



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

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August 18, 2023

Michael Queensland  
Senate Chief Clerk  
Room B20 Southeast, State Capitol  
Madison, WI 53701

Edward Blazel  
Assembly Chief Clerk  
17 West Main, Suite 401  
Madison, WI 53703

Dear Mr. Queensland and Mr. Blazel:

The Department of Health Services (DHS) is submitting the attached State Annual Performance Report, including the State's 2023 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 2021 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 governments 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 "Kirsten L. Johnson".

Kirsten L. Johnson  
Secretary-designee

Enclosures: Annual Performance Report FFY 2021  
US Department of Education June 21, 2023, 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 2021

Wisconsin



**PART C DUE**  
**February 1, 2023**

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

The Wisconsin Birth to 3 Program is committed to a comprehensive, results-driven, accountability system for infants and toddlers in early intervention. We are dedicated to providing high-quality, evidence-based tools and practices in partnership with our local county Birth to 3 Programs and prioritize improving outcomes for infants and toddlers with disabilities. During FFY2021, DHS took action to see improvements in their child outcomes data across Wisconsin's 72 county Birth to 3 Programs.

DHS distributed \$1.2 million to local Birth to 3 Programs to pilot new and innovative efforts to foster the social and emotional development of children enrolled in their programs. The "Innovations in Social Emotional Development Grant Initiative" reported improved confidence among staff serving CAPTA referrals and improved social emotional outcomes for children. DHS is using the findings from the grant initiative to continue use of evidence-based tools and practices shown to promote social emotional development of children with disabilities.

The Department of Health Services (DHS) ensures county Birth to 3 Programs adhere to the requirements set forth by the Office of Special Education (OSEP) under the Individuals with Disabilities Education Act (IDEA) and provide accurate reporting on federal indicators shared in the Annual Performance Report (APR). DHS' oversight of county programs and data verification processes are detailed in the APR. To combat the impact of COVID-19 on our child find efforts, DHS facilitated local child find efforts through its statewide First 1,000 Days Wisconsin Child Find Campaign in FFY2021 to increase knowledge on the Birth to 3 Program, understand how early intervention can help, and opportunities to access the program for eligible infants and toddlers. Statewide dissemination of the First 1,000 Days materials amongst families and health and child care professionals is expected to result in more infants and toddlers with developmental delays and disabilities participating in the Birth to 3 Program at an earlier age.

The Wisconsin Birth to 3 Program prioritizes community engagement and involvement by actively seeking input from external stakeholders, including the Wisconsin Governor appointed Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families. In FFY2021, DHS focused their attention on more targeted outreach efforts to increase representativeness of infants, toddlers, and families enrolled in Wisconsin's Birth to 3 Program. DHS held input sessions for diverse families to solicit information and feedback on improving equity in Wisconsin health care systems for individuals of all physical and mental abilities, including improving programs and experiences for children and families in DHS children's disability programs.

Additionally, after receiving stakeholder input, the Wisconsin Birth to 3 Program implemented a new strategy to increase family engagement and improve Indicator 4 data by revising its Family Experience Survey. DHS changed the frequency and mode of survey distribution and the length of the survey, resulting in a substantial increase in our survey response rate from 7.07% in FFY2020 to 11.2% in FFY2021. DHS values stakeholder feedback when revising program processes to ensure quality and equitable services.

The data and initiatives reported in the FFY2021 APR illustrates DHS' continued commitment to improve outcomes for infants, toddlers, and families in Wisconsin's Birth to 3 Program.

#### Additional information related to data collection and reporting

DHS requires all 72 county Birth to 3 Programs to report on referral, enrollment, transition, and child outcome data through the Program Participation System (PPS). Data retrieved from the Birth to 3 Program PPS module is used to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

#### 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) to their residents. DHS ensures that counties are adhering to IDEA's requirements through state county contracts. All 72 counties must sign a legal document agreeing to deliver Birth to 3 Program services following both state and federal requirements to receive Part C funding.

Wisconsin administers the Birth to 3 Program at the Department of Health Services, Division of Medicaid Services in the Bureau of Children's Services (BCS). BCS is responsible for the administration of numerous state programs aimed to improve the lives of children with special needs, including the Birth to 3 Program. BCS, utilizing a comprehensive team of state staff, is responsible for oversight and quality assurance, comprised of a Director and Part C Coordinator, a policy team with staff dedicated to the Birth to 3 Program as well as additional staff resources in policy for special initiatives, a team of staff in technical assistance responsible for direct local oversight and relationships, a quality section charged with program results monitoring, and a compliance section with staff responsible for systems and contracts. The collective expertise and resources of BCS, along with support from multiple other bureaus within the Medicaid Division of DHS, position the state's early intervention program with a wealth of knowledge, skills, and abilities to fully support children and families in the state.

As part of DHS' efforts to ensure proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS published their Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. 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 operate the Birth to 3 Program in line with state and federal requirements.

In FFY2020, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol was developed as a way to systematically measure program practices at the individual child and family level within each county. DHS facilitated a workgroup of local programs and early interventionists to contribute to the protocol. In FFY2021, DHS contracted an external agency, MetaStar, to perform an initial analysis of the state and county level aggregate data to identify trends in high and low scoring focus areas as well as individual quality practices. DHS will use its findings from the Program Review Protocol to identify and implement improvement strategies for sustained quality practices and to inform systematic changes.

Additionally, accurate and quality data allows DHS to monitor compliance of IDEA Part C requirements in the Wisconsin's Birth to 3 Program. DHS

provides counties with a Program Participation System (PPS) User Guide to drive accurate reporting of Wisconsin's Birth to 3 Program referral, enrollment, transition, and child outcome data across the state. Data retrieved from the Birth to 3 Program PPS module is used to prepare the Annual Performance Report (APR) submitted to the Office of Special Education (OSEP), the governor, and each house of the Wisconsin state legislature.

The Birth to 3 Program Data Manager is the State's lead for monitoring data quality at the state and county level. This includes oversight of two data verification processes, the year-end data certification and October 1 child count certification. The year-end data certification process requires local programs to review the entirety of the past fiscal year's data and confirm its accuracy to the Data Manager. The October 1 child count certification requires local programs to review their enrollment data for October 1 of the current year and confirm its accuracy to the Data Manager.

As part of the Wisconsin Birth to 3 Program county determinations process, data matrix charts are completed annually by the Birth to 3 Program Data Manager and distributed to county Birth to 3 Programs after the submission of the APR to assign each county a determination status. The data matrix 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 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/dltc/memos/2019-09.pdf>.

Data analysis is also completed annually near the close of the federal fiscal year, which can result in issuance of findings of non-compliance for any county not achieving 100% compliance on the compliance indicators. 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 (Details on the findings of non-compliance process are detailed within indicators 1, 7, and 8A-8C narratives).

#### 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. 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 of or all 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:

An individual 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 due process hearing with the Department of Health Services. In order to ensure that an effective hearing system is available for parents and county administrative agencies, DHS entered into an agreement with the Division of Hearing and Appeals (DHA) to conduct early intervention due process hearings. The due process hearing is conducted by an impartial decision maker provided by DHA 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, evidence-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 (CFPS). CFPS are assigned to four distinct 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 pocket meetings, initiative-based county outreach, and individualized support. The CFPS team is charged with conducting the pocket meetings with county Birth to 3 Programs, where topics are selected by county representatives. Additionally, in FFY2021, the CFPS team began facilitating optional, drop-in discussions to support county understanding and sharing of ideas about implementation of policies, initiatives, or requirements shared at the most recent monthly program teleconference. The post-teleconference drop-in sessions are scheduled one week after the monthly teleconference and provide county Birth to 3 Programs an opportunity to receive additional technical assistance. To view the Birth to 3 Program CFPS Assignment Map: <https://www.dhs.wisconsin.gov/publications/p00996.pdf>.

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. The Data Manager also participates in the monthly Birth to 3 Program teleconferences and uses time during these teleconferences to provide technical assistance and assist county Birth to 3 Programs in understanding data reports and use of the DataMart, which is Wisconsin's data warehouse.

#### 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's Department of Health Services (DHS) contracts with the Cooperative Educational Service Agency (CESA) 5, Responsive Equitable Support (RESource) Team, to provide personnel development to providers who serve families and children receiving services from the Birth to 3 Program.

In FFY2021, the Wisconsin Birth to 3 Program using American Rescue Plan Act (ARPA) funds, worked with CESA-5 to launch a project to reimagine the professional development (PD) system for Wisconsin's Birth to 3 Program with a focus on improving child outcomes, through responsive, high-quality training with evidence-based practices and increased accessibility of practices and tools across the state. The PD system is on track to develop comprehensive training and implementation support to strengthen Wisconsin Birth to 3 Programs in delivering high quality, evidence-based practices, resulting in improved outcomes for infants, toddlers, and their families.

To do this, RESource organized statewide engagement sessions in early 2022 to collect data from each county about current tools and practices and professional development barriers and needs. RESource received 563 responses from representatives within each county's Birth to 3 Program during their engagement sessions. In March 2022, RESource surveyed county Birth to 3 Program leadership to gain insight into how to best support high-quality early intervention services in the Wisconsin Birth to 3 Program, which resulted in 120 responses spanning across all 72 counties. Following the survey, RESource held five virtual regional forums in April 2022 to further discuss county level needs and suggestions for increasing equity and impact in

the Birth to 3 Program with county leadership. After county engagement was received and considered, CESA-5 hired a Research to Practice Project (R2PP) team to conduct the ARPA professional development activities with the primary goal of completing a multiphase, multi-year project for identification and statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. DHS released the first professional development bundles in October 2022 and plans to introduce a professional development web-based system within FFY2022.

Additionally, DHS continues to fund 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 number 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.

In FFY2021, DHS also dedicated a portion of their American Rescue Plan Act (ARPA) funding to continue prioritizing Infant Mental Health services through the Infant Early Childhood Mental Health Consultation Pilot Program in partnership with University of Wisconsin's IECMH Capstone Program. The pilot will provide Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. IECMHC is an assessment and early intervention approach for building Birth to 3 Program professionals' capacity to support young children's social and emotional development to address concerning and challenging behaviors in the context of relationships across multiple settings. The IECMHC Pilot focuses on improving social-emotional development of children in the Birth to 3 Program and promote racial health equity in access and outcomes through culturally sensitive and responsive services. The pilot activities include: 1. Provision of ongoing, routine IECMH Consultation with supervisors, therapists, and service coordinators; and 2. Promotion of high quality, relational, trauma-informed, and culturally responsive services that effectively address the social-emotional development of infants and young children in the context of their primary caregiving relationship. The pilot program launched in August 2022.

#### **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).**

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 Systemic Improvement Plan (SSIP), priorities and practices related to outcomes for children and families, targets for all Part C indicators, and the Annual Performance Reports (APR). 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. DHS ensures county Birth to 3 Programs can provide input on initiatives taken by the State towards the State's Systemic Improvement Plan (SSIP). In FFY2021, county feedback became imperative in the creation of the professional development modules through statewide engagement sessions and regional leadership forums.

A strategy that Wisconsin uses to solicit broad stakeholder input on the State's targets in the SPP/APR is through the newly developed child outcomes dashboard. County-level performance is made publicly available on the Birth to 3 Program website for counties to view and compare their performance to both the state performance, state targets, and other county performances. County-level performance is based on Indicator 3: Child Outcomes results that access a child's positive social-emotional skills (3A), acquisition and use of knowledge skills (3B), and use of appropriate behaviors to meet needs (3C). The new interactive dashboard has ignited more conversations with county Birth to 3 Programs on state targets and strategies to reach targets and analyze current program practices, if applicable. The dashboard can be found here: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>. The new interactive dashboard was also a useful visual tool during many ICC meetings when discussing strategies to continue improving the State's child outcomes performance.

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 provide qualitative and quantitative data to the ICC on the status of the Birth to 3 Program indicators and corresponding outcomes. 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. In early 2022, the Birth to 3 Program Data Manager presented ICC members SPP/APR data from previous years to help decide on targets for FFY2021-FFY2025. The ICC supported the decision for slow, incremental improvements to state targets that would be feasible and achievable for county Birth to 3 Programs.

Additionally, 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 25, 2023, 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.

DHS recognizes the need to recruit and solicit broad stakeholder input across various factors, such as demographics, socio-economic status, and geographic location, for accurate representation and consideration of all populations within Wisconsin. DHS plans to increase outreach efforts for more diverse participation from county agencies and ICC membership by utilizing connections with local Birth to 3 Programs.

