of the data clarification period is to:

- Incentivize county programs to run DataMart reports, monitor their data quality, and improve their program performance;
- Support real-time correction of identified errors; and
- Focus issuances of findings of non-compliance on systemic problems that impair the quality of county Birth to 3 Programs.

In 2018, prior to initiating the data clarification period within the findings of non-compliance process, the Wisconsin Birth to 3 Program issued findings of non-compliance to 21 local Birth to 3 Programs. In 2021, the Wisconsin Birth to 3 Program issued 0 findings of non-compliance to local Birth to 3 Programs. This indicates that the updated findings of non-compliance process utilized in the Wisconsin Birth to 3 Program is having the intended effect of incentivizing local programs to run data reports and monitor their data, improve their data quality, quickly fix data and systems issues and errors, and improve overall program performance. A full description of the Wisconsin Birth to 3 Program's findings of non-compliance process can be found at the following link: <https://www.dhs.wisconsin.gov/dms/memos/num/2019-05.pdf>

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

The new infrastructure improvement strategies implemented during the Phase III, Year 6 SSIP are detailed below. These strategies and initiatives are grouped by the state system components identified in our Phase I SSIP infrastructure analysis:

1. Professional Development
2. Quality improvement and accountability
3. Data

1. Professional Development

During Phase III, Year 6 of the SSIP, the Wisconsin Birth to 3 Program received \$3,313,493 in supplemental American Rescue Plan Act funds. The Wisconsin Birth to 3 Program is investing a portion of the ARPA funding on reimagining our professional development framework for practitioners. As a part of this project, DHS and its contracted vendor RESource are working together to gather information from county Birth to 3 Programs to inform professional development activities that will enhance our statewide, comprehensive professional development system and achieve our shared commitment to strengthening Wisconsin's Birth to 3 Program. Using ARPA funds, RESource recently hired a Research to Practice Project team to support a multiphase, multi-year project to identify, analyze, develop and initiate a plan for statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program.

Key activities that will be undertaken as a part of the contract with this multi-disciplinary team will include:

- Identifying, collecting and evaluating data in order to make recommendations of evidence-based practices for implementation in the Wisconsin Birth to 3 Program, with an emphasis on black, brown, indigenous and non-English speaking families;
- Developing a plan for professional development and implementation of the identified evidence-based practices, which includes training, resources to support implementation and long-term strategies for sustainability using the current training and coaching system;
- Data collection, measurement and evaluation to assess implementation and effectiveness

Throughout this initiative, the Research to Practice Project team will engage collaboratively with partners and stakeholders, including county programs, early intervention providers, and families with children participating in the Birth to 3 Program.

2. Quality Improvement and Accountability

The Wisconsin Birth to 3 Program will use approximately \$1 million of the supplemental ARPA funds to offer an opportunity for county Birth to 3 Programs to apply for one-time grants from DHS to fund projects that support child and family-focused pandemic recovery efforts. County Birth to 3 Programs are able to apply for up to \$250,000 in funding that will be available in calendar year 2022 under the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative."

All county Birth to 3 Program proposals under the Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic. Protective factors detailed in the Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative application as applicable to COVID pandemic impacts and recovery include:

- Sensitive, responsive caregiving
- Support for caregiver well-being
- Concrete support in times of need
- Emotional support for children
- Social connectedness
- Knowledge of parenting and child development

All county Birth to 3 Program proposals developed under the Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative are also required also to assist those children and families disproportionately affected by the pandemic. All proposals will be scored on how the project will utilize a health equity lens, to assist those children and families disproportionately affected by the pandemic and address racial/ethnic disparities in early intervention outcomes.

Additionally, in Phase III, Year 6 of the SSIP, DHS partnered with the Wisconsin Department of Children and Families (DCF) to begin the Birth to 3 Program "Serving Children in Child Welfare" project. This project is dedicated to increasing access to the Wisconsin Birth to 3 Program for children referred through the Child Abuse Prevention and Treatment Act (CAPTA) and from child welfare. Research shows that children who have experienced abuse and neglect are at greater risk for developmental delays and are more likely to have learning difficulties. Due to the increased risk of delay among children in the child welfare system, the 2003 reauthorization of CAPTA includes a requirement for States to refer children ages birth to 3 involved in cases of substantiated abuse and neglect to Part C early intervention programs. However, data analysis conducted by the Wisconsin Birth to 3 Program revealed that many of our CAPTA referrals are ultimately determined to be ineligible for the Birth to 3 Program. The goal of the "Serving Children in Child Welfare" project is to increase the enrollment of children referred by CAPTA and through child welfare in the Wisconsin Birth to 3 Program. One initiative that the Wisconsin Birth to 3 Program intends to undertake to support this project is to provide Infant and Early Childhood Mental Health Consultation services to children referred to the Birth to 3 Program through CAPTA. Infant and Early Childhood Mental Health Consultation (IECMHC) is an intervention strategy for building capacity to support young children's social and emotional development and to address challenging behaviors in the context of relationships across multiple settings. Through the "Serving Children in Child Welfare" project, the Wisconsin Birth to 3 Program intends to include an Infant and Early Mental Health Consultant on the early intervention team that conducts the Birth to 3 Program evaluation and assessment of every child referred to the Wisconsin Birth to 3 Program through the CAPTA.

In Phase III, Year 6 of the SSIP, DHS also launched the First 1,000 Days Wisconsin Child Find Campaign, aimed to support child find efforts and referrals to the Birth to 3 Program. DHS launched the First 1,000 days campaign in spring 2021, alongside a media toolkit so that counties, providers, partners, and other stakeholders can help spread awareness of the Wisconsin Birth to 3 Program. The media toolkit includes:

- A Birth to 3 Program brochure
- A postcard that explains to families the importance of acting early when noticing signs of delays or disabilities and tools to help track developmental milestones.
- A website advertisement, which explains the importance of acting early and emphasizes how early intervention can benefit a child's development
- A social media campaign through our Facebook, Instagram, and Twitter platforms. The social media images and posts have a range of messages and aim to raise awareness of the Birth to 3 Program, encourage families to track child development and act early, and explain the benefits of early intervention.
- A "Tips for Birth to 3 Program Referrals" resource that explains how and when health and child care professionals can refer a child to the Birth to 3 Program.

