

Birth to 3 Program Compliance and Results Performance Expectations and Action Items: Child Outcomes

The purpose of this document is to communicate state (Wisconsin Department of Health Services, DHS) and federal (Office of Special Education Programs, OSEP) performance expectations and provide action items, practices and strategies from which county programs can choose to address the factors and improve practices impacting compliance and results measures calculated in the annual county determination process.

Important: According to IDEA Part C Federal Regulations [34 CFR 303.700\(a\)\(3\)](#), DHS must implement enforcement actions based on each EIS programs' status category. Consistent with the State annual determination enforcement actions, county Birth to 3 Programs in determination status categories "Needs Assistance" for two or more years, "Needs Intervention," and "Needs Substantial Intervention" **MUST choose a minimum of one action item** for continued improvement of results and compliance **and submit a Determinations Improvement Plan**. An action item to address compliance issues must be included in the Determinations Improvement Plan for each compliance component lower than the 95% federal benchmark.

Note: For county programs in Meets Requirements and Needs Assistance for the first year, completion of the Improvement Plan section of the Determinations Analysis Summary (survey) is **optional**.

For County Programs Submitting an Improvement Plan

Strategies and action items selected are **expected to begin in the next three to six months and be implemented within six to 12 months**. A process to periodically measure progress and effectiveness of practice changes must be included. Failure to implement action items in the required timeframe will result in targeted outreach from the Part C Coordinator to county administration/leadership and additional remedial actions.

Technical assistance is available through the Wisconsin DHS Bureau of Children's Services (BCS) Technical Assistance Center: DHSBCSTAC@dhs.wisconsin.gov or 608-267-6767.

Determinations Data Component (IDEA Part C)

- Results Component
- Children's Performance (Child Outcomes) – Indicator 3
- County Results and Compliance Matrix Table 3

Child Outcomes Performance Expectations

Performance expectations for children's performance, also known as Child Outcomes, are state identified targets. The targets are set by the DHS with input from the Wisconsin Governor's Birth to 3

Program Interagency Coordinating Council, county Birth to 3 programs, and other stakeholders for three outcome areas:

1. Positive social-emotional skills
2. Acquisition and use of knowledge and skills
3. Use of appropriate behavior to meet their (the child's) needs

Child Outcomes State Targets Chart

Child outcomes state targets for the Wisconsin Birth to 3 Program are provided in the chart below.

Outcome Area	Summary Statement	State Target
A. Positive social-emotional skills	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.	59.34%
	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.	42.30%
B. Acquisition and use of knowledge and skills	Summary Statement 1: substantially increased their rate of growth	64.57%
	Summary Statement 2: functioning within age expectations	31.30%
C. Use of Appropriate Behavior to meet their needs	Summary Statement 1: substantially increased their rate of growth	65.29%
	Summary Statement 2: functioning within age expectations	45.08%

Early Intervention Practice Expectations

- Full early intervention team: OT, PT, SLP and Special Educator (minimally)
- Family centered practices.
- Use of evidence-based practices.
- Use of Primary Service Provider in Natural Environments
 - Primary service provider/coach
 - Coaching of parents, family, and caregivers
 - Teaming and team meetings

- Within the context of the family's routines, values, culture, and priorities
- Individualize IFSP (individualized family service plan) outcomes.
- Progressing IFSP outcomes.
- Individualized early intervention strategies.
- Social-emotional IFSP outcomes and strategies
- Ongoing child and family assessment.

Review [the Birth to 3 Program Operations Guide](#) to learn more about the expected practices listed above.

Child Outcomes (Rating) Practice Expectations

- Team decision making process.
- Always include parent/caregiver input
- Look at functional behavior.
- Use of formal ongoing assessment tool to determine Age Expected-Immediate Foundational-Foundational.
- Use the Decision Tree and Bucket List in rating process.
- Include cultural considerations with rating.
- Do not lower rating for use of adaptive equipment.
- Do not adjust for prematurity.
- Regular review of child outcomes data to identify blanks, rating data entry errors, impossible combinations, and outliers.