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

NO

#### **Number of Parent Members:**

2

#### **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 any parent participating in the Wisconsin Birth to 3 Program can attend the open ICC council meetings. DHS informs families in Wisconsin's Birth to 3 Program of upcoming ICC meetings and opportunities for parent involvement and membership in the ICC in their quarterly All in for Kids: Birth to 3 Program newsletter. DHS will use the newsletter as a means to increase diverse representation of parent membership within the ICC.

During the January 25, 2023 ICC meeting, participants had the opportunity to listen, reflect, and make recommendations on the Wisconsin Birth to 3 Programs' APR indicator results for FFY2021. During this meeting participants were also able to recommend strategies to improve overall program performance and Birth to 3 Program data going forward. Additionally, during the October 20, 2021 ICC Meeting, Bureau of Children's Services (BCS)

Program Improvement and Quality Outcomes Section shared with the Council the changes made to the Family Experience Survey for FFY2021. The Family Experience Survey reports on how helpful early intervention has been to help families: know and understand their rights, communicate their child's needs, and help their child develop and learn. Revisions to the survey were made regarding its length and timing. During this meeting, ICC members were asked for their feedback and input on the changes to improve the Wisconsin Birth to 3 Program's Family Experience Survey. Parents on the ICC provided insight into the feasibility of the new survey from their own personal experiences to further support the improvements being made.

Throughout FFY2021, 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 July 16, 2021 ICC Meeting, the Council was briefed on the current recommendations to use of the American Rescue Plan Act (ARPA) funds on professional development, systems infrastructure, and child and family-focused pandemic recovery grants. ICC members then provided the following recommendations for the use of ARPA funding:

- Ensure equitable access to technology, equipment, and supplies across counties
- Increase collaboration efforts with higher education institutions to promote early intervention as a career opportunity for students
- Focus on diversifying the workforce and accommodate to diverse families by supporting communication in other languages
- Address implementation variability across counties and their approach to intervention/services and support all programs with implementation.

The Wisconsin Birth to 3 Program also engages families 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 Wisconsin Birth to 3 Program attended and listened in on sessions at the Circles of Life conference throughout the years to obtain family input and guidance and to work with families to find ways to make the Wisconsin Birth to 3 Program stronger. During the Circles of Life Conference held on May 12, 2022, the Wisconsin Birth to 3 Program presented on the First 1,000 Days Wisconsin Child Find Campaign that launched in spring 2021. The First 1,000 Days Wisconsin Child Find Campaign aimed to increase awareness of early signs of delays or disabilities and encourage families to act early by providing materials on the Birth to 3 Program to healthcare providers, childcare professionals, and others that work with children to disseminate to Wisconsin families. Families were included in diversity and equity input sessions during Phase 2 of the First 1,000 Days PSA Campaign to ensure family input was accounted for. During the Circles of Life session, presenters vocalized how families can gain access and use promotional materials, share information, and act early when noticing signs of delays or disabilities.

#### **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.**

The Wisconsin Birth to 3 Program engages parents in discussions to promote equity and improve the experiences and outcomes of participating infants and toddlers with disabilities and their families. In FFY2021, DHS hosted four online input sessions with local community agencies, families, and tribes to learn about their experiences with children's disability programs and develop strategies for delivering more equitable services. Two input sessions on May 19, 2022, and May 24, 2022, were specifically for families participating in Wisconsin's Birth to 3 Program, where families were asked the following questions:

- How well current information materials for children's disability programs show different kinds of families and provide important information?
- What it was like participating in the Birth to 3 Program, the Children's Long-Term Support (CLTS) Program, and Katie Beckett Medicaid?
- What helped the family participate in these programs and what made it hard for the family to participate?
- What DHS can do to reach and help more families and make it easier to participate?
- How DHS can better partner with community agencies?

After compiling responses, the areas to embed racial healthy equity practices included: 1. materials; 2. awareness; 3. relationships; 4. cultural responsiveness, and 5. workforce. DHS will use this feedback towards program improvement efforts for their children's disability programs. More information can be found at: <https://www.dhs.wisconsin.gov/publications/p03296.pdf>.

Wisconsin Birth to 3 Program is dedicated to improving services for diverse populations of infants and toddlers with disabilities and their families. DHS focused on improving referrals, access, and enrollment in Wisconsin's Birth to 3 Programs for children under Child Abuse Prevention and Treatment Act (CAPTA) through the Serving Children in Child Welfare Project. Under 34 CFR §303.303(b), any child under the age of three subjected to child abuse or neglect and or directly affected by illegal substance abuse must be referred to early intervention services. In November 2019, an automated referral process was established partnering with Department of Children and Families (DCF) to ensure that any children under the age of 3 that was substantiated as abused or neglected would be referred to the local county's Birth to 3 Program. As a result, the number of CAPTA referrals to the Birth to 3 Program doubled.

In addition, back in FFY2020, DHS 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 (ARPA) funds in the Wisconsin Birth to 3 Program. These stakeholder input sessions were open to families participating 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) Responsive Equitable Support (RESource) 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 last year, DHS began utilizing the ARPA funds in FFY2021 in the following focus areas:

- Professional Development and Workforce Sustainability and Supports
- Child and family-focused pandemic recovery supports
- Infant/Early Childhood Mental Health Consultation Pilot Project
- Information Systems

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. 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>

Lastly, the Wisconsin Birth to 3 Program aims to increase capacity of diverse groups of parents by sharing opportunities for connection and encouraging parents to submit applications to the ICC within the All in For Kids: Birth to 3 Program newsletter that is distributed to all families participating in Part C. In the March 2022 All in For Kids: Birth to 3 Program newsletter, the Wisconsin Birth to 3 Program solicited parent membership on the ICC and extended an invite to the Circles of Life Conference as an opportunity for families to connect with other families and share their personal experiences in Wisconsin's Birth to 3 Program. The newsletter can be found here: <https://www.dhs.wisconsin.gov/newsletters/b3aifk2022-01.pdf>. DHS will use the newsletter as a means to increase diverse representation of parent membership within the ICC and parent engagement. The Governor's office is charged with reviewing Council applications and the Governor must approve new membership on the ICC. DHS works closely with the Governor's office to ensure diverse membership.

However, Wisconsin recognizes a need to continue to organize activities that aim to increase capacity of diverse groups of parents. As a result of the COVID-19 pandemic, many opportunities to engage with parent stakeholders within the community were cancelled due to health concerns. DHS is actively seeking out new opportunities to involve diverse parents in decision-making and target setting to improve outcomes for infants and toddlers with disabilities.

#### **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 can 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 in the future.

The Wisconsin Birth to 3 Program also hosts monthly teleconferences with county Birth to 3 Programs 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 are reviewed and presented to county programs during monthly teleconferences and programs can provide input on setting targets and analyzing data.

Additionally, in FFY2021, DHS organized a County Stakeholder Workgroup to discuss recommendations and review of the Wisconsin Birth to 3 Program Operations Guide. The purpose was to obtain stakeholder input and feedback to inform the development of the Birth to 3 Program Operations Guide. The Birth to 3 Program Operations Guide was published in December 2021.

Finally, DHS' contracted agency, CESA-5, conducted county engagement sessions and regional forums through its RESource Team to receive input on Wisconsin's Birth to 3 Program professional development and perceived barriers in spring 2022. The feedback collected from local programs and county leadership was used to develop a multiphase, multi-year project for identification and statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. The first professional development bundles were released in October 2022.

#### **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 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>

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>

County Birth to 3 Program data as well as each county's performance during the annual county determinations process is publicly available at the following link: <https://www.dhs.wisconsin.gov/birthto3/reports/county.htm>. Additionally, in FFY2021, a new webpage was published by DHS to review the child outcomes rating process and to make each county Birth to 3 program's average child outcome scores available to the public. The child outcome scores are presented in an interactive format allowing users to compare county performance in Indicator 3 to the state average and the state target. The new child outcomes dashboard can be found at: <https://www.dhs.wisconsin.gov/birthto3/reports/child-outcomes.htm>

In FFY 2021, DHS hosted two online diversity and equity input sessions to understand how early intervention is working and where improvements can be made to make the Birth to 3 Program more accessible and equitable for families throughout Wisconsin. The feedback and results from the family input sessions was published online at: <https://www.dhs.wisconsin.gov/publications/p03296.pdf>.

Finally, the Department will continue to inform the public of progress of the supplemental ARPA funds and projects through monthly teleconferences and GovD messages.

#### **Reporting to the Public:**

##### **How and where the State reported to the public on the FFY 2020 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 2020 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 2020 APR in 2022, 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, 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 publicly 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**

None

### **Intro - OSEP Response**

The State attached its 2022 Annual Report Certification of the State Interagency Coordinating Council (SICC) Form. The State must submit its 2023 SICC form to confirm that the SICC is supporting the State's submission of the FFY 2021 SPP/APR.

The State did not describe the mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and subsequent revisions that the State made to those targets. Specifically, the State did not report a description of the activities conducted to increase the capacity of diverse groups of parents.

### **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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.79%	99.83%	100.00%	99.90%	99.98%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
7,482	7,781	99.98%	100%	100.00%	Met 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.*

299

**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. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies.

**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 (IFSP).

**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).**

January 1, 2022 – March 31, 2022

**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 reporting period. DHS continues to 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 Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports and identify any data from the annual compliance data review needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

In FFY2021, DHS has started reporting APR data only on the time period which the data was collected for findings of noncompliance (January 1-March 31). No findings of non-compliance were issued for Indicator 1 during the January 1 through March 31 data pull, resulting in 100% compliance according to OSEP Memo 09-02.

DHS would have issued a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 1. The local program would then follow the DHS correction process for findings of noncompliance.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2021 in its FFY 2021 SPP/APR.

The State reported that it did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance. In the FFY 2021 SPP/APR, the State must report that it has verified that each EIS program or provider with noncompliance identified in FFY 2019: (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 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

### **Response to actions required in FFY 2020 SPP/APR**

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports and identify any data from the annual compliance data review needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

Although our Indicator 1 data was less than 100% compliant in FFY2019 and FFY2020, local Birth to 3 Programs demonstrated 100% compliance by the deadline outlined by DHS prior to the issuance of findings of noncompliance. Therefore, no findings were issued as a result of the pre-finding correction period according to OSEP Memo 09-02.

DHS would have issued a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 1. The local program would then follow the DHS correction process for findings of noncompliance.

### **1 - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2019 and 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2019 and 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

### **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	2016	2017	2018	2019	2020
Target >=	96.35%	96.37%	96.40%	99.00%	99.00%
Data	99.61%	99.59%	99.40%	99.54%	99.59%

### Targets

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

### Targets: Description of Stakeholder Input

During the January 26, 2022 ICC meeting, a decision was made to keep the target at 99% through FFY2025. ICC members were presented with trend data from previous years by the Birth to 3 Program Data Manager to inform the discussion on future target setting and support reasoning to maintain a target of 99%. The ICC was presented with the State's FFY2021 Indicator 2 performance during the January 25, 2023 meeting. For FFY2021, the State did meet their target by achieving above 99.00%.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings	5,673
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Total number of infants and toddlers with IFSPs	5,710

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,673	5,710	99.59%	99.00%	99.35%	Met target	No Slippage

Provide additional information about this indicator (optional).

**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 was presented with the State's FFY2021 Indicator 3 data during the January 25, 2023 meeting. In early 2022, the Birth to 3 Program Data Manager presented ICC members with child outcome trend data from previous years to help decide on targets for FFY2021-FFY2025. The Wisconsin Birth to 3 Program has set our indicator 3 targets for FFY2021-FFY2025 to reach slightly above our baseline. The ICC supported the decision for slow, incremental improvements that would be feasible and achievable for county Birth to 3 Programs, accounting for the negative impact of the COVID-19 pandemic on county programs. During these coming years, we continue with efforts and strategies to improve our indicator 3 performance.