Data

In FFY 2020, The Wisconsin Birth to 3 Program began efforts to revise the county determination scoring system and place additional scoring weight on child outcomes. Under the current county determinations scoring system, child outcomes performance accounts for two out of six possible points in the determination results section. The revised determinations scoring system will add an additional two points for child outcomes performance, increasing its total possible point contribution to 4 in the determinations results section.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

1. Professional Development

- Modules with key content from the indicator 3, child outcomes training and Birth to 3 Program Orientation have been developed and will provide county Birth to 3 Program staff with real time access to key information about the Birth to 3 Program and indicator 3, child outcomes requirements and processes.
- DHS will continue to offer stipends for county Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.
- The Wisconsin Birth to 3 Program will invest a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor, REsource, will work together to gather information from county Birth to 3 Programs to inform professional development activities that will enhance our statewide, comprehensive professional development system

2. Data

- The Wisconsin Birth to 3 Program is revising the county determination scoring system to place additional weight and emphasis on child outcomes. The Wisconsin Birth to 3 Program will obtain stakeholder input into the new determination process and scoring system throughout calendar year 2022. The Wisconsin Birth to 3 Program intends to implement the new determination scoring system in calendar year 2023.
- The Birth to 3 Program Data Manager will continue to analyze indicator 3 data and identify trends in our data and areas in need of improvement in order to make gains in our SIMR.

3. Technical Assistance

- DHS will continue monthly teleconferences and regional meetings with county Birth to 3 Programs in order to both provide technical assistance and training to county programs and to seek input and guidance from programs regarding Birth to 3 Program procedures.
- Throughout 2022, DHS will hold Operational Impact Discussions with county Birth to 3 Programs to seek information and input on social and emotional development, child outcomes, and evidence-based practices.

4. Quality Improvement and Accountability

- DHS will continue to support and promote the use of evidence-based practices in the Birth to 3 Program through our contract with RESource.
- DHS will gather insights into further statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices in the areas of social-emotional development through lessons learned from the "Innovation in Social-Emotional Development" grants.
- DHS will continue to distribute the All in for Kids: Birth to 3 Program newsletter to keep families informed about Birth to 3 Program procedures and practices.
- The Wisconsin Birth to 3 Program will use approximately \$1 million of the supplemental ARPA funds to offer an opportunity for county Birth to 3 Programs to apply for one-time grants from DHS to fund projects that support child and family-focused pandemic recovery efforts at the local level.
- DHS will partner with the Wisconsin Department of Children and Families (DCF) on the Birth to 3 Program "Serving Children in Child Welfare" project. This project is dedicated to increasing access to the Wisconsin Birth to 3 Program for children referred through the Child Abuse Prevention and Treatment Act (CAPTA) and from child welfare.

5. Quality Standards

- DHS will gather data from the Birth to 3 Program Review Protocol to inform statewide strategies and practices.
- County Birth to 3 Programs and their subcontracted entities will use the Birth to 3 Program Operations Guide to effectuate local operations. The Birth to 3 Program Operations Guide interprets and incorporates information from federal and state statute and regulations and administrative rules, including the Individuals with Disabilities Education Act, Wis. Admin. Code ch. DHS 90 and Wis. Stat 51.44 .

6. Governance

- DHS will host county program engagement sessions with all county programs in early 2022. During these sessions, RESource and DHS staff will discuss outcomes, practices, and professional development needs with each county program.
- DHS will conduct a statewide survey to collect data from each county about current tools and practices.

List the selected evidence-based practices implemented in the reporting period:

The Wisconsin Birth to 3 Program has continued to use the Primary Coach Approach to Teaming (PCATT) to implement evidence-based practices that lead to high-quality early intervention. PCATT is an evidence-based practice that incorporates:

- Natural learning environment practices;
- Coaching as an adult learning strategy, which shifts the focus from interventions solely with the child to teaching parents/caregivers as well as the child strategies to support the child's development; and
- A primary coach approach to teaming, which provides a coordinated team of professionals to support all aspects of the child's development.

Additionally, in 2019 DHS announced an opportunity for county Birth to 3 Programs to apply for one-time grants to fund projects that support the implementation of evidence-based practices and system changes to improve social and emotional outcomes for children. On July 1, 2020, the Wisconsin Department of Health Services (DHS) awarded \$1.2 million in grants to 15 local Birth to 3 Programs across the state to pilot new and innovative efforts to improve outcomes for participating children. DHS awarded 15 innovative projects via the competitive grant review process. With the grant funds, local Birth to 3 Programs incorporated evidence-based practices into service delivery, including:

The Brazelton's Touchpoints Model of Development
 Your Journey Together
 The Positive Parenting Program (Triple P)
 Growing Great Kids
 Circle of Security
 Parents Interacting with Infants
 Parents as Teachers

Provide a summary of each evidence-based practice.

The Primary Coach Approach to Teaming in Natural Environments (PCATT)

The Primary Coach Approach to Teaming (PCATT) is an evidence-based practice that incorporates:

- Natural learning environment practices;
- Coaching as an adult learning strategy, which shifts the focus from interventions solely with the child to teaching parents/caregivers as well as the child strategies to support the child's development; and
- A primary coach approach to teaming, which provides a coordinated team of professionals to support all aspects of the child's development.

In the Primary Coach Approach to Teaming model, each child and family receive a primary coach who implements the interventions defined in the IFSP with the family within the context of their everyday routines and activities. The primary coach is backed by a team, which includes the family, the service coordinator, and professionals from the identified disciplines necessary to support the child's unique circumstances and developmental needs. Members of the child's interdisciplinary team in the PCATT approach may include physical therapists, occupational therapists, speech therapists, special educators, registered nurses, psychologists, mental health professionals, social workers, dietician/nutritionists and other professionals based upon the child's needs.