Child Outcomes Data and Information Analysis

- Pull Indicator 3 child outcomes report.
 - Use analytic calculator.
 - Determine progress categories.
 - Review eligibility reasons.
 - Identify and investigate outliers.
- County specific data and information sources
- Program Review Protocol

Selecting Child Outcomes Action Items:

For determinations compliance and results components that are below federal benchmarks and state

targets:

1. **Choose minimum of one (1) action item** for factors and focus areas impact determinations results.
2. **Implement practices changes** to align with:
 - federal and state requirements and
 - expected operational and program practices.

Action Items

Note: The tip sheets, bundles and PD resources referenced below can be found on the EI in WI Professional Development (PD) website at: <https://www.eiinwi.org/>. These resources are not all inclusive. For information about other EI in WI PD resources available or to request PD support, use the EI in WI [PD Request form](#).

A. Rating Process and Practices

1. Team will review current child outcome ratings practices to identify inconsistencies and implement practice changes as needed.
2. As a team, complete the [Child Outcomes 101 bundle](#), identify inconsistencies and implement practice changes as needed.
3. Identify, develop, and document policies for ongoing child assessment in the child outcome rating process.
4. The team will implement or improve team discussions, documentation, use of evidence with specific examples, and provide other relevant evidence to 1) make decisions about whether the child's functioning behavior demonstrates use of skills that are foundational, immediate foundational, or age expected and 2) reach consensus, to increase the team's confidence with identification of entry and exit ratings.
5. Submit a [PD Request form](#) or access ongoing child assessment resources available through the EI in WI Professional Development (PD) system for support including review of [Child Assessment tip sheet](#).
6. The county program will submit a [PD Request form](#) or access family assessment resources available through the EI in WI PD system including review of the [Family-Directed Assessment Tip Sheet](#).
7. The team will use the child's functional behaviors across settings and situations to identify child outcomes ratings.

B. Assessment Tools

1. As a team, select and implement consistent use of an ongoing child assessment tool on the [Approved Tools List](#) by all team members, including use of the same tool at entry and exit.
2. As a team, review ongoing child assessment practices including use of an approved ongoing child assessment tool by all team members.

3. The county program will contact the [BCS Technical Assistance Center \(TAC\)](#) for assistance and implement practice changes as needed.
4. Submit a [PD Request form](#) or access resources available through the EI in WI PD system for support with age anchoring as part of the team's ongoing child assessment practices.
5. The county program will develop, document, and implement consistent use of a [family assessment tool](#) and process by all team members.
8. As a team, complete the [Child Outcomes 101 bundle](#), identify inconsistencies and develop a plan for making the practice changes needed.
9. As a team, complete [OCA: Ongoing Child Assessment bundle](#), identify inconsistencies and implement practice changes as needed.

C. Eligibility Reasons for Populations Served

1. The team will assess child outcomes ratings by eligible reasons for any trends and impacts on the child outcomes results.
2. The team will periodically review IFSP outcomes identified for children with similar eligibility reasons to assess individualization of IFSP outcomes and intervention strategies.
3. The team will periodically review intervention strategies used for a sample of children and discuss the following questions to determine each factor's impact on child outcomes ratings:
 - Who was the primary coach and service provider: what factors were used to determine this?
 - How often were services provided (frequency): what factors were used to determine the frequency? Was progress impacted by any cancellations? Is this supported by case notes?
 - What strategies were used? – how did the primary coach determine which strategies to suggest and use with the family and child to meet their individual need? How did you assure the strategies addressed the identified needs, how did you evaluate the effectiveness of the strategies used? Are there other strategies that should have been used?
 - How was coaching and support provided to the primary service provider, including joint visits?
 - How were these decisions made?

D. Staff Orientation, PD, Training and Education

1. The county program will develop policies and processes for new team members about the child outcomes process as well as refresher training for current team members to support competency and consistency.
2. As a team, complete the [Birth to 3 Program Orientation bundle](#), identify inconsistencies, and make practice changes as needed.

3. As a team, complete the [Child Outcomes 101 bundle](#), identify, and implement practice changes as needed.
4. As a team, complete [IFSP Outcome bundle](#), identify and implement practice changes as needed.
5. Team members will participate in EI in WI PD System [Communities of Practices](#) for their respective disciplines to learn and share early intervention strategies and rating practices with the team.
6. As a team, complete [Wellness bundle](#), identify practice changes, and develop an implementation plan.
7. Submit a [PD Request form](#) or access resources available through the EI in WI PD system on child assessment practices including review of [Child Assessment tip sheet](#) and implement practice changes as needed.
8. The county program will contact the [BCS Technical Assistance Center \(TAC\)](#) for assistance with analysis of child outcomes rating and progress categories.
9. The county program will submit a [PD Request form](#) or access resources available through the EI in WI PD system on family assessment practices including review of [Family-Directed Assessment Tip Sheet](#).