#### Historical Data

Outcome	Baseline	FFY	2016	2017	2018	2019	2020
A1	2018	Target>=	59.04%	59.05%	59.06%	62.00%	62.00%
A1	60.40%	Data	56.01%	60.23%	60.40%	56.47%	55.06%
A2	2018	Target>=	66.14%	66.15%	66.16%	48.00%	48.00%
A2	43.81%	Data	47.96%	47.27%	43.81%	39.86%	36.26%
B1	2018	Target>=	66.14%	66.15%	66.16%	66.17%	66.17%
B1	66.16%	Data	62.02%	64.30%	63.84%	59.89%	58.25%
B2	2018	Target>=	50.74%	50.75%	50.76%	36.00%	36.00%
B2	32.61%	Data	34.17%	34.89%	32.61%	28.11%	26.14%
C1	2018	Target>=	69.54%	69.55%	69.56%	69.57%	69.57%
C1	66.53%	Data	64.88%	67.43%	66.53%	61.64%	60.25%
C2	2018	Target>=	68.54%	68.55%	68.56%	51.00%	51.00%
C2	47.03%	Data	49.57%	50.91%	47.03%	41.06%	37.28%

#### Targets

FFY	2021	2022	2023	2024	2025
Target A1>=	56.13%	57.20%	58.27%	59.34%	60.50%
Target A2>=	37.77%	39.28%	40.79%	42.30%	43.91%
Target B1>=	59.83%	61.41%	62.99%	64.57%	66.26%
Target B2>=	27.43%	28.72%	30.01%	31.30%	32.71%
Target C1>=	61.51%	62.77%	64.03%	55.29%	66.63%
Target C2>=	39.23%	41.18%	43.13%	45.08%	47.13%

#### FFY 2021 SPP/APR Data

Number of infants and toddlers with IFSPs assessed

4,016

#### 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	9	0.22%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,418	35.31%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,020	25.40%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,105	27.51%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	464	11.55%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	2,125	3,552	55.06%	56.13%	59.83%	Met target	No 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	1,569	4,016	36.26%	37.77%	39.07%	Met target	No Slippage

**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	10	0.25%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,408	35.06%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,405	34.99%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,004	25.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	189	4.71%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	2,409	3,827	58.25%	59.83%	62.95%	Met target	No 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	1,193	4,016	26.14%	27.43%	29.71%	Met target	No Slippage

**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	6	0.15%
b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,307	32.54%
c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it	1,103	27.47%
d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers	1,285	32.00%
e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers	315	7.84%



Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 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	2,388	3,701	60.25%	61.51%	64.52%	Met target	No 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	1,600	4,016	37.28%	39.23%	39.84%	Met target	No Slippage

**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	6,083
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.	1,945

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 Program teams, with family input, use a variety of instruments to gather data for this indicator, including: COS form, bucket list, decision-making tree, age-anchoring tool, and crosswalks. From this, 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	2016	2017	2018	2019	2020
A	2011	Target>=	82.93%	82.98%	83.03%	85.00%	85.00%
A	82.83%	Data	92.92%	75.06%	76.57%	78.20%	74.55%
B	2011	Target>=	87.59%	87.64%	87.69%	89.00%	89.00%
B	87.49%	Data	91.37%	82.75%	81.71%	87.74%	80.80%
C	2011	Target>=	85.30%	85.35%	85.40%	92.00%	92.00%
C	85.20%	Data	93.25%	81.35%	77.14%	82.83%	79.46%

**Targets**

FFY	2021	2022	2023	2024	2025
Target A>=	76.21%	77.87%	79.53%	81.19%	82.93%
Target B>=	82.20%	83.60%	85.00%	86.40%	87.79%
Target C>=	80.61%	81.76%	82.91%	84.06%	85.30%

**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 was informed of FFY2021 Family Outcome data during the January 25, 2023 meeting. The Wisconsin Birth to 3 Program experienced slippage in indicator 4 in previous years. Wisconsin Birth to 3 Program reset their Indicator 4 targets for FFY2021-FFY2025 with input from the ICC in FFY2021 to be slightly above baseline. Additionally, in FFY2021, the Wisconsin Birth to 3 Program implemented a new strategy to increase family engagement and improve Indicator 4 data by revising its Family Experience Survey. During the October 20, 2021, ICC meeting, members were asked for their feedback and input on potential changes to improve the Wisconsin Birth to 3 Program's Family Experience Survey, which ultimately impacts the state's Indicator 4 data. Based on input from survey respondents, the ICC, and local programs, the survey length was shortened. Additionally, the survey is now sent to every exiting family that was enrolled for more than 6 months in the month after they exit. This real-time outreach is aimed to increase response rate.

**FFY 2021 SPP/APR Data**

The number of families to whom surveys were distributed	4,443
Number of respondent families participating in Part C	496
Survey Response Rate	11.16%
A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights	377
A2. Number of responses to the question of whether early intervention services have helped the family know their rights	496
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	384
B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs	496
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	378
C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn	496

Measure	FFY 2020 Data	FFY 2021 Target	FFY 2021 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)	74.55%	76.21%	76.01%	Did not meet target	No 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)	80.80%	82.20%	77.42%	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)	79.46%	80.61%	76.21%	Did not meet target	Slippage

**Provide reasons for part B slippage, if applicable**

In FFY2021, the Wisconsin Birth to 3 Program revised our Family Experience Survey to account for the length of the survey, the frequency of survey distribution, and its delivery method. In an effort to increase survey response rate, the Wisconsin Birth to 3 Program distributed surveys by both mail and email, allowing individuals receiving the paper copy to respond to the survey electronically through a QR code. Although the State saw a substantial increase in overall response rate, from 7.07% to 11.16%, we still experienced slippage in indicators 4B and 4C. We have analyzed our FFY2021 family experience survey data and have identified potential reasons for our decline.

The ability for families to complete the survey electronically via a QR code increased the accessibility of the Wisconsin Birth to 3 Program Family Experience Survey. We were able to reach more families and believe that the decline in our family outcome data captures more diverse perspectives of our program. (Data analysis on participation based on race is provided in the survey response questions below). With that being said, the Wisconsin Birth to 3 Program is committed to improving families' experiences and plans to use the information gathered to drive program improvement opportunities.

DHS conducted data analysis on survey questions with the poorest performance and sharpest declines to focus their efforts. The FFY 2021 Family Experience Survey questions with the sharpest decline in performance 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 giving you useful information about how to help your child get along with others?

The questions detailed above with the poorest performance and sharpest declines in performance in FFY2021 were related to collaboration, social opportunities, and advocacy. We suspect the overall impact of social isolation experienced during the COVID Public Health Emergency contributed to these inputs.

Throughout FFY2021, DHS has allocated a portion of their Home and Community Based Service (HCBS), American Rescue Plan Act (ARPA) funds to develop an easier way to identify, navigate, and access needed resources through “No Wrong Door –Supporting Kids Together” (NWDSKT) initiative. Three divisions within DHS, the Division of Medicaid Services, Division of Care and Treatment Services, and the Division of Public Health, are joining forces to better serve families with children with health care needs. The collaborative effort across divisions will aid Birth to 3 Program families in feeling more confident connecting with services and people who can help their child.

**Provide reasons for part C slippage, if applicable**

In FFY2021, the Wisconsin Birth to 3 Program revised our Family Experience Survey to account for the length of the survey, the frequency of survey distribution, and its delivery method. In an effort to increase survey response rate, the Wisconsin Birth to 3 Program distributed surveys by both mail and email, allowing individuals receiving the paper copy to respond to the survey electronically through a QR code. Although the State saw a substantial increase in overall response rate, from 7.07% to 11.16%, we still experienced slippage in indicators 4B and 4C. We have analyzed our FFY2021 family experience survey data and have identified potential reasons for our decline.

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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?	YES
If your collection tool has changed, upload it here.	B3 Survey FFY2021 Word Copy
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 Experience Survey are representative of the demographics of infants, toddlers, and families enrolled in the program. DHS provides 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). With the new mixed-method service delivery, families completing the survey electronically can also self-select their language preference as well.

DHS developed a family communications newsletter, “All in for Kids: Birth to 3 Program”, specific to the Birth to 3 Program that is distributed quarterly to families of children enrolled in the Birth to 3 Program or have been referred to the Birth to 3 Program within the last three months. DHS uses this publication to better support and inform families about our programs and notify families of the importance of the Family Experience Survey to encourage more responses. The newsletter is translated in English, Spanish, and Hmong to ensure that the information being disseminated across the state is representative of the Birth to 3 Program families. Copies of the quarterly newsletter in all three languages can be found here: <https://www.dhs.wisconsin.gov/library/akidsb-3-2021.htm>.

DHS is also planning to partner with racial and ethnic advocacy agencies and tribal health agencies to support outreach to families in the Birth to 3 Program on the importance of the Family Experience 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.

## Survey Response Rate

FFY	2020	2021
Survey Response Rate	7.07%	11.16%

### **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 continuously committed to increasing 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 can respond to the survey electronically through a QR code
- Provided in-depth information on revisions through monthly teleconferences to support county Birth to 3 Programs in explaining the survey to families.

As a result of these efforts, the Wisconsin Birth to 3 Program saw a substantial increase in our survey response rate from 7.07% in FFY2020 to 11.16% in FFY2021.

Although our survey response rate increased, we are still dedicated to improving our outreach and demographic breakdown to have a more accurate depiction of program reach. In FFY2021, 11.16% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2021 618 child count data was 15%. DHS recognizes the opportunity to engage with more Hispanic families and will ensure that all forms of communication are translated in Spanish as well as increase the accessibility to translators.

Lastly, DHS held four input sessions to hear from diverse populations on improving equity in Wisconsin health care systems for individuals of all physical and mental abilities, including improving programs and experiences for children and families in DHS children's disability programs. Two of the four sessions were specifically for families to share their experiences and provide feedback to help shape racial health equity activities for DHS children's disability programs. The feedback included recommendations in the following areas: materials, awareness, relationships, cultural responsiveness, and workforce. Families appreciated the efforts towards including wider representation within marketing materials but requested increased cultural competency and diversity within the early intervention workforce. DHS will use this feedback to drive program improvement efforts to effectively engage with all populations participating in Wisconsin's Birth to 3 Program. More information on the diversity and equity input sessions can be found at: <https://www.dhs.wisconsin.gov/publications/p03296.pdf>.

### **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 FFY2021 the Wisconsin Birth to 3 Program distributed 4,443 Early Childhood Outcomes (ECO) Family Experience Surveys and received 498 completed surveys, a return rate of 11.16%. In FFY2020, the return rate for the Early Childhood Outcomes (ECO) Family Experience Surveys for the Wisconsin Birth to 3 Program was 7.07%. Overall, there was an increase from 7.07% to 11.16% from the previous fiscal year.

Among the responses received in FFY2021, there was nonresponse 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 FFY2021 618 child count data. 11.16% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2021 618 child count data was 15%. Whereas, in FFY2021, we saw an increase in the survey respondents that identified as non-white and white families compared to FFY2020. In FFY2021, 16.8% of survey respondents self-identified as non-white to the 15% of non-white families reported in the Wisconsin FFY2021 618 child count data. Similarly, 76.4% of survey respondents self-identified as white to the 67.4% of white families reported in the Wisconsin FFY2021 618 child count data. The Wisconsin Birth to 3 Program had increased participation in the Family Experience Survey from nonwhite and white families that recently transitioned out of the Birth to 3 Program.

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. To reduce future bias and promote responses, more effort will be towards effectively engaging Hispanic families to improve upon their response rate. DHS will ensure that all forms of communication are translated in Spanish as well as accessibility to translators to convey the importance of the survey and families' responses. DHS plans to explore opportunities to utilize social media outlets to disseminate information about pertinent program information to mass audiences. These alternative channels of communication allow DHS to engage with more diverse families and broaden their program reach.

### **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 FFY2021 the Wisconsin Birth to 3 Program distributed 4,443 Early Childhood Outcomes (ECO) Family Experience Surveys and received 498 completed surveys, a return rate of 11.16%. The Family Experience Survey is now mailed monthly to families as they transition out of the program rather than an annual distribution. In FFY2021, DHS continued to emphasize the expectation for county Birth to 3 programs to update Program Participation System (PPS) data monthly to ensure the accuracy of the survey distribution list and demographic information.

11.16% of survey respondents self-identified as Hispanic while the percentage of Hispanic families reported in the Wisconsin FFY 2021 618 child count data was 15%. Whereas, in FFY2021, we saw an increase in the survey respondents that identified as non-white and white families compared to FFY2020. In FFY2021, 16.8% of survey respondents self-identified as non-white to the 15% of non-white families reported in the Wisconsin FFY2021 618 child count data. Similarly, 76.4% of survey respondents self-identified as white to the 67.4% of white families reported in the Wisconsin FFY2021 618 child count data. 65.2% of the respondents had male children compared to the 64% reported in Wisconsin FFY2021 618 child count data. 34.8% of the respondents had female children compared to the 36% reported in the Wisconsin FFY2021 618 child count data.