The primary coach receives ongoing support from team members during informal conversations, case-based discussions, team meetings, and joint visits. Joint visits occur with the primary coach and other team members present in a home or community-based activity setting in which the child and family need support in promoting the child's participation. Additional information regarding the Primary Coach Approach to Teaming is available on the Wisconsin Birth to 3 Program Professional Development webpage at : <https://www.dhs.wisconsin.gov/birthto3/training.htm>

Innovations in Social Emotional Development Grants

In 2019, DHS announced an opportunity for county Birth to 3 Programs to apply for grants to fund projects that support the implementation of evidence-based practices and system changes to improve social and emotional outcomes for children. DHS awarded 15 innovative projects via the competitive grant review process. With the grant funds, local Birth to 3 Programs incorporated the following evidence-based practices into service delivery:

The Brazelton's Touchpoints Model of Development, which is an evidence-based theory of child development that refers to periods in a child's life (touchpoints) where the child starts doing something new after an old and predictable behavior stops. The Brazelton's Touchpoints Model of Development focuses on promoting: understanding of infant and child brain development; parental emotional availability to their child and engagement in programs that offer preventive services; social connectedness and empowerment; and collaboration of care that is aligned with family culture, family priorities, and family strengths and needs.

Your Journey Together, an evidenced-based, trauma-informed curriculum that helps to promote social and emotional well-being and build resilience in vulnerable children and their families. The Your Journey Together Curriculum aims to assist parents in creating safe, trusting environments for their children and teaches parents how to use ordinary, everyday routines, activities and interactions as resilience-building opportunities.

The Positive Parenting Program (Triple P), an evidence-based parenting and family support system designed to prevent and treat behavioral and emotional problems in children. Triple P draws on social learning, cognitive, behavioral and developmental theory as well as research into risk factors associated with the development of social and behavioral problems in children.

Growing Great Kids, an evidence-based parenting program that focuses on fostering the growth of secure attachment relationships and empathic parenting that supports families to reduce their stress and build protective factors for their children.

Circle of Security, a relationship-based early intervention program designed to enhance attachment security between parents and children. The Circle of Security intervention is intended to help caregivers increase their awareness of their children's needs and whether their own responses meet those needs.

Parents Interacting with Infants, an evidence-based set of practices grounded in the principles of parent-child interaction and family-centered practices. The primary purpose of the Parents Interacting with Infants model is to facilitate an optimal environment for learning and development through three key components for young children and their primary caregivers: competence, confidence and mutual enjoyment.

Parents as Teachers, an evidence-based curriculum which focuses on strengthening protective factors to improve parenting behaviors and maximize child social-emotional development and health. The four goals of Parents as Teachers are:

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and school success

Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.

The Wisconsin Birth to 3 Program believes that supporting and improving the social and emotional development of infants and toddlers through parent engagement within the PCATT model will result in stronger enhanced family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

Additionally, the Wisconsin Birth to 3 Program believes that the projects funded with the "Innovations in Social-Emotional Development" will support and improve the social and emotional development of infants and toddlers and lead to improved outcomes for the children served in the Wisconsin Birth to 3 Program. All projects were required to meet the following criteria:

- Must specifically aim to impact the social-emotional needs and development of children in the Birth to 3 Program.
- May direct efforts at all Birth to 3 Program participants, but at a minimum must address participants that are enrolled through substantiated allegations of abuse or neglect.
- Must address the health of the whole family and build the capacity of the family to care for the child.
- Must aim to reduce the likelihood of a subsequent substantiation of child abuse or neglect or continued or future involvement in the child protective services system, such as removal or continued placement outside of the family home.

Each "Innovations in Social-Emotional Development" grant application was reviewed through a competitive review process. Grant applications were evaluated and scored based upon on the following required components:

- A description of how the project would aim to impact the social-emotional health of the child and build the capacity of the family to care for the child.
- A description of how the project would reduce the likelihood of subsequent substantiations of child abuse or neglect or continued or future involvement in the child protective services system.
- A summary of why the local Birth to 3 Program believes their project would be successful and the difference the project would make in the lives of those served.
- What would be the measures of the effectiveness of the project and how the local Birth to 3 Program would measure the impact of the project on Indicator 3.

The Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) to evaluate the results of the "Innovation in Social-Emotional Development" grant initiative. The Institute for Child and Family Well-Being, (ICFW) evaluation project will identify best practices and where or how to invest more resources and disseminate resources and practices statewide. The evaluation project will include surveying and interviewing grantees and Birth to 3 Program recipients and reviewing state-level data. Two reports from ICFW with insights into statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices will be shared with the state Birth to 3 Program in April and May of 2022.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Primary Coach Approach to Teaming in Natural Environments (PCATT)

As part of DHS' efforts to assess fidelity of practice to the PCATT and promote and enhance child outcomes, and social and emotional development practices for children enrolled in the Birth to 3 Program, each county program has an annual review of program practices and processes conducted by DHS' contracted vendor, RESource. During the annual review, RESource staff facilitate self-assessment of local program practices through application of the Evidence Based Practice Guide with each of Wisconsin's 72 counties. The Evidence-Based Practice Guide, provides a framework used to assess the consistency and sustainability of the Primary Coach Approach to Teaming within local programs. There are 4 distinct sections of the Evidence – Based Practice Guide:

- Coaching
- Teaming
- Natural Learning Environments
- Program Administration

Additionally, during the annual reviews, county Birth to 3 Programs complete a self- assessment of the following:

- Social and emotional development practices.
- Child outcomes practices, using the Modified Child Outcome Continuum.

During the annual review process, county Birth to 3 Programs provide documentation, self-assessment data and information to reflect on and demonstrate their program's social-emotional and child outcomes practices and fidelity of practice to PCATT.

Innovations in Social-Emotional Development Grants

The Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) a community-university partnership between Children's Wisconsin and the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee, to evaluate the results of the "Innovations in Social-Emotional Development" grant initiative. ICFW will evaluate the 15 projects with 3 central aims detailed below:

- Describe trends in Birth to 3 Program services delivered and outcomes of children and families served, observe changes that occur in the overall client population and specific demographic subgroups after the adoption of the proposed program enhancements.
- Identify common and unique approaches across the sites, and draw associations between observed trends, reported successes, and specified programmatic changes.
- Support recommendations about whether and which program elements should be sustained and incorporated in Wisconsin's Birth to 3 programs.