E. Monitoring and Trend/Data Analysis

1. County program leadership will develop, document, and implement a process to run the Indicator 3 report regularly to review child outcomes ratings and use [analytic calculator](#), analyze progress categories, and find missing or placeholder child outcomes of 8.
2. The county program will develop, document, and implement a process to regularly assess for accuracy of entry and exit ratings and the information used to determine ratings.
3. The county program will monitor and analyze the number of missed visits and cancellations for families and compare to child outcomes results to identify trends and will use the information learned to improve family engagement strategies, if needed.
4. County program leadership will monitor for and ensure use a single ongoing child assessment and family engagement tool from the [approved tool](#) list by all team members.
5. The county program will develop and distribute a parent satisfaction survey to identify strategies to improve family engagement and participation.
6. The county program will contact the [BCS Technical Assistance Center \(TAC\)](#) for assistance and implement practice changes as needed.

F. Family Engagement

1. Team members will complete [Family-Centered Practices Checklist](#), (FIPP Resource), identify opportunities for improvement, and implement practice changes.
2. The team will implement use of [joint visit plans](#) to support and improve family engagement.

3. The team will identify and implement [family engagement strategies](#) to increase completion of joint plan items by families.
4. The team will develop questions and a process to check-in with families, while still in the program, about the family's engagement during home visits, team meetings and decision-making and individualize engagement strategies.
5. The county program will submit a [PD Request form](#) or access resources available through the EI in WI PD system to support family assessment practices, including review of the [Family-Directed Assessment Tip Sheet](#).
6. The county program will use family assessment and intake processes that emphasize the importance of the family's participation and family engagement.
7. The team will use [The Family Resource Scale.pdf](#) and the [Practitioner and Parent Responsive Strategy Guide](#) will be used to support use and identification of individualized family engagement strategies for families that are harder to engage.
8. The team will develop a process and use the talking points provided by BCS to remind families to complete the BCS Family Experience and other family feedback surveys.
9. The county program will determine an interval for reviewing family feedback to inform team and operational practices.
10. The team will add family engagement as a topic to [team meetings agendas](#) for ongoing discussion, individualization of strategies, and to support team members.

G. Early Intervention Practices: Primary Service Provider (PSP) Approach, Service Provision, and Strategies Used to Meet Outcomes

[Evidenced-Based Early Intervention Practices](#)

1. As a team, review the [Evidence-Based Practices Tip Sheet Series](#) and implement practice changes as needed.
2. Submit a [PD Request form](#) or access resources available through the EI in WI PD system on evidence-based and implement practice changes as needed.

[Services](#)

3. Team members will review the [IFSP Outcomes introductory video](#) and complete the [IFSP Outcomes bundle](#). Team will discuss and implement processes to assess IFSP outcomes to align with SMART expectations: Specific, Measurable, Achievable, Relevant and Timebound.
4. The team will improve team discussions of family and child assessment information to support individualization of services identified including frequency and duration of services.
5. The team will periodically review and assess a sample of IFSPs to assess the individualization of 1) the services identified, 3) the frequency and duration of services, and 4) early intervention strategies used.

6. Team members will develop procedures including [conducting joint visits](#), case studies, and coaching to support primary service providers (PSPs) using individualized and evidenced-based early intervention strategies to support the unique needs of children and families.
7. The team will periodically monitor and assess the methods used to provide services for individual children and families for effectiveness to determine which methods have best supported progress toward IFSP outcomes. For example, in-person versus virtual method for providing services.
8. Team will develop a process to evaluate and ensure services provided include contributions from all disciplines to support the child and family have full access to the team.
9. The county program will develop, document, and implement a process to ensure families are receiving services as documented on the IFSP.

Primary Service Provider (PSP)

10. Team members will complete [Checklists for Implementing a Primary-Coach Approach to Teaming](#) (FIPP Resource) and implement practice changes as needed.
11. Team members will review the [Worksheet for Selecting the