### **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).**

The Wisconsin Birth to 3 Program compares the demographic data of the survey respondents to the demographic data reported in the FY 2021 618 child count to evaluate the survey for representativeness. Representativeness was determined by using a +/-1% threshold. For example, the state compares the percentage of survey respondent's race/ethnicity to the race/ethnicity percentages of the population reported in the 618 child count data. Given the number of completed surveys, we believe that for the survey to be representative of the population the percent makeup of each demographic category of the survey respondents should be similar to the 618 child count data. As discussed in the previous response, the percentage of completed surveys filled

out by Hispanic families was 11.16%. In the FY 2021 618 child count data Wisconsin reported 15% of the participants in the fiscal year were Hispanic children. Given that these percentages are approximately -3% of each other, we determined that our completed surveys could be more representative of the Hispanic population. However, the percentage of completed surveys filled out by white families was 76.4% compared to the 67.4% of white families reported in the Wisconsin FFY2021 618 child count data, showing an over-representation of +9%. Wisconsin recognizes room for improvement and seeking opportunities for intentional outreach efforts to accurately depict representativeness in the Wisconsin Birth to 3 Program as explained in previous responses.

**Provide additional information about this indicator (optional).**

#### **4 - Prior FFY Required Actions**

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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 2020 SPP/APR**

DHS has identified that the response data could be more representative of the demographics of infants, toddlers, and families enrolled in our Birth to 3 Program. DHS has documented above the various strategies we plan to implement to ensure that response data for the Family Experience Survey are representative of the demographics of infants, toddlers, and families enrolled in the program in the coming years.

#### **4 - OSEP Response**

The State did not describe the metric used to determine representativeness, as required by the Measurement Table.

#### **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 *EDFacts* 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	2016	2017	2018	2019	2020
Target >=	0.95%	0.95%	0.95%	1.05%	1.05%
Data	0.97%	1.03%	1.04%	1.00%	0.82%

### Targets

FFY	2021	2022	2023	2024	2025
Target >=	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. During the January 26, 2022 ICC meeting, a decision was made to gradually increase the Indicator 5 target to reach 1.10% by FFY2025. The FFY2021 data results were presented to the ICC at the January 25, 2023 meeting.

### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 1 with IFSPs	553
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 1	59,985

### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 1 with IFSPs	Population of infants and toddlers birth to 1	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
553	59,985	0.82%	1.06%	0.92%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

## 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	2016	2017	2018	2019	2020
Target >=	2.83%	2.83%	2.83%	3.00%	3.00%
Data	2.79%	2.90%	3.03%	3.04%	2.65%

#### Targets

FFY	2021	2022	2023	2024	2025
Target >=	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 FFY2017-FFY2018. During the ICC meeting on January 26, 2022, a decision was made to gradually increase the Indicator 6 target to reach 3.05% by FFY2025. The FFY2021 data results were presented to the ICC at the January 25, 2023 meeting.

#### Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age	07/06/2022	Number of infants and toddlers birth to 3 with IFSPs	5,710
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, 2020 to July 1, 2021	06/28/2022	Population of infants and toddlers birth to 3	187,792

#### FFY 2021 SPP/APR Data

Number of infants and toddlers birth to 3 with IFSPs	Population of infants and toddlers birth to 3	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5,710	187,792	2.65%	3.01%	3.04%	Met target	No Slippage

Provide additional information about this indicator (optional).

## 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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.44%	99.19%	99.11%	99.36%	99.59%

### Targets

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

### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
1,207	1,829	99.59%	100%	99.84%	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.

619

Provide reasons for delay, if applicable.

The acceptable delay reasons for Wisconsin are family reason, or extreme weather. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. Extreme weather delays include unsafe conditions, such as school or road closures, or travel advisories, that would result in delayed service start. The only other reason is system reason, where action was late due to staff or agency, and that is a non-compliant reason. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies.

**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).**

January 1, 2022 – March 31, 2022

**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 reporting period. DHS continues to 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 Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports and identify any data from the annual compliance data review needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

DHS would issue a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 7. The local program would then follow the DHS correction process for findings of noncompliance.

In FFY2021, DHS has started reporting APR data only on the time period which the data was collected for findings of noncompliance (January 1-March 31). Although our Indicator 7 data was less than 100% compliant during the January 1-March 31 data collection period, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the "pre-finding correction" period outlined by DHS.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	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. Wisconsin Birth to 3 Program's findings of noncompliance process targets 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 consists of reviewing subsequent data of 60 consecutive days of 100% compliant data for the program in the statewide database for the indicator 7. It also includes child file documentation review to ensure each child had their IFSP meeting. All findings of noncompliance were corrected according to OSEP Memo 09-02.

**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. DHS verified that the individual case of noncompliance was corrected to which the child, in question, received the individual IFSP and appropriate services through file documentation submitted to DHS.

## 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 2021 in its FFY 2021 SPP/APR.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the one remaining uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with findings of noncompliance identified in FFY 2020 and each EIS program or provider with remaining noncompliance identified in FFY 2019: (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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

### Response to actions required in FFY 2020 SPP/APR

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding" correction period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports and identify any data from the annual compliance data review needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their services.

Although our Indicator 7 data was less than 100% compliant in FFY2020, local Birth to 3 Programs demonstrated 100% compliance by the deadline outlined by DHS prior to the issuance of findings of noncompliance based on a review of subsequent data collected through the State data system. Therefore, no findings were issued as a result of the pre-finding correction period according to OSEP Memo 09-02.

DHS would have issued a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 7. The local program would then follow the DHS correction process for findings of noncompliance.

## 7 - OSEP Response

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider 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 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

The State did not demonstrate that the EIS program or provider corrected the findings of noncompliance identified in FFY 2019 because it did not report that it verified correction of those findings, consistent with the requirements in OSEP Memo 09-02. Specifically, the State did not report that it verified that each EIS program or provider with noncompliance identified in FFY 2019 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.

## 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 =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.83%	99.87%	99.45%	99.66%	99.83%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
914	1,074	99.83%	100%	99.53%	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.

155

**Provide reasons for delay, if applicable.**

Family reason is the only compliant reason for 8A for Wisconsin. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies. The only other reason is system reason, where action was late due to staff or agency, 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).**

January 1, 2022 – March 31, 2022

**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 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 Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports and identify any data from the annual compliance data review needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their transition services.

DHS will issue a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 8A. The local program must then follow the DHS correction process for findings of noncompliance.

In FFY2021, DHS has started reporting APR data only on the time period which the data was collected for findings of noncompliance (January 1-March 31). Although our Indicator 8A data was less than 100% compliant during the January 1-March 31 data collection period, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the "pre-finding correction" period outlined by DHS.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2021 in its FFY 2021 SPP/APR.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

The State did not report that it identified any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance. In the FFY 2021 SPP/APR, the State must report on the correction of noncompliance, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019: (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 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Response to actions required in FFY 2020 SPP/APR**

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or “pre-finding” correction period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports and identify any data from the annual compliance data review needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their transition services.

Although our Indicator 8A data was less than 100% compliant in FFY2019 and FFY2020, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the “pre-finding correction” period outlined by DHS based on a review of subsequent data collected through the State data system consistent with OSEP Memo 09-02.

**8A - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2019 and 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2019 and FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

**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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	98.46%	97.78%	97.65%	98.27%	98.93%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
783	811	98.93%	100%	98.61%	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.

17

**Provide reasons for delay, if applicable.**

Family reason is the only compliant reason for 8B for Wisconsin. Wisconsin's Birth to 3 Program "Program Participation System (PPS) User Guide" outlines specific examples of when to appropriately document delays for late service start. The PPS User Guide can be found: <https://www.dhs.wisconsin.gov/publications/p02344.pdf>.

Examples of family reason include family was not available to start service within 30-day timeline, a child or family member became ill, or family was on vacation. DHS analyzed the number of documented delays attributable to exceptional family circumstances to identify the counties using family reason disproportionately. DHS will utilize the Children and Family Program Specialists (CFPS) to gather insight from counties with higher numbers of delays due to family reason and work with counties to develop individualized improvement strategies. The only other reason is system reason, where action was late due to staff or agency, 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).**

January 1, 2022 – March 31, 2022

**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 Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

- DHS will review data reports and identify any data from the annual compliance data review needing clarification
- DHS will inform local Birth to 3 Programs of any data needing clarification
- By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of

noncompliance was corrected as each child did receive their transition services.

DHS will issue a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 8B. The local program must then follow the DHS correction process for findings of noncompliance.

In FFY2021, DHS has started reporting APR data only on the time period which the data was collected for findings of noncompliance (January 1-March 31). Although our Indicator 8B data was less than 100% compliant during the January 1-March 31 data collection period, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the “pre-finding correction” period outlined by DHS.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 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 2021 in its FFY 2021 SPP/APR.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or “pre-finding correction” period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports and identify any data from the annual compliance data review needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their transition services.

Although our Indicator 8B data was less than 100% compliant in FFY2020, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the “pre-finding correction” period outlined by DHS based on a review of subsequent data collected through the State data system consistent with OSEP Memo 09-02.

**8B - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

**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 =  $[(\# \text{ of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday}) \div (\# \text{ of toddlers with disabilities exiting Part C})] \times 100$ .
- B. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .
- C. Percent =  $[(\# \text{ of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler's third birthday for toddlers potentially eligible for Part B}) \div (\# \text{ of toddlers with disabilities exiting Part C who were potentially eligible for Part B})] \times 100$ .

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 2021 SPP/APR, the data for FFY 2020), 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	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.57%	97.74%	97.31%	97.88%	99.27%

**Targets**

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

**FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
505	811	99.27%	100%	99.69%	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.

175

**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.

129

**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).**

January 1, 2022 – March 31, 2022

**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 P PS system and local county information management platforms, avoiding duplicate entry of data.

**Provide additional information about this indicator (optional).**

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or "pre-finding correction" period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports and identify any data from the annual compliance data review needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1–March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their transition services.

DHS will issue a written notification of findings of noncompliance to the local program if it is unable to demonstrate compliance during the data clarification period for Indicator 8C. The local program must then follow the DHS correction process for findings of noncompliance.

In FFY2021, DHS has started reporting only on the time period which the data was collected (January 1-March 31). Although our Indicator 8C data was less than 100% compliant during the January 1-March 31 data collection period, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the "pre-finding correction" period outlined by DHS.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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 2020**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**8C - 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 2021 in its FFY 2021 SPP/APR.

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

The Wisconsin Department of Health Services reviews data from January 1 through March 31 each year to monitor Part C compliance. DHS has established a data clarification period, or “pre-finding correction” period, as part of the annual data review process. This data clarification period allows local Birth to 3 Programs an opportunity to demonstrate compliance with Part C requirements for indicators 1, 7, 8a, 8b, and 8c prior to the issuance of a written notification of noncompliance from DHS. The following data clarification process will precede the issuance of a finding of noncompliance:

-DHS will review data reports and identify any data from the annual compliance data review needing clarification

-DHS will inform local Birth to 3 Programs of any data needing clarification

-By the deadline outlined by DHS, local programs may demonstrate that: 1) The program had incorrectly entered data for the dates between January 1– March 31, and this data is now accurate; and/or 2) The program has made a system-level adjustment and can demonstrate this by identifying 60 consecutive days with 100% compliant data for the identified indicator(s) within the timeframe prescribed by DHS; and 3) each individual case of noncompliance was corrected as each child did receive their transition services.

Although our Indicator 8C data was less than 100% compliant in FFY2020, local Birth to 3 Programs demonstrated 100% compliance by the deadline of the “pre-finding correction” period outlined by DHS based on a review of subsequent data collected through the State data system consistent with OSEP Memo 09-02.

**8C - OSEP Response**

The State reported that it used data from a State database to report on this indicator. The State further reported that it did not use data for the full reporting period (July 1, 2021- June 30, 2022). The State described how the time period in which the data were collected accurately reflects data for infants and toddlers with IFSPs for the full reporting period.

The State's FFY 2020 data for this indicator reflected less than 100% compliance. The State reported that it did not identify any findings of noncompliance in FFY 2020 because it corrected the noncompliance prior to the issuance of findings. However, OSEP could not determine if the State ensured, consistent with OSEP Memo 09-02, that each EIS program or provider has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider.