The Birth to 3 Program: Innovation in Social-Emotional Development Grant Application also requires that local Birth to 3 Programs measure the impact of their project on indicator 3, child outcomes and grant proposals were evaluated and scored by the grant review committee on this requirement. Many grant proposals are also using additional tools to measure and assess the effectiveness of their project on children's social-emotional development.

Examples of assessment tools being used by local programs to assess the effectiveness of their project include:

- The Devereux Early Childhood Assessment for Infants and Toddlers (eDECA-I/T)
- The Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO).
- The Social-Emotional Assessment/Evaluation Measure (SEAM)
- The Measure of Engagement, Independence, and Social Relationships (MEISR)
- The Ages and Stages Questionnaire, Social-Emotional
- The Early Learning Accomplishment Profile

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

N/A All data collected has been described.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

1. Primary Coach Approach to Teaming in Natural Environments

- DHS' professional development contract agency, RESource, will continue to host community of practice book studies for county Birth to 3 Programs utilizing materials that focus on implementing the Primary Coach Approach to Teaming in Natural Environments and social and emotional development and evidence-based practices.
- DHS will continue to host Birth to 3 Program Orientations for county Birth to 3 Program staff and early intervention providers. Training for participants in the Birth to 3 Program Orientation will continue to include an overview of the Primary Coach Approach to Teaming in Natural Environments.

2. Child outcomes practices

- Modules with key content from the indicator 3, child outcomes training and Birth to 3 Program Orientation have been developed and will provide county Birth to 3 Program staff with real time access to key information about the Birth to 3 Program and indicator 3, child outcomes requirements and processes.
- DHS will continue to host child outcome trainings for county Birth to 3 program staff and early intervention providers. The goals of the indicator 3, child outcomes training include fostering an understanding of the integrated nature of the child outcome areas measured by indicator 3 and promoting the use of authentic assessment practices

3. Social and emotional development practices

- DHS will continue to offer stipends for county Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Certificate Program.
- The Wisconsin Birth to 3 Program will invest a portion of our American Rescue Plan Act funding on reimagining our professional development framework for practitioners. As a part of this project, the Wisconsin Birth to 3 Program and our contracted vendor RESource will work together to gather information from county Birth to 3 Programs to inform professional development activities that will implement evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system
- DHS will continue to implement the Birth to 3 Program Review Protocol in county Birth to 3 Programs to assess to quality and impact of social-emotional practices.
- The Wisconsin Birth to 3 Program is partnering with The Institute for Child and Family Well-Being, (ICFW) a community-university partnership between Children's Wisconsin and the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee, to evaluate the results of the "Innovations in Social-Emotional Development" grant initiative. ICFW will evaluate the 15 projects with 3 central aims detailed below:
 - Describe trends in Birth to 3 Program services delivered and outcomes of children and families served, observe changes that occur in the overall client population and specific demographic subgroups after the adoption of the proposed program enhancements.
 - Identify common and unique approaches across the sites, and draw associations between observed trends, reported successes, and specified programmatic changes.
 - Support recommendations about whether and which program elements should be sustained and incorporated in Wisconsin's Birth to 3 programs.
- Two reports from ICFW with insights into statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices will be shared with the state Birth to 3 Program in April and May of 2022.
- The Wisconsin Birth to 3 Program will also use approximately \$1 million of the supplemental ARPA funds to offer an opportunity for county Birth to 3 Programs to apply for one-time grants from DHS to fund projects that support child and family-focused pandemic recovery efforts. County Birth to 3 Programs are able to apply for up to \$250,000 in funding that will be available in calendar year 2022 under the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative." All county Birth to 3 Program proposals under the Child and Family-Focused Pandemic Recovery Supports

Local Grant Initiative are required to strengthen families and build protective factors that buffer the effects of risk, stress and trauma and increase the chances that children and families adapt positively in the face of adversity experienced during the COVID pandemic.

Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The Wisconsin Birth to 3 Program will continue implementing the activities and strategies detailed in the Phase III, 6 SSIP. The Wisconsin Birth to 3 Program will also implement new initiatives to improve our SIMR data. The new activities that will be initiated are detailed in the following section of the Phase III, Year 6 SSIP: Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The State Interagency Coordinating Council (ICC), county Birth to 3 Programs and families participating in the Birth to 3 Program continued to serve as stakeholders for SSIP work in Phase III, Year 6. The ICC provided input and guidance on Phase III, Year 6 SSIP implementation during quarterly meetings. County Birth to 3 Programs provided input and guidance on Phase III, Year 6 SSIP implementation during contacts with DHS Children and Family Program Specialists (CFPS), monthly teleconferences with DHS and during county stakeholder workgroups. Additionally, in Phase III, Year 6 of the SSIP, DHS held family input sessions to seek input from families participating in the Birth to 3 Program.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

Interagency Coordinating Council

The ICC provided input and guidance on Phase III, Year 6 SSIP implementation and evaluation during quarterly meetings. ICC agenda items pertaining to the SSIP in Phase III, Year 6 included:

MetaStar, the DHS-contracted health care quality improvement organization, presented information about the Birth to 3 Program Review Protocol to the ICC. The Birth to 3 Program Review protocol is a process to understand the quality and impact of Birth to 3 Program services statewide. Each county program experiences a review conducted by MetaStar staff. Metastar presented detail about:

- Content reviewed as part of the pilot year from July 2019 to June 2020 including: family engagement, evidenced based practices, child outcomes, social and emotional practices, and DHS priority areas of access, inclusion and transition, and
- Focus topics for 2021 administration of the protocol, including IFPS child outcomes, family engagement including racial equity and rights, social emotional practices and transition.

During the ICC meeting, council members provided feedback on the Birth to 3 Program Review Protocol focus areas and the scope of the review process.

The FFY 2019 Annual Performance Report (APR) was presented by DHS staff to the ICC, allowing for council members to review, discuss, and motion to approve the report. DHS staff shared multiyear trending data related to all federal indicators and data related to indicator 3, child outcomes slippage. Council members shared feedback about the APR data and an open discussion was held on the following questions:

- What factors does the council believe may have contributed to indicator 3, child outcomes slippage?
- Where should DHS focus our efforts going forward to improve our performance on indicator 3, child outcomes?