**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 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	0
SY 2021-22 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	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	2016	2017	2018	2019	2020
Target>=	100.00%	100.00%	100.00%	100.00%	100.00%
Data					

#### Targets

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

#### FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 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**

The State reported fewer than ten mediations held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

**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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the five years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023 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 2021 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 2021 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., February 1, 2022). 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 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

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 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023) 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 Measurable 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	2021	2022	2023	2024	2025
Target>=	56.13%	57.20%	58.27%	59.34%	60.50%

**FFY 2021 SPP/APR Data**

Number of infants and toddlers who either improved functioning to a level nearer to same-aged peers but did not reach it, or improved functioning to reach a level comparable to same-aged peers by the time they turned 3 years of age or exited the program	Number of infants and toddlers who entered the program functioning below a level comparable to same-aged peers, or who did not improve functioning by the time they turned 3 years of age or exited the program	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,125	3,552	55.06%	56.13%	59.83%	Met target	No Slippage

**Provide the data source for the FFY 2021 data.**

Statewide database, the Program Participation System (PPS)

**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 race/ethnicity and child welfare involvement to make continued progress towards achieving our SiMR. Through this analysis, DHS has identified trends that will inform our work towards achieving our SiMR.

One trend identified in the data analysis is a difference in outcomes achieved for children of racial and ethnic minority groups in the Wisconsin Birth to 3 Program. Analysis of our indicator 3, child outcomes data, has revealed that white children and families are achieving better outcomes in the Birth to 3 Program than children of racial and ethnic minorities. American Indian, Asian, Hispanic, Black or African American, and Native Hawaiian children are all receiving exit scores in summary statement 1, making greater than expected social and emotional gain, lower than the state average.

In Phase III, Year 7 of the SSIP, DHS undertook initiatives to address the disparities we are seeing in our indicator 3, child outcomes data, to promote health equity in the Birth to 3 Program. In FFY2021, the Wisconsin Birth to 3 Program allocated a portion of their American Rescue Plan Act (ARPA) funding to implement the Infant Early Childhood Mental Health Consultation Pilot. The goal of the pilot is to improve outcomes related to the social-emotional development of infants and young children enrolled in the Wisconsin Birth to 3 Program in the context of their primary caregiving relationships with a focus on racial health equity. Additionally, DHS awarded roughly \$1.6 million of their ARPA funding to 28 county Birth to 3 Programs through the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative" with a focus of enhancing equity and accessibility of resources for children and families disproportionately affected by the pandemic. (Additional information about the ARPA funded projects are available in Section B of the Phase III, Year 7 SSIP).

Another trend identified in the data analysis is Wisconsin's efforts towards improving outcomes for children referred to the Birth to 3 Program through Child Abuse Prevention and Treatment Act (CAPTA). Our data revealed that in FFY2021, children referred through CAPTA to the Birth to 3 Program had higher exit scores in outcome A, summary statement 1, than the state average. The children referred through CAPTA averaged 66.12% for outcome A, summary statement 1, whereas the state average is 59.83%, resulting in a 6.29% difference, an improvement from previous years. DHS believes the improvement in child outcome data among CAPTA children enrolled in the Birth to 3 Program stem from our Innovations in Social Emotional Development Grants. DHS contracted with the Institute for Child and Family Well-Being's (ICFW) to conduct a final report on all grant initiatives to determine effectiveness and impact. Within the document, all grantees reported improved confidence among staff serving CAPTA referrals and improved social emotional outcomes for children. (Additional information about Innovations in Social Emotional Grant Initiatives is available in Section B of the Phase III, Year 7 SSIP).

To ensure program fidelity practices in our child outcome data, the Birth to 3 Program Data Manager participates in monthly Birth to 3 Program teleconferences and uses time during these teleconferences to explain data reports and the use of the DataMart to local Birth to 3 Programs. Throughout the year, the Children and Family Program Specialists (CFPS) provide technical assistance and continuous support to county Birth to 3 Programs in data collection efforts. In FFY2021, DHS' contracted vendor, Responsive Equitable Support (RESource) team, started developing trainings to be available on their Birth to 3 Program professional development platform, including child outcome scoring. These efforts of continuous data trainings, support, and technical assistance help ensure that the Wisconsin Birth to 3 Program is collecting data that is reliable and valid.

**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**

**Please provide a link to the State's current evaluation plan.**

<https://www.dhs.wisconsin.gov/birthto3/reports/ssip-phase2.pdf>

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

NO

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

The continuing strategies and initiatives implemented during the Phase III, Year 7 of the SSIP are detailed below. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

### **1. Professional Development**

During Phase III, Year 7 of the SSIP, RESource utilized the American Rescue Plan Act (ARPA) funding to reimagine the professional development system for Wisconsin's Birth to 3 Program in hopes of providing more consistency among county programs with the implementation of evidence-based practices and increased accessibility of practices and tools across the state. RESource aimed to develop comprehensive training and implementation support to strengthen Wisconsin Birth to 3 Programs in delivering high quality, evidence-based practices, resulting in improved outcomes for infants, toddlers, and their families. Using the ARPA funding, RESource hired a Research to Practice Project (R2PP) 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. RESource used the R2PP Team's analysis to create the first set of professional development training bundles for the early intervention workforce, which were released in October 2022.

Additionally, DHS also dedicated a portion of their ARPA funding to continue prioritizing Infant Mental Health services through the Infant Early Childhood Mental Health Consultation (IECMHC) Pilot in partnership with University of Wisconsin's IECMH Capstone Program. The consultation services are

aimed at supporting infants and toddlers and families who are demonstrating concerns related to social-emotional development and/or mental health, often due to trauma, loss, separation, poverty, parental mental illness and/or other adversities. The two-part pilot integrates IECMHC into 5 Birth to 3 Programs in Wisconsin and provides infant mental health consultations to specific cases referred under the CAPTA. The first phase of the pilot will provide Birth to 3 Programs with an opportunity for IECMH Consultation and workforce development of IECMH Consultants for Birth to 3 Programs. The second phase of the pilot will provide county Birth to 3 Programs with an opportunity to benefit from Individual Child/Family IECMH assessment, consultation, and recommendations for a limited number of cases referred to Birth to 3 Program through CAPTA. The pilot launched in August 2022.

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

The Wisconsin Birth to 3 Program revised the county determination scoring system and placed additional scoring weight on child outcomes. The revised determinations scoring system will add an additional two points for child outcomes performance, increasing its total possible point contribution to 4, rather than 2, in the determinations results section. Throughout CY 2022, counties were informed of the new scoring system via monthly teleconferences to be prepared for statewide implementation in 2023 to align with Wisconsin's fiscal year reporting.

## 3. Quality Improvement and Accountability

Throughout Phase III, Year 7 of the SSIP, DHS continued to improve referrals, access, and enrollment in Wisconsin's Birth to 3 Program for children under CAPTA through the Serving Children in Child Welfare Project. In FFY2021, DHS continued their efforts of improving the enrollment rate of CAPTA children to the Birth to 3 Program by collaborating with the Care4Kids Program. Care4Kids Program offers comprehensive and coordinated health services for children and youth in foster care. DHS remains hopeful that through this partnership with Care4Kids, parents will gain knowledge of the Birth to 3 Program earlier and choose to enroll in the Birth to 3 Program to improve outcomes for infants and toddlers with disabilities. Care4Kids Program plans to implement one or more strategies within FFY2022 to meet this goal.

During Phase III, Year 7 of the SSIP, DHS received the final report for the "Innovations in Social-Emotional Development Grant Initiative", where DHS distributed \$1.2 million to local Birth to 3 Programs to pilot new and innovative efforts to foster the social and emotional development of children enrolled in their programs. The Wisconsin Birth to 3 Program contracted 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". DHS intends to use the report to identify best practices and tools for the early intervention workforce and guide the development of our PD system.

## 4. Quality Standards

During Phase III, Year 7 of the SSIP, DHS received findings from the Program Review Protocol that gave the State insight into strengths and opportunity areas in local operations. The Program Review Protocol reviewed quality practices of local Birth to 3 Programs by using an external agency, MetaStar, to evaluate records across all 72 counties. MetaStar reviewed 445 files statewide, with samples in each county ranging from 3-8 records. The records indicated that the highest scoring section was socio-emotional practices, whereas the lowest two sections were transition and family engagement. DHS improved how to communicate findings with counties and utilize the data to inform future program changes.

## 5. Governance

As part of DHS' efforts to ensure proper adherence to IDEA Part C requirements within their county Birth to 3 Programs, DHS continued to refer county Birth to 3 Programs to 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 to lead to better outcomes for children and families participating in the Birth to 3 Program.

DHS utilizes the quarterly All in for Kids: Birth to 3 Program newsletter to inform families of available resources and program changes. 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 established within the previous three months of release of the newsletter. DHS uses this as a means to communicate directly with participating families in the Birth to 3 Program.

## 6. Technical Assistance

During Phase III, Year 7 of the SSIP, the Wisconsin Birth to 3 Program held monthly teleconferences with our local Birth to 3 Programs to provide guidance and assistance on items related to our SSIP. In FFY2021, the CFPS team began facilitating optional, drop-in discussions post-teleconference to support county understanding and sharing of ideas about implementation of policies, initiatives, or requirements.

**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. Professional Development Initiatives:

Throughout Phase III, Year 7, DHS' contracted vendor, RESource, organized statewide engagement sessions to collect data from each county about current tools and practices and professional development barriers and needs. RESource received 563 responses from representatives within each county's Birth to 3 Program during their engagement sessions. In March 2022, RESource sent out a survey to county Birth to 3 Program leadership to gain insight into how to best support high-quality early intervention services in the Wisconsin Birth to 3 Program, which resulted in 120 responses spanning across all 72 counties. Following the survey, RESource held five virtual regional forums with county leadership in April 2022 to further discuss county level needs and suggestions for increasing equity and impact in the Birth to 3 Program. RESource used feedback from surveys and the regional forums to prioritize workforce needs in the creation of the PD system, including training bundles and materials. DHS's efforts towards improving professional development opportunities for Wisconsin's early intervention workforce will lead to increased competence and confidence in addressing social and emotional needs of infants and toddlers, further supporting the SiMR. More information on the professional development training bundles can be found here: <https://www.cesa5.org/projects/resource-project.cfm>.

### 2. ARPA Infant Mental Health Consultation Pilot

It will be important to demonstrate outcomes related to IECMH Consultation in Birth to 3 Programs to provide a rationale for continued funding for this resource. University of Wisconsin and DHS will work collaboratively to determine the outcome measures that will be most useful to assess impact. Recommended outcome measures include:

- Pre/post social-emotional assessment (e.g. Devereux Early Childhood Assessment (DECA))
- Pre/post assessment of the quality of the parent-child relationship (e.g. Brief Parent-Child Early Relational Assessment)
- Survey assessing Birth to 3 Program provider's confidence and competence in serving children with Social-Emotional and/or Mental Health Needs, including children referred through CAPTA

Near the end of the pilot, UW requests that providers complete a survey to explore what the Mental Health Clinicians providing IECMH Consultation to Birth to 3 Programs identify as useful in terms of structure and frequency, as well as benefits of an ongoing Community of Practice that may then be peer run and supported. The results from the pilot will provide a blueprint for building a sustainable model of Infant Mental Health services in Wisconsin.

### 3. County Determinations Scoring

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. The intent of the updated determinations process is to focus attention on early intervention results and outcomes achieved by children enrolled in the Wisconsin Birth to 3 Program to support progress towards the SiMR.

### 4. "Innovations in Social Emotional Development Grant Initiative" Final Report

The 15 grants, spread across 21 counties, intended to identify best practices, tools, and resources for all Birth to 3 Programs. The "Innovations in Social Emotional Development Grant Initiative" required that local Birth to 3 Programs measure the impact of their project on indicator 3, child outcomes. In the Institute for Child and Family Well-Being's (ICFW) final report, all grantees reported successes upon completion of the grant initiative of:

- Improved confidence among staff serving CAPTA referrals
- Improved relationship between Early Interventionist and caregivers
- Improved Social Emotional outcomes for children
- Improved caregiver capacity to observe, understand, and respond to their children
- Increased interest among contracted staff in Infant Mental Health endorsement and Capstone program

All projects were finalized by December 31, 2021, and DHS plans to incorporate the recommendations from the grant initiative to drive program improvement opportunities statewide. Recommendations included:

- Standardize use of Social Emotional assessment and evaluation tool(s)
- Strategies to support collaboration between Wisconsin's Birth to 3 Program and child welfare
- Standardize implementation of practices to build family resilience, engagement, and responsiveness
- Continuing providing scholarships for the Capstone Program
- Identify sustainable and equitable funding solutions to support social-emotional interventions statewide

For more information on findings from grants, including ICFW's final report here: <https://www.dhs.wisconsin.gov/birthto3/reports/social-emotional-grants.htm>

**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 7 of the SSIP are detailed below. These strategies and initiatives are grouped by the state system components identified by the Wisconsin Birth to 3 Program in our Phase I SSIP infrastructure analysis:

1. Professional Development
2. Quality Improvement and Accountability
3. Quality Standards

#### 1. Professional Development

After county engagement was received and considered, DHS' contracted vendor, RESource, hired a Research to Practice Project (R2PP) team to conduct the ARPA professional development activities with the primary goal of completing a multiphase, multi-year project for identification and statewide implementation of evidence-based practices in the Wisconsin Birth to 3 Program. RESource released the first professional development training bundles in October 2022 with the intention of creating and disseminating more training bundles focused on specific topic areas, including child outcomes, indicator 3. In November 2022, RESource allocated additional ARPA funding to hire a web developer to build a statewide professional development platform to house all resources and materials for early intervention providers. The platform will be completed and released to Wisconsin's workforce within FFY2022.

During Phase III, Year 7 of the SSIP, DHS dedicated a portion of their ARPA funding for the implementation of the Infant Early Childhood Mental Health Consultation (IECMHC) Pilot. In August 2022, the University of Wisconsin paired each of the five pilot Birth to 3 Programs with an individual IECMH Consultant. The Consultant will provide county Birth to 3 Program leadership (Director and/or Supervisors) with reflective space and programmatic consultation on a monthly basis; group consultation twice per month that may be integrated into existing team meetings for case and programmatic consultation; office hours for drop-in individual case consultation; and individual case consultation on 7-8 cases. Quarterly check-in meetings with each county will take place in December 2022 with UW and DHS representatives to assess progress and address programmatic concerns.

For phase two of the IECMH Pilot, UW and DHS developed a process for CAPTA referrals to be provided IMH consultation starting in October 2022 and utilized their connections with the Department of Children and Families (DCF), Wisconsin Alliance of Infant Mental Health (WI-AIMH), and external stakeholders to increase referral rate and program reach. Both phases of the pilot end on September 30, 2023, with the expiration of ARPA funding. Program evaluation and analysis will guide DHS in their efforts to sustainably provide Infant Mental Health services across the state.

#### 2. Quality Improvement and Accountability

During Phase III, Year 7 of the SSIP, DHS awarded roughly \$1.6 million of their ARPA funding to 28 county Birth to 3 Programs through the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative". All grant proposals were required to: 1) enhance equity and assist children and families disproportionately affected by the pandemic; and 2) aim to build protective factors and strengthen supports for families. Examples of the 23 grants given include:

- Eau Claire County will coach Facilitating Attuned Interactions (FAN) sessions with parents and provide 1:1 reflective supervision to team members
- Jackson County will ensure that social workers/service aides serving children in Child Protective Services will receive FAN training
- Milwaukee County will create a multi-media outreach campaign directed at marginalized communities significantly impacted by the pandemic and, in partnership with The Parenting Network (TPN), offer FAST Program evidence-based parent connectedness sessions with meals and concrete supports provided

DHS hopes that, through this limited funding opportunity, local Birth to 3 Programs can work towards reversing the negative impact of the pandemic on child development and accessibility of resources to support infants and toddlers and their families. To measure progress, DHS requires that counties

provide a qualitative analysis halfway through the implementation period detailing all activities and a final report describing cumulative project activities. DHS will provide counties with assistance on an as needed basis and provide mandatory approval of any substantial changes to project activities. All projects are expected to be finalized and related expenditures completed no later than December 31, 2023. DHS will gather information from project summaries to measure impact and improved outcomes.

The Wisconsin Birth to 3 Program revised the county determination scoring system and placed additional scoring weight on child outcomes. In 2022, counties were provided with 2 matrices, one being the old scoring system and the other being the new scoring system, to understand how their current scores would be impacted with the implementation of the new system. In addition to the new scoring system, DHS created a workgroup to develop required follow-up activities dependent on a county's determination status. DHS will then enforce follow-up activities to ensure compliance to IDEA Part C requirements and oversee improvement efforts. Follow-up activities will be implemented statewide alongside the new scoring system in July 2023 to align with Wisconsin's data reporting period.

### 3. Quality Standards

Additionally, DHS intends to revise their Birth to 3 Program Operations Guide in December 2022 with any programmatic changes. The Birth to 3 Program Operations Guide captures the essential program requirements needed for local Birth to 3 Programs to operationalize the program. DHS will make necessary revisions with feedback from the Interagency Coordinating Council (ICC), DHS Children and Family Program Specialists (CFPS), and post-teleconference drop-in sessions with local Birth to 3 Programs. The Wisconsin Birth to 3 Program Operations Guide can be found here: <https://www.dhs.wisconsin.gov/publications/p03138.pdf>

In FFY2021, the Bureau of Children Services (BCS) introduced their Racial Health Equity Initiative. BCS commits to improving the programs it administers through education and awareness, intentional data practices, and policy transformation to achieve equity and protect and promote the health and safety of all children and families. Therefore, BCS created a Racial Health Equity Project Planning Tool aimed at promoting systemic inclusivity for all children and youth enrolled in children's disability programs. As part of the tool, BCS requires all projects to engage and build relationships with those communities impacted, including families, to improve services for all children. The tool was utilized in small number of projects during FFY2021 and will be embedded into all new projects during FFY2022.

### **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

- DHS' contracted vendor, RESource, will continue releasing professional development training bundles to benefit and support the early intervention workforce. Using ARPA funding, RESource will hire a web-developer to build a statewide, comprehensive professional development platform to be released during FFY2022.
- UW and DHS will begin reviewing qualitative and quantitative data halfway through the ARPA-funded Infant Mental Health Consultation Pilot to evaluate program effectiveness and make any necessary adjustments.
- DHS will continue 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 Certificate Program.

#### 2. Data

- The Wisconsin Birth to 3 Program revised their county determination scoring system to place additional weight and emphasis on child outcomes. The Wisconsin Birth to 3 Program intends to implement the new determination scoring system in July 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.
- The Birth to 3 Program Data Manager will continue to analyze indicator 4 data and provide a demographic breakdown to identify underrepresented populations to strategize specific outreach efforts.

#### 3. Technical Assistance

- DHS will continue to hold teleconferences and utilize the CFPS team to gather input from counties regarding Birth to 3 Program policies and procedures.
- The CFPS team will continue to conduct post-teleconference drop-in sessions for counties to receive additional technical assistance.
- In early 2023, DHS will hold Operational Impact Discussions (OID) with counties to seek input on required follow-up activities to the new county determination scoring system. The new follow-up activities will be required alongside the new scoring system in July 2023.

#### 4. Quality Improvement and Accountability

- DHS will utilize ICFW's final report for advancing the Wisconsin Birth to 3 Program's practices in the areas of social-emotional development through lessons learned from the "Innovations in Social Emotional Development" grants.

#### 5. Quality Standards

- DHS will gather data from the Birth to 3 Program Review Protocol to inform statewide strategies and ensure high-quality practices to improve child outcomes.
- DHS will embed our Racial Health Equity Tool into all new projects to promote systemic inclusivity for all children and youth enrolled in children's disability programs.

#### 6. Governance

- DHS will continue revising of their Birth to 3 Program Operations Guide for accuracy and guidance of policies and procedures.
- County Birth to 3 Programs and their subcontracted entities will use the Birth to 3 Program Operations Guide to perform local operations.
- DHS will continue disseminating the Birth to 3 Program All in For Kids Newsletter every quarter to inform families of available resources and upcoming program changes.

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

1. Primary Coach Approach to Teaming (PCATT): The Wisconsin Birth to 3 Program has continued to use the 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
  - A primary coach approach to teaming, which provides a coordinated team of professionals to support all aspects of the child's development
2. Professional Development Initiatives: Using ARPA funding, RESource hired a Research to Practice Project (R2PP) 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. The R2PP focused their efforts on practices and tools supporting the social and emotional development of young children. The evidence-based practices identified include, but not limited to, the following:

- The Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T)
- The Social-Emotional Assessment/Evaluation Measure (SEAM)
- The Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)

3. ARPA Infant Mental Health Consultation Pilot: University of Wisconsin and DHS will work collaboratively to determine the outcome measures that will be most useful to assess impact. The evidence-based practices implemented in this pilot are:

- Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))
- Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA))

4. Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative: DHS awarded approximately \$1 million of the supplemental ARPA funds to 24 county Birth to 3 Programs through the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative" to fund projects that support child and family-focused pandemic recovery efforts. With the grant funds, local Birth to 3 Programs incorporated evidence-based practices into service delivery, including:

- Eau Claire County will coach Facilitating Attuned Interactions (FAN) sessions with parents
- Milwaukee County will offer FAST Program evidence-based parent connectedness sessions

#### **Provide a summary of each evidence-based practice.**

Primary Coach Approach to Teaming (PCATT): In the PCATT 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. The primary coach receives ongoing support from team members during informal conversations, case-based discussions, team meetings, and joint visits. Services are provided within the context of the family and child's routines, activities, and interests. More information on PCATT can be found here: <https://www.dhs.wisconsin.gov/birthto3/training.htm>

Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T): is an evidence-based tool for assessing protective factors and screening for potential risks in the social and emotional development of infants and toddlers. The DECA-I/T helps families and early intervention professionals recognize and support the social and emotional well-being of infants and toddlers through an interactive, hands-on training approach that consists of a 5-step system. The 5-step system includes: 1) collecting information on individual children, the home, and the group care environment, 2) administering the assessment, 3) scoring the assessment and summarizing results, 4) developing and implementing plans for the environment (home and group care), the child, and the adult caregiver, and 5) evaluating progress. More information on the DECA-I/T can be found here: <https://www.kaplanco.com/>

Social-Emotional Assessment/Evaluation Measure (SEAM): is an evidence-based assessment that focuses solely on the social-emotional and behavioral development in young children. SEAM aims to build positive partnerships among providers and families and enhance parent-child interactions to mitigate concerns to the child's well-being. SEAM acts as a two-part assessment tool by retrieving detailed qualitative information on the child's social-emotional competence and evaluates caregivers' strengths and areas of improvement. More information on SEAM can be found here: <https://agesandstages.com/products-pricing/seam/>

Ages & Stages Questionnaires: Social-Emotional (ASQ: SE): is a parent-completed questionnaire that focuses on the social and emotional development in young children. The purpose of the questionnaire is to identify possible social-emotional challenges as early as possible. Early intervention professionals can quickly recognize young children at risk for social and emotional difficulties or behavioral concerns from the questionnaire results and make a referral for a complete evaluation based on those results. More information on ASQ: SE can be found here: <https://agesandstages.com/products-pricing/asqse-2/>

Brief Parent-Child Early Relational Assessment (B-ERA): is an assessment tool that explores parents' strengths and concerns regarding their ability to meet their child's needs through observations, video replay, and interviews. Providers will help parents in goal setting to develop more emotionally connected relationships with their children, which, in turn, will offer children the sense of security and trust needed for healthy emotional and cognitive functioning. More information on the B-ERA can be found here: <https://bera.psychiatry.wisc.edu/>

Facilitating Attuned Interactions (FAN): was developed at Erikson Institute as both a conceptual framework and practical tool for building relationships in a wide range of settings. The FAN approach is aimed at promoting parent engagement and build staff reflective capacity. FAN Training can be applicable for providers in early intervention Part C programs, home visiting programs, center-based infant and early childhood programs, pediatric residency and primary care pediatric facilities, and child welfare agencies. The tools that the FAN approach offers improves providers' communication, reflective practice, and understanding to effectively engage with diverse families. More information on the FAN approach can be found here: <https://www.erikson.edu/academics/professional-development/district-infancy-programs/facilitating-attuned-interactions/>

Family & Schools Together Program (FAST Program): is an evidence-based family engagement programs that empowers parents and supports children's well-being and learning readiness. The program is run at a school or community organization with weekly sessions for a total of 8-10 weeks. The meetings are facilitated by a trained FAST Team that could consist of local parents, youth, educators, and mental health or other professionals. More information on the FAST Program can be found here: <https://www.familiesandschools.org/fast-program/>

#### **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 approach will result in stronger family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

DHS hopes creating a statewide professional development platform will provide consistency across our 72 counties with the implementation of high-quality, evidence-based practices within Wisconsin's Birth to 3 Program. The improved competency and confidence of evidence-based assessment tools and practices within the early intervention workforce will lead to improved outcomes for children and families enrolled in the Birth to 3 Program. Practitioners will be better equipped to address the social emotional needs of children, especially those impacted by traumatic events and referred through CAPTA.



The Wisconsin Birth to 3 Program believes that methods being used in the IECMH Pilot will positively impact the social and emotional competency of infants and toddlers receiving consultation services and their families. Because the Consultant provides county Birth to 3 Program leadership with reflective space and programmatic consultation, professionals will be more equipped in addressing the social and emotional needs of infants and toddlers. The hope is that the children receiving Infant Mental Health Consultation referred via CAPTA will show improved outcomes as a result of direct intervention services. The evidence-based tools used to collect qualitative and quantitative data throughout the pilot will guide DHS in their efforts to build a sustainable model of Infant Mental Health services throughout the state.