The Birth to 3 Program Data Manager shared indicator 3, child outcomes data analysis based upon various data criteria, such as child characteristics, referral sources, race and ethnicity, and region with the ICC. Council members discussed the child outcomes data and analysis and made the following recommendations:

- DHS should continue to analyze and review population characteristics data.
- DHS should examine differences in population characteristics at a regional level.
- DHS should review county program infrastructure and practices and identify program operations that result in improved outcomes.
- DHS should address fidelity of implementation across counties.

A professor from the UW-Milwaukee Institute for Child and Family Well-Being (ICFW) provided an overview of an evaluation project of the Birth to 3 Program's Social Emotional Innovation Grants to the ICC. The ICFW project will evaluate the innovation grants, provide feedback directly to individual grantees and provide recommendations to enhance best practices in the Wisconsin Birth to 3 Program. The evaluation project will identify best practices and where or how to invest more resources and disseminate resources/practices statewide. The evaluation project will also include surveying and interviewing grantees and Birth to 3 Program recipients (families) at two different points in time and reviewing state-level data. A review of program practices will include strengths and concerns about screening, evaluation, training and professional development.

DHS staff shared overview of results from the Family Outcomes Survey, highlighting areas of strengths and areas of opportunities for improvement for family outcomes in the Birth to 3 Program. Areas included access to information, family support, and participation in the community. Council members provided feedback about potential barriers preventing families from being or feeling supported with transitions or being connected to information and the community.

County Birth to 3 Programs

County Birth to 3 Programs also served as stakeholders for Phase III, Year 6 SSIP implementation and evaluation. DHS sought input and guidance from county Birth to 3 Programs during county stakeholder workgroups and monthly teleconferences. Examples of monthly teleconference agenda items related to the SSIP during Phase III, Year 6 included:

- The revised determinations process that includes indicator 3, child outcomes, in the local program's determination status.
- The automated referral process from the Wisconsin Statewide Automated Child Welfare Information System (eWisACWIS) to the Birth to 3 Program's Program Participation System (PPS) has supported children in the foster care system being served by the Birth to 3 Program.
- The Birth to 3 Program Review Protocol process, which gathers data on implementation of SSIP focus areas including social-emotional practices.
- The "Innovation in Social-Emotional Development" grant initiative undertaken to pilot new and innovative efforts to foster the social and emotional development of children enrolled in their programs.
- The "First 1,000 Days" campaign, which focuses on education for parents, clinics, child care providers, child welfare, advocates, and others about: the

benefits of early intervention, the Birth to 3 Program intake process, and early signs of delays or disabilities.

- The All in for Kids: Birth to 3 Program newsletter to keep families informed about Birth to 3 Program procedures and practices.

In Phase III, Year 6 of the SSIP, three county stakeholder workgroups were held seeking local Birth to 3 Program feedback and recommendations on the Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide captures the essential program requirements needed for county Birth to 3 Programs to operationalize the program. This guide is to be used by county Birth to 3 Programs and their subcontracted entities to effectuate local operations. During the county stakeholder workgroups, county Birth to 3 Programs were presented with an overview of the Birth to 3 Program Guide and its intent, purpose, and contents. During each county stakeholder workgroup, selected chapters of the Birth to 3 Program Operations Guide were also reviewed in detail. County Birth to 3 Programs were asked to provide feedback and recommendations on each chapter of the Birth to 3 Program Guide and were asked the following questions?

- Did you identify any inaccuracies?
- Is there additional information that should be included?
- Are there changes needed to the formatting/layout?
- Any other recommendations

In FFY 2020, DHS also held broad stakeholder input sessions requesting guidance and input to inform the development of recommendations and strategies for use of the supplemental American Rescue Plan Act funds in the Wisconsin Birth to 3 Program. These stakeholder input sessions were open to families participating in the Wisconsin Birth to 3 Program. A GovD message was also sent to all Birth to 3 Program distribution lists (including family lists) with instruction on how to submit recommendations for use of the ARPA funds through email. Through our stakeholder engagement efforts, BCS received recommendations from many sources on ways to support the development and implementation of activities designed to improve outcomes for infants and toddlers enrolled in the Wisconsin Birth to 3 Program. The Wisconsin Birth to 3 Program received input from stakeholders including:

- Families participating in the Birth to 3 Program
- Local Birth to 3 Programs,
- The Wisconsin County Human Services Association Long Term Care Policy Advisory Council,
- The Birth to 3 Program Interagency Coordinating Council,
- The Cooperative Educational Service Agency (CESA 5) Regional Enhancement Support Team
- The Wisconsin Family Foundations Home Visiting Program,
- The Office of Children's Mental Health,
- The Wisconsin Child Abuse and Neglect Prevention Board,
- The Wisconsin Alliance for Infant Mental Health

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

NO

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

All activities to be undertaken in the next fiscal year have been detailed in the Phase III, Year 6 SSIP Report.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

N/A

Describe any newly identified barriers and include steps to address these barriers.

N/A

Provide additional information about this indicator (optional).

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role

Lead Agency Director

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.

Name:

Deborah L Rathermel

Title:

Part C Coordinator

Email:

deborah.rathermel@wi.gov

Phone:

608-852-0599

Submitted on:

01/27/22 4:35:39 PM



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

June 22, 2022

Honorable Deborah Rathermel
Director, Bureau of Children's Services, Division of Medicaid Services
Wisconsin Department of Health Services
1 West Wilson Street, Room 418
Madison, Wisconsin 53703

Dear Director Rathermel:

I am writing to advise you of the U.S. Department of Education's (Department) 2022 determination under sections 616 and 642 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Wisconsin meets the requirements and purposes of Part C of the IDEA. This determination is based on the totality of the State's data and information, including the Federal fiscal year (FFY) 2020 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

With the FFY 2020 SPP/APR submission, the Office of Special Education Programs (OSEP) requested that States and Entities report whether and how the data collection for any indicator was impacted by the COVID-19 pandemic. Specifically, OSEP requested that States and Entities include in the narrative for each impacted indicator: (1) the impact on data completeness, validity, and/or reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's or Entity's ability to collect and verify the data for the indicator; and (3) any steps the State or Entity took to mitigate the impact of COVID-19 on the data collection and verification. OSEP appreciates States' and Entities' level of transparency regarding the impact of COVID-19 on the data reported in the FFY 2020 SPP/APR. When making determination decisions for 2022, OSEP considered all information submitted that related to the impact of the COVID-19 pandemic. For 2022 determinations, as with 2021 determinations, no State or Entity received a determination of "Needs Intervention" due solely to data impacted by COVID-19.