The Wisconsin Birth to 3 Program believes that the projects funded through the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative" will lead to improved outcomes for the children served in the Wisconsin Birth to 3 Program by prioritizing families disproportionately impacted by the pandemic and aiming to reverse the negative repercussions of the pandemic on infants and toddlers and their families. Existing research that illustrates that Wisconsin ranks poorly on a number of metrics for health care access, equity, and outcomes among people of color. Wisconsin is seeing similar racial/ethnic disparities in the Wisconsin Birth to 3 Program, with white children and families achieving better child outcomes in the Birth to 3 Program than children and families of color. Because of this, all grants were required to utilize a health equity lens to promote the social and emotional development of underrepresented populations within the Birth to 3 Program. Also, the adoption of evidence-based practices in various counties will increase early intervention providers competence and confidence in addressing social and emotional concerns as a result of the pandemic. Trainings, such as the FAN, aims to strengthen provider-parent relationships, resulting in a more positive parent-child dyad with parents who are more attuned to their child's needs.

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

Primary Coach Approach to Teaming (PCATT): The Wisconsin Birth to 3 Program will implement evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system. Our contracted vendor, REsource, is tasked with ensuring the Wisconsin Birth to 3 Program workforce is receiving necessary training material to provide high-quality services with the utmost accuracy and efficacy. With that being said, the PD system will be releasing professional development training bundles to promote consistency among Wisconsin's Birth to 3 Programs, ensure fidelity of practice, and guarantee accuracy of child outcomes scoring.

As part of DHS' efforts to assess fidelity of practice to the PCATT and promote and enhance child outcomes, the Program Review Protocol reviewed quality practices of local Birth to 3 Programs, including the PCATT approach. The Program Review Protocol required counties to report on their use of PCATT and serving children across natural environments. Counties were asked about whether they participate in joint family planning, seek out creative ways to engage families in sessions, and use evidence-based practices and interventions to support social-emotional development, all of which are elements of the PCATT model. From this, MetaStar, an external agency, evaluated records across all 72 counties to issue a final report highlighting the strengths and opportunity areas in local operations.

ARPA Infant Mental Health Consultation Pilot: The assessment tools being used by local programs to assess the effectiveness of the pilot include:

- Pre/post social-emotional assessment (Devereux Early Childhood Assessment (DECA))
- Pre/post assessment of the quality of the parent-child relationship (Brief Parent-Child Early Relational Assessment (B-ERA))

"Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative": The "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative" requires that grant recipients report to DHS on their progress and fiscal allocations in December 2022 and December 2023. After the first year of the project and on request of either party, the grant amount planned for distribution in the second year may be renegotiated to allow for adjustments in overspending or underspending.

#### **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.**

Multiple data collection efforts were conducted to support the decision to continue the ongoing use of the evidence-based practices stated above. DHS, in collaboration with REsource's R2PP team, produced a primary data analysis on the current practices within Wisconsin's Birth to 3 Program and opportunities for better fidelity to practice in the future. The R2PP team completed a secondary research analysis on best practices at both a state and national level to further inform REsource's professional development initiatives. The R2PP team report incorporated national recommendations on the implementation of evidence-based practices statewide through an equity lens and research that supports the effectiveness and fidelity of the evidence-based practices stated above.

#### **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 (PCATT):

- DHS will continue to use the Program Review Protocol to review quality practices within county Birth to 3 Programs that incorporates elements of the PCATT approach

##### 2. Professional Development Initiatives:

- The Wisconsin Birth to 3 Program and our contracted vendor, REsource, will continue to work together to identify and implement evidence based-practices and social-emotional development practices that enhance our statewide, comprehensive professional development system.
- Using the ARPA funding, REsource will hire a web developer to create an online professional development platform to house asynchronous learning training bundles and training materials for Wisconsin's early intervention workforce.
- 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.

##### 3. ARPA Infant Mental Health Consultation Pilot:

- DHS will collect pre-assessments of the DECA, B-ERA, and Birth to 3 Program provider's survey of confidence and competence in serving children with social-emotional needs
- Post-assessments of the IECMH Pilot will be received in September 2023 upon the expiration of ARPA funding

##### 4. Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative:

- The Wisconsin Birth to 3 Program will review the progress reports from counties that received ARPA funding under the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative" that focused on increasing children and families' capacity to adapt positively in the face of adversity experienced during the COVID pandemic. From this, DHS will determine the trainings or programs that informed and engaged families most effectively as a basis for future recommendations across the state. Examples of evidence-based practices to improve upon family engagement included:

- o Eau Claire County will coach Facilitating Attuned Interactions (FAN) sessions with parents
- o Milwaukee County will offer FAST Program evidence-based parent connectedness sessions

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The Wisconsin Birth to 3 Program will continue implementing the activities and strategies detailed in the Phase III, Year 7 SSIP. The Wisconsin Birth to 3 Program will also implement new initiatives to continue to improve our SiMR data in coming years. The new activities that will be initiated are detailed in the following section of the Phase III, Year 7 SSIP: "Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved." The improvement in our SiMR from FFY2021 to FFY2022 further supports Wisconsin's decision to implement our SSIP without any modifications.

**Section C: Stakeholder Engagement**

**Description of Stakeholder Input**

The State Interagency Coordinating Council (ICC), county Birth to 3 Programs, and families participating in Wisconsin's Birth to 3 Program, continued to serve as the primary stakeholders for SSIP work in Phase III, Year 7. The ICC provided input and guidance on Phase III, Year 7 SSIP implementation during quarterly meetings. County Birth to 3 Programs provided input and guidance on Phase III, Year 7 SSIP implementation during regional forums, monthly teleconferences, and individual contact with their CFPS. Families participating in the Wisconsin Birth to 3 Program provided feedback on Phase III, Year 7 SSIP implementation during input sessions. DHS sought input from all stakeholders regarding key SSIP focus areas: social and emotional development, workforce competency, and family engagement.

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

**1. Interagency Coordinating Council:**

The ICC provided input and guidance on Phase III, Year 7 SSIP implementation and evaluation during quarterly meetings. Agenda items pertaining to SSIP focus areas included:

- Overview of the intention to help families in the Birth to 3 Program recover from the impact of the coronavirus pandemic and place stronger emphasis on those disproportionately impacted by the pandemic through the "Child and Family-Focused Pandemic Recovery Supports Local Grant Initiative".
- The FFY2021 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. Council members shared feedback about the APR data.
- The revised determinations scoring system that will add an additional two points for child outcomes performance, increasing its total possible point contribution to 4 in the determinations results section.

The ICC members are provided with quarterly updates on the projects funded through the American Rescue Plan Act (ARPA). ICC members then provided the following recommendations for the use of ARPA funding:

- Ensure equitable access to technology, equipment, and supplies across counties
- Increase collaboration efforts with higher education institutions to promote early intervention as a career opportunity for students
- Focus on diversifying the workforce and accommodate to diverse families by supporting communication in other languages
- Address implementation variability across counties and their approach to intervention/services and support all programs with implementation.

**2. County Birth to 3 Programs:**

County Birth to 3 Programs also served as stakeholders for Phase III, Year 7 SSIP implementation and evaluation. As part of DHS' professional development efforts, their contracted vendor, RESource, organized statewide engagement sessions in early 2022 to collect data from each county about current tools and practices and professional development barriers and needs. RESource received 563 responses from representatives within each county's Birth to 3 Program during their engagement sessions. In March 2022, RESource sent out a survey to county Birth to 3 Program leadership to gain insight into how to best support high-quality early intervention services in the Wisconsin Birth to 3 Program, which resulted in 120 responses spanning across all 72 counties. Following the survey, RESource held five virtual regional forums with county leadership in April 2022 to further discuss county level needs and suggestions for increasing equity and impact in the Birth to 3 Program.

Additionally, DHS sought input and guidance from county Birth to 3 Programs during monthly teleconferences and post-teleconference drop in discussions. Examples of monthly teleconference agenda items related to the SSIP during Phase III, Year 7 included:

- The revised determinations process that includes indicator 3, child outcomes, in the local program's determination status.
- Professional development updates with opportunities for their participation in engagement sessions and regional forums.
- Transition of Serving Children in Child Welfare to Care4Kids Program in hopes of increasing families choosing to participate in the Birth to 3 Program after being referred via CAPTA by providing parents with the knowledge of the Birth to 3 Program earlier.

**3. Family Input:**

DHS engages parents in discussions on ways to improve their experiences participating in Wisconsin's Birth to 3 Program. DHS understands the pivotal role that families play in a child's life and the direct impact the parent-child relationship has on child outcomes. Therefore, DHS has placed a greater emphasis on increasing accessibility of resources designed to improve outcomes for infants and toddlers enrolled in the Wisconsin Birth to 3 Program to underrepresented populations. In FFY2021, DHS hosted two input sessions on May 19, 2022, and May 24, 2022, specifically for families participating in Wisconsin's Birth to 3 Program, where families were asked the following questions:

- How well current information materials for children's disability programs show different kinds of families and provide important information?
- What it was like participating in the Birth to 3 Program, the Children's Long-Term Support (CLTS) Program, and Katie Beckett Medicaid?
- What helped the family participate in these programs and what made it hard for the family to participate?
- What DHS can do to reach and help more families and make it easier to participate?
- How DHS can better partner with community agencies?

DHS will use this feedback to better understand where to invest their resources and disseminate resources statewide to improve program reach and child outcomes. More information can be found at: <https://www.dhs.wisconsin.gov/publications/p03296.pdf>.

**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.

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

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

**Provide additional information about this indicator (optional).**

Wisconsin's FFY 2021 SPP/APR attachment(s) are available at: <https://www.dhs.wisconsin.gov/birthto3/reports/apr.htm>

**11 - Prior FFY Required Actions**

The State did not provide numerator and denominator descriptions in the FFY 2020 data table. The State must provide the required numerator and denominator descriptions for FFY 2021 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

The State provided a numerator and denominator for the descriptions in our FFY2021 SPP/APR data table above.

**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:**

04/21/23 1:08:37 PM



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

June 21, 2023

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, WI 53703

Dear Director Rathermel:

I am writing to advise you of the U.S. Department of Education's (Department) 2023 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) 2021 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Your State's 2023 determination is based on the data reflected in the State's "2023 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.

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 2023: Part C](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making the Department's determinations in 2023, as it did for Part C determinations in 2015-2022. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for your State.) For 2023, 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

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- 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 2021 data.

Prior to issuing the 2023 determinations, the Department asked stakeholders for input regarding how the Department might prioritize equity and improve results for infants, toddlers, and children with disabilities. OSEP received input through a variety of sources. For its 2023 determinations, OSEP has factored only programmatic (not Department-wide) specific conditions when scoring the Longstanding Noncompliance element of the Compliance Matrix.

For 2024 and beyond, the Department is considering the weight of existing as well as potential additional factors in making its determinations as part of its continuing effort to prioritize equity and improve results for infants, toddlers, children, and youth with disabilities. Potential additional factors include how the Department considers assessment data, such as whether to continue including data on the participation and proficiency of CWD on the NAEP and/or whether to include data on the proficiency of CWD on Statewide assessments. Other potential factors include whether and how to consider child find under Indicators C-5 and C-6 and/or other longstanding noncompliance (such as unresolved findings issued by OSEP during and prior to FFY 2020).

The 2022-23 IDEA Section 618 Part C data will continue to repopulate the Part C SPP/APR Indicators 2, 5, 6, 9, and 10 as they have in the past. However, please note that there will be changes to the data submission and data quality processes associated with the 2022-23 IDEA Section 618 Part C data under EDFacts Modernization. Under EDFacts Modernization, States are expected to submit high quality IDEA Section 618 Part C data that can be published and used by the Department as of the due date for the applicable IDEA Section 618 data submission. Though the 2022-23 Part C Child Count and Settings, Part C Exiting, and Part C Dispute Resolution data will continue to be submitted via EMAPS, States will be expected to conduct data quality reviews prior to the applicable due date. OSEP will expect States to take one of the following two actions for all business rules that are triggered in the EMAPS system prior to the applicable due date: 1) revise the data entered into the 618 data collection in EMAPS to address the edit; or 2) provide a data note addressing why the data submission triggered the edit. There will not be a resubmission period for the IDEA Section 618 Part C data. The 2022-23 IDEA Section 618 Part C data submitted as of the due date will be used for the FFY 2022 SPP/APR and the 2024 IDEA Part C Results Matrix.