Your State's 2022 determination is based on the data reflected in the State's "2022 Part C Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) Results Components and Appendices that include scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's Determination.

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The RDA Matrix is further explained in a document, entitled “How the Department Made Determinations under Sections 616(d) and 642 of the Individuals with Disabilities Education Act in 2022: Part C” (HTDMD).

OSEP is continuing to use both results data and compliance data in making the Department’s determinations in 2022, as it did for Part C determinations in 2015-2021. (The specifics of the determination procedures and criteria are set forth in the HTDMD and reflected in the RDA Matrix for your State.) For 2022, the Department’s IDEA Part C determinations continue to include consideration of each State’s Child Outcomes data, which measure how children who receive Part C services are improving functioning in three outcome areas that are critical to school readiness:

- positive social-emotional skills;
- acquisition and use of knowledge and skills (including early language/communication); and
- use of appropriate behaviors to meet their needs.

Specifically, the Department considered the data quality and the child performance levels in each State’s Child Outcomes FFY 2020 data.

In 2022, States were required to submit a new SPP/APR for FFYs 2020 through 2025. The 2022 submission of the SPP/APR is the third six-year SPP and includes baseline data and measurable and rigorous targets for FFY 2020 through FFY 2025 for each indicator in the SPP/APR. OSEP has reviewed and approved your State’s SPP under IDEA section 616(b) to include measurable and rigorous targets for FFY 2025 that reflect improvement over the State’s baseline data. Any action required by the State is reflected in OSEP’s response.

For the Department’s 2023 determinations, the Department is reviewing and considering whether and how to use existing indicators and/or other available data in making its determinations as part of its continuing effort to prioritize equity and improve results for infants, toddlers and children with disabilities. In April 2022, the Department released an equity action plan as part of its efforts to advance racial equity and support underserved communities. Examples of existing indicators that could be considered and/or be weighted differently include indicators on child find (for Part C) and/or significant discrepancy and disproportionate representation (for Part B). We will offer opportunities for input from the public, including parents, agencies that implement IDEA and other stakeholders, to provide feedback in the coming months, starting with the OSEP Leadership Conference in July 2022 as well as through email submissions and listening sessions open to the public.

As noted earlier, for its 2021 and 2022 determinations, the Department did not issue a determination of “Needs Intervention” to any State because States’ SPP/APR data collections for FFY 2019 and FFY 2020 were impacted by COVID-19. OSEP is considering, but has not yet determined, whether and how a State’s FFY 2021 SPP/APR data collection that was affected by COVID-19 will be considered in the Department’s 2023 determinations.

You may access the results of OSEP’s review of your State’s SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your State-specific log-on information at <https://emaps.ed.gov/suite/>. When you access your State’s SPP/APR on the site, you will find, in Indicators 1 through 11, the OSEP Response to the indicator and any actions that the State is

required to take. The actions that the State is required to take are in the “Required Actions” section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

You will also find all of the following important documents saved as attachments:

- (1) the State’s RDA Matrix;
- (2) the HTDMD document;
- (3) a spreadsheet entitled “2022 Data Rubric Part C,” which shows how OSEP calculated the State’s “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
- (4) a document entitled “Dispute Resolution 2020-2021,” which includes the IDEA section 618 data that OSEP used to calculate the State’s “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, the State’s 2022 determination is Meets Requirements. A State’s 2022 RDA Determination is Meets Requirements if the RDA Percentage is at least 80%, unless the Department has imposed Specific Conditions on the State’s last three IDEA Part C grant awards (for FFYs 2019, 2020, and 2021), and those Specific Conditions are in effect at the time of the 2022 determination.

As a reminder, your State must report annually to the public, by posting on the State lead agency’s website, on the performance of each early intervention service (EIS) program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days after the State’s submission of its FFY 2020 SPP/APR. In addition, your State must:

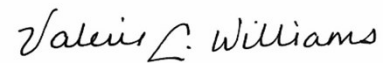
- (1) review EIS program performance against targets in the State’s SPP/APR;
- (2) determine if each EIS program “meets the requirements” of Part C, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part C of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each EIS program of its determination.

Further, your State must make its SPP/APR available to the public by posting it on the State lead agency’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes the State’s determination letter and SPP/APR, OSEP attachments, and all State attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates the State's efforts to improve results for infants and toddlers with disabilities and their families and looks forward to working with your State over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

A handwritten signature in cursive script that reads "Valerie Williams".

Valerie Williams
Director
Office of Special Education Programs

cc: State Part C Coordinator

Wisconsin 2022 Part C Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination¹

Percentage (%)	Determination
81.25	Meets Requirements

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	8	5	62.5
Compliance	14	14	100

2022 Part C Results Matrix

I. Data Quality

(a) Data Completeness: The percent of children included in your State's 2020 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	3734
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	5517
Percentage of Children Exiting who are Included in Outcome Data (%)	67.68
Data Completeness Score²	2

(b) Data Anomalies: Anomalies in your State's FFY 2020 Outcomes Data

Data Anomalies Score³	2
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II. Child Performance

(a) Data Comparison: Comparing your State's 2020 Outcomes Data to other States' 2020 Outcomes Data

Data Comparison Score⁴	1
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(b) Performance Change Over Time: Comparing your State's FFY 2020 data to your State's FFY 2019 data

Performance Change Score⁵	0
---	----------

Summary Statement Performance	Outcome A: Positive Social Relationships SS1 (%)	Outcome A: Positive Social Relationships SS2 (%)	Outcome B: Knowledge and Skills SS1 (%)	Outcome B: Knowledge and Skills SS2 (%)	Outcome C: Actions to Meet Needs SS1 (%)	Outcome C: Actions to Meet Needs SS2 (%)
FFY 2020	55.06	36.26	58.25	26.14	60.25	37.28
FFY 2019	56.47	39.86	59.89	28.11	61.64	41.06

¹ For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2022: Part C."

² Please see Appendix A for a detailed description of this calculation.

³ Please see Appendix B for a detailed description of this calculation.

⁴ Please see Appendix C for a detailed description of this calculation.

⁵ Please see Appendix D for a detailed description of this calculation.

2022 Part C Compliance Matrix

Part C Compliance Indicator ⁶	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2019	Score
Indicator 1: Timely service provision	99.98	N/A	2
Indicator 7: 45-day timeline	99.59	N/A	2
Indicator 8A: Timely transition plan	99.83	N/A	2
Indicator 8B: Transition notification	98.93	Yes	2
Indicator 8C: Timely transition conference	99.27	Yes	2
Timely and Accurate State-Reported Data	100		2
Timely State Complaint Decisions	N/A		N/A
Timely Due Process Hearing Decisions	N/A		N/A
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

⁶ The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2022_Part-C_SPP-APR_Measurement_Table.pdf

Appendix A

I. (a) Data Completeness:

The Percent of Children Included in your State's 2020 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2020 Outcomes Data (C3) and the total number of children your State reported in its FFY 2020 IDEA Section 618 data. A percentage for your State was computed by dividing the number of children reported in your State's Indicator C3 data by the number of children your State reported exited during FFY 2020 in the State's FFY 2020 IDEA Section 618 Exit Data.

Data Completeness Score	Percent of Part C Children included in Outcomes Data (C3) and 618 Data
0	Lower than 34%
1	34% through 64%
2	65% and above

Appendix B

I. (b) Data Quality: Anomalies in Your State's FFY 2020 Outcomes Data

This score represents a summary of the data anomalies in the FFY 2020 Indicator 3 Outcomes Data reported by your State. Publicly available data for the preceding four years reported by and across all States for each of 15 progress categories under Indicator 3 (in the FFY 2016 – FFY 2019 APRs) were used to determine an expected range of responses for each progress category under Outcomes A, B, and C. For each of the 15 progress categories, a mean was calculated using the publicly available data and a lower and upper scoring percentage was set 1 standard deviation above and below the mean for category a, and 2 standard deviations above and below the mean for categories b through e⁷⁸. In any case where the low scoring percentage set from 1 or 2 standard deviations below the mean resulted in a negative number, the low scoring percentage is equal to 0.

If your State's FFY 2020 data reported in a progress category fell below the calculated "low percentage" or above the "high percentage" for that progress category for all States, the data in that particular category are statistically improbable outliers and considered an anomaly for that progress category. If your State's data in a particular progress category was identified as an anomaly, the State received a 0 for that category. A percentage that is equal to or between the low percentage and high percentage for each progress category received 1 point. A State could receive a total number of points between 0 and 15. Thus, a point total of 0 indicates that all 15 progress categories contained data anomalies and a point total of 15 indicates that there were no data anomalies in all 15 progress categories in the State's data. An overall data anomaly score of 0, 1, or 2 is based on the total points awarded.

Outcome A	Positive Social Relationships
Outcome B	Knowledge and Skills
Outcome C	Actions to Meet Needs

Category a	Percent of infants and toddlers who did not improve functioning
Category b	Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers
Category c	Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it
Category d	Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers
Category e	Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers

Expected Range of Responses for Each Outcome and Category, FFY 2020

Outcome\Category	Mean	StDev	-1SD	+1SD
Outcome A\Category a	1.61	2.44	-0.83	4.04
Outcome B\Category a	1.37	2.77	-1.39	4.14
Outcome C\Category a	1.29	2.56	-1.27	3.85

⁷ Numbers shown as rounded for display purposes.

⁸ Values based on data for States with summary statement denominator greater than 199 exiters.

Outcome\ Category	Mean	StDev	-2SD	+2SD
Outcome A\ Category b	22.84	8.64	5.56	40.12
Outcome A\ Category c	19.79	12.21	-4.64	44.22
Outcome A\ Category d	27.69	9.07	9.56	45.83
Outcome A\ Category e	28.07	14.94	-1.8	57.95
Outcome B\ Category b	24.32	9.72	4.87	43.76
Outcome B\ Category c	28.05	11.51	5.02	51.08
Outcome B\ Category d	32.71	7.86	16.99	48.42
Outcome B\ Category e	13.56	8.64	-3.73	30.84
Outcome C\ Category b	19.7	8.24	3.22	36.18
Outcome C\ Category c	22.3	12.44	-2.57	47.17
Outcome C\ Category d	34.7	7.93	18.85	50.56
Outcome C\ Category e	22.01	14.92	-7.82	51.84

Data Anomalies Score	Total Points Received in All Progress Areas
0	0 through 9 points
1	10 through 12 points
2	13 through 15 points

Anomalies in Your State's Outcomes Data FFY 2020

Number of Infants and Toddlers with IFSP's Assessed in your State	3734
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Outcome A — Positive Social Relationships	Category a	Category b	Category c	Category d	Category e
State Performance	22	1447	911	889	465
Performance (%)	0.59	38.75	24.4	23.81	12.45
Scores	1	1	1	1	1

Outcome B — Knowledge and Skills	Category a	Category b	Category c	Category d	Category e
State Performance	17	1460	1281	780	196
Performance (%)	0.46	39.1	34.31	20.89	5.25
Scores	1	1	1	1	1

Outcome C — Actions to Meet Needs	Category a	Category b	Category c	Category d	Category e
State Performance	10	1344	988	1064	328
Performance (%)	0.27	35.99	26.46	28.49	8.78
Scores	1	1	1	1	1

	Total Score
Outcome A	5
Outcome B	5
Outcome C	5
Outcomes A-C	15

Data Anomalies Score	2
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Appendix C