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 “2023 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 2021-2022,” 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 2023 determination is Meets Requirements. A State’s 2023 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 2020, 2021, and 2022), and those Specific Conditions are in effect at the time of the 2023 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 2021 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.

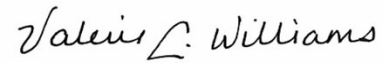
Further, your State must make its SPP/APR available to the public by posting it on the State lead agency’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (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".

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Valerie Williams  
Director  
Office of Special Education Programs

cc: State Part C Coordinator



# Wisconsin 2023 Part C Results-Driven Accountability Matrix

## Results-Driven Accountability Percentage and Determination<sup>1</sup>

Percentage (%)	Determination
93.75%	Meets Requirements

## Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
<b>Results</b>	8	7	87.50%
<b>Compliance</b>	14	14	100.00%

## 2023 Part C Results Matrix

### I. Data Quality

#### (a) Data Completeness: The percent of children included in your State's 2021 Outcomes Data (Indicator C3)

Number of Children Reported in Indicator C3 (i.e., outcome data)	4,016
Number of Children Reported Exiting in 618 Data (i.e., 618 exiting data)	6,083
Percentage of Children Exiting who are Included in Outcome Data (%)	66.02
<b>Data Completeness Score<sup>2</sup></b>	<b>2</b>

#### (b) Data Anomalies: Anomalies in your State's FFY 2021 Outcomes Data

<b>Data Anomalies Score<sup>3</sup></b>	<b>2</b>
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### II. Child Performance

#### (a) Data Comparison: Comparing your State's 2021 Outcomes Data to other States' 2021 Outcomes Data

<b>Data Comparison Score<sup>4</sup></b>	<b>1</b>
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#### (b) Performance Change Over Time: Comparing your State's FFY 2021 data to your State's FFY 2020 data

<b>Performance Change Score<sup>5</sup></b>	<b>2</b>
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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 (%)
<b>FFY 2021</b>	59.83%	39.07%	62.95%	29.71%	64.52%	39.84%
<b>FFY 2020</b>	55.06%	36.26%	58.25%	26.14%	60.25%	37.28%

<sup>1</sup> 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 2023: Part C."

<sup>2</sup> Please see Appendix A for a detailed description of this calculation.

<sup>3</sup> Please see Appendix B for a detailed description of this calculation.

<sup>4</sup> Please see Appendix C for a detailed description of this calculation.

<sup>5</sup> Please see Appendix D for a detailed description of this calculation.

### 2023 Part C Compliance Matrix

Part C Compliance Indicator <sup>6</sup>	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 1: Timely service provision	100.00%	N/A	2
Indicator 7: 45-day timeline	99.84%	N/A	2
Indicator 8A: Timely transition plan	99.53%	N/A	2
Indicator 8B: Transition notification	98.61%	N/A	2
Indicator 8C: Timely transition conference	99.69%	N/A	2
Timely and Accurate State-Reported Data	100.00%		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		

<sup>6</sup> The complete language for each indicator is located in the Part C SPP/APR Indicator Measurement Table at: [https://sites.ed.gov/idea/files/2023\\_Part-C\\_SPP-APR\\_Measurement\\_Table.pdf](https://sites.ed.gov/idea/files/2023_Part-C_SPP-APR_Measurement_Table.pdf)

## Appendix A

### I. (a) Data Completeness:

#### The Percent of Children Included in your State's 2021 Outcomes Data (Indicator C3)

Data completeness was calculated using the total number of Part C children who were included in your State's FFY 2021 Outcomes Data (C3) and the total number of children your State reported in its FFY 2021 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 2021 in the State's FFY 2021 IDEA Section 618 Exit Data.

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

**Appendix B**

**I. (b) Data Quality:**

**Anomalies in Your State's FFY 2021 Outcomes Data**

This score represents a summary of the data anomalies in the FFY 2021 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 2017 – FFY 2020 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 e<sup>78</sup>. 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 2021 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.

<b>Outcome A</b>	<b>Positive Social Relationships</b>
<b>Outcome B</b>	<b>Knowledge and Skills</b>
<b>Outcome C</b>	<b>Actions to Meet Needs</b>

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

<sup>7</sup> Numbers shown as rounded for display purposes.

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

**Expected Range of Responses for Each Outcome and Category, FFY 2021**

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-1SD</b>	<b>+1SD</b>
<b>Outcome A\Category a</b>	1.43	1.62	-0.19	3.05
<b>Outcome B\Category a</b>	1.26	2.27	-1.01	3.53
<b>Outcome C\Category a</b>	1.14	1.59	-0.45	2.73

<b>Outcome\Category</b>	<b>Mean</b>	<b>StDev</b>	<b>-2SD</b>	<b>+2SD</b>
<b>Outcome A\ Category b</b>	23.62	8.94	5.75	41.49
<b>Outcome A\ Category c</b>	20.32	12.69	-5.05	45.69
<b>Outcome A\ Category d</b>	27.33	9.46	8.42	46.24
<b>Outcome A\ Category e</b>	27.3	15.11	-2.92	57.52
<b>Outcome B\ Category b</b>	25.16	9.76	5.65	44.68
<b>Outcome B\ Category c</b>	28.73	12.11	4.5	52.95
<b>Outcome B\ Category d</b>	31.76	8.06	15.64	47.87
<b>Outcome B\ Category e</b>	13.09	8.56	-4.02	30.21
<b>Outcome C\ Category b</b>	20.27	8.49	3.29	37.26
<b>Outcome C\ Category c</b>	23.01	13.08	-3.16	49.17
<b>Outcome C\ Category d</b>	34.09	8.09	17.9	50.28
<b>Outcome C\ Category e</b>	21.49	15.06	-8.62	51.6

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

**Anomalies in Your State's Outcomes Data FFY 2021**

<b>Number of Infants and Toddlers with IFSP's Assessed in your State</b>	<b>4,016</b>
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<b>Outcome A — Positive Social Relationships</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	9	1,418	1,020	1,105	464
<b>Performance (%)</b>	0.22%	35.31%	25.40%	27.51%	11.55%
<b>Scores</b>	1	1	1	1	1

<b>Outcome B — Knowledge and Skills</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	10	1,408	1,405	1,004	189
<b>Performance (%)</b>	0.25%	35.06%	34.99%	25.00%	4.71%
<b>Scores</b>	1	1	1	1	1

<b>Outcome C — Actions to Meet Needs</b>	<b>Category a</b>	<b>Category b</b>	<b>Category c</b>	<b>Category d</b>	<b>Category e</b>
<b>State Performance</b>	6	1,307	1,103	1,285	315
<b>Performance (%)</b>	0.15%	32.54%	27.47%	32.00%	7.84%
<b>Scores</b>	1	1	1	1	1

	<b>Total Score</b>
<b>Outcome A</b>	5
<b>Outcome B</b>	5
<b>Outcome C</b>	5
<b>Outcomes A-C</b>	15

<b>Data Anomalies Score</b>	2
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**Appendix C**

**II. (a) Data Comparison:**

**Comparing Your State's 2021 Outcomes Data to Other States' 2021 Outcome Data**

This score represents how your State's FFY 2021 Outcomes data compares to other States' FFY 2021 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 Statement<sup>9</sup>. 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 2021**

Percentiles	Outcome A SS1	Outcome A SS2	Outcome B SS1	Outcome B SS2	Outcome C SS1	Outcome C SS2
10	43.42%	36.60%	54.62%	29.02%	55.14%	36.15%
90	82.74%	69.30%	79.34%	55.52%	85.72%	76.15%

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 2021**

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 (%)	59.83%	39.07%	62.95%	29.71%	64.52%	39.84%
Points	1	1	1	1	1	1

<b>Total Points Across SS1 and SS2(*)</b>	6
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<b>Your State's Data Comparison Score</b>	1
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<sup>9</sup> 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 2021 data to your State's FFY 2020 data

The Summary Statement percentages in each Outcomes Area from the previous year's reporting (FFY 2020) is compared to the current year (FFY 2021) 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 2021 and FFY 2020 summary statements.

e.g.,  $C3A \text{ FFY}2021\% - C3A \text{ FFY}2020\% = \text{Difference in proportions}$

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 on<sup>10</sup>

$\text{Sqrt}[(\text{FFY}2021\% * (1-\text{FFY}2021\%)) / \text{FFY}2021N] + ((\text{FFY}2022\% * (1-\text{FFY}2022\%)) / \text{FFY}2022N)] = \text{Standard Error of Difference in Proportions}$

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 2020 to FFY 2021

1 = No statistically significant change

2= statistically significant increase from FFY 2020 to FFY 2021

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 3 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

<sup>10</sup>Numbers shown as rounded for display purposes.



Summary Statement/ Child Outcome	FFY 2020 N	FFY 2020 Summary Statement (%)	FFY 2021 N	FFY 2021 Summary Statement (%)	Difference between Percentages (%)	Std Error	z value	p-value	p<=.05	Score: 0 = significant decrease; 1 = no significant change; 2 = significant increase
<b>SS1/Outcome A: Positive Social Relationships</b>	3,269	55.06%	3,552	59.83%	4.76	0.0120	3.9778	0.0001	YES	2
<b>SS1/Outcome B: Knowledge and Skills</b>	3,538	58.25%	3,827	62.95%	4.69	0.0114	4.1222	<.0001	YES	2
<b>SS1/Outcome C: Actions to meet needs</b>	3,406	60.25%	3,701	64.52%	4.28	0.0115	3.7198	0.0002	YES	2
<b>SS2/Outcome A: Positive Social Relationships</b>	3,734	36.26%	4,016	39.07%	2.81	0.0110	2.5503	0.0108	YES	2
<b>SS2/Outcome B: Knowledge and Skills</b>	3,734	26.14%	4,016	29.71%	3.57	0.0102	3.5038	0.0005	YES	2
<b>SS2/Outcome C: Actions to meet needs</b>	3,734	37.28%	4,016	39.84%	2.56	0.0111	2.3163	0.0205	YES	2

<b>Total Points Across SS1 and SS2</b>	<b>12</b>
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<b>Your State's Performance Change Score</b>	<b>2</b>
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**Data Rubric**  
**FFY 2021 APR<sup>11</sup>**

	<b>Part C Timely and Accurate Data -- SPP/APR Data</b>	
<b>APR Indicator</b>	<b>Valid and Reliable</b>	<b>Total</b>
<b>1</b>	1	1
<b>2</b>	1	1
<b>3</b>	1	1
<b>4</b>	1	1
<b>5</b>	1	1
<b>6</b>	1	1
<b>7</b>	1	1
<b>8A</b>	1	1
<b>8B</b>	1	1
<b>8C</b>	1	1
<b>9</b>	N/A	0
<b>10</b>	1	1
<b>11</b>	1	1
	<b>Subtotal</b>	12
<b>APR Score Calculation</b>	<b>Timely Submission Points</b> - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right.	5
	<b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =	17

<sup>11</sup> In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

	618 Data <sup>12</sup>			
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/Settings Due Date: 4/6/22	1	1	1	3
Exiting Due Date: 11/2/22	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
			<b>Subtotal</b>	9
<b>618 Score Calculation</b>			<b>Grand Total (Subtotal X 2) =</b>	18.00

Indicator Calculation	
A. APR Grand Total	17
B. 618 Grand Total	18.00
C. APR Grand Total (A) + 618 Grand Total (B) =	35.00
Total N/A Points in APR Data Table Subtracted from Denominator	1
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
<b>Denominator</b>	35.00
D. Subtotal (C divided by Denominator*) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 2.

<sup>12</sup> In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 2 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

## APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

### SPP/APR Data

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

### Part C 618 Data

**1) Timely** – A State will receive one point if it submits counts/ responses for an entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

618 Data Collection	EMAPS Survey	Due Date
Part C Child Count and Setting	Part C Child Count and Settings in EMAPS	1 <sup>st</sup> Wednesday in April
Part C Exiting	Part C Exiting Collection in EMAPS	1 <sup>st</sup> Wednesday in November
Part C Dispute Resolution	Part C Dispute Resolution Survey in EMAPS	1 <sup>st</sup> Wednesday in November

**2) Complete Data** – A State will receive one point if it submits data for all data elements, subtotals, totals as well as responses to all questions associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection. See the EMAPS User Guide for each of the Part C 618 Data Collections for a list of edit checks (available at: <https://www2.ed.gov/about/inits/ed/edfacts/index.html>).



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>