II. (a) Data Comparison: Comparing Your State's 2020 Outcomes Data to Other States' 2020 Outcome Data

This score represents how your State's FFY 2020 Outcomes data compares to other States' FFY 2020 Outcomes Data. Your State received a score for the distribution of the 6 Summary Statements for your State compared to the distribution of the 6 Summary Statements in all other States. The 10th and 90th percentile for each of the 6 Summary Statements was identified and used to assign points to performance outcome data for each Summary Statement⁹. Each Summary Statement outcome was assigned 0, 1, or 2 points. If your State's Summary Statement value fell at or below the 10th percentile, that Summary Statement was assigned 0 points. If your State's Summary Statement value fell between the 10th and 90th percentile, the Summary Statement was assigned 1 point, and if your State's Summary Statement value fell at or above the 90th percentile the Summary Statement was assigned 2 points. The points were added up across the 6 Summary Statements. A State can receive a total number of points between 0 and 12, with 0 points indicating all 6 Summary Statement values were at or below the 10th percentile and 12 points indicating all 6 Summary Statements were at or above the 90th percentile. An overall comparison Summary Statement score of 0, 1, or 2 was based on the total points awarded.

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.

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.

Scoring Percentages for the 10th and 90th Percentile for Each Outcome and Summary Statement, FFY 2020

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43%	34.95%	53.26%	26.46%	57.28%	36.45%
90	85.22%	72.37%	80.57%	57.54%	84.71%	78.3%

Data Comparison Score	Total Points Received Across SS1 and SS2
0	0 through 4 points
1	5 through 8 points
2	9 through 12 points

Your State's Summary Statement Performance FFY 2020

Summary Statement (SS)	Outcome A: Positive Social Relationships SS1	Outcome A: Positive Social Relationships SS2	Outcome B: Knowledge and Skills SS1	Outcome B: Knowledge and Skills SS2	Outcome C: Actions to meet needs SS1	Outcome C: Actions to meet needs SS2
Performance (%)	55.06	36.26	58.25	26.14	60.25	37.28
Points	1	1	1	0	1	1

Total Points Across SS1 and SS2(*)	5
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Your State's Data Comparison Score	1
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⁹ Values based on data for States with summary statement denominator greater than 199 exiters.

Appendix D

II. (b) Performance Change Over Time:

Comparing your State’s FFY 2020 data to your State’s FFY 2019 data

The Summary Statement percentages in each Outcomes Area from the previous year’s reporting (FFY 2019) is compared to the current year (FFY 2020) using the test of proportional difference to determine whether there is a statistically significant (or meaningful) growth or decline in child achievement based upon a significance level of $p \leq .05$. The data in each Outcome Area is assigned a value of 0 if there was a statistically significant decrease from one year to the next, a value of 1 if there was no significant change, and a value of 2 if there was a statistically significant increase across the years. The scores from all 6 Outcome Areas are totaled, resulting in a score from 0 - 12. The Overall Performance Change Score for this results element of ‘0’, ‘1’, or ‘2’ for each State is based on the total points awarded. Where OSEP has approved a State’s reestablishment of its Indicator C3 Outcome Area baseline data the State received a score of ‘N/A’ for this element.

Test of Proportional Difference Calculation Overview

The summary statement percentages from the previous year’s reporting were compared to the current year using an accepted formula (test of proportional difference) to determine whether the difference between the two percentages is statistically significant (or meaningful), based upon a significance level of $p \leq .05$. The statistical test has several steps.

Step 1: Compute the difference between the FFY 2020 and FFY 2019 summary statements.

e.g., $C3A \text{ FFY}2020\% - C3A \text{ FFY}2019\% = \text{Difference in proportions}$

Step 2: Compute the standard error of the difference in proportions using the following formula which takes into account the value of the summary statement from both years and the number of children that the summary statement is based on¹⁰

$$\sqrt{\left(\frac{\text{FFY}2019\% * (1 - \text{FFY}2019\%)}{\text{FFY}2019_N} + \frac{\text{FFY}2020\% * (1 - \text{FFY}2020\%)}{\text{FFY}2020_N}\right)} = \text{Standard Error of Difference in Proportions}$$

Step 3: The difference in proportions is then divided by the standard error of the difference to compute a z score.

$\text{Difference in proportions} / \text{standard error of the difference in proportions} = z \text{ score}$

Step 4: The statistical significance of the z score is located within a table and the p value is determined.

Step 5: The difference in proportions is coded as statistically significant if the p value is it is less than or equal to .05.

Step 6: Information about the statistical significance of the change and the direction of the change are combined to arrive at a score for the summary statement using the following criteria

0 = statistically significant decrease from FFY 2019 to FFY 2020

1 = No statistically significant change

2 = statistically significant increase from FFY 2019 to FFY 2020

Step 7: The score for each summary statement and outcome is summed to create a total score with a minimum of 0 and a maximum of 12. The score for the test of proportional difference is assigned a score for the Indicator 3 Overall Performance Change Score based on the following cut points:

Indicator 2 Overall Performance Change Score	Cut Points for Change Over Time in Summary Statements Total Score
0	Lowest score through 3
1	4 through 7
2	8 through highest

¹⁰Numbers shown as rounded for display purposes.

Summary Statement/ Child Outcome	FFY 2019 N	FFY 2019 Summary Statement (%)	FFY 2020 N	FFY 2020 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease 1 = no significant change 2 = significant increase
SS1/Outcome A: Positive Social Relationships	3524	56.47	3269	55.06	-1.41	0.0121	-1.1668	0.2433	No	1
SS1/Outcome B: Knowledge and Skills	3837	59.89	3538	58.25	-1.64	0.0115	-1.4286	0.1531	No	1
SS1/Outcome C: Actions to meet needs	3629	61.64	3406	60.25	-1.4	0.0116	-1.1991	0.2305	No	1
SS2/Outcome A: Positive Social Relationships	4079	39.86	3734	36.26	-3.6	0.011	-3.2784	0.001	Yes	0
SS2/Outcome B: Knowledge and Skills	4080	28.11	3734	26.14	-1.97	0.0101	-1.9625	0.0497	Yes	0
SS2/Outcome C: Actions to meet needs	4079	41.06	3734	37.28	-3.78	0.011	-3.4274	0.0006	Yes	0

Total Points Across SS1 and SS2	3
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Your State's Performance Change Score	0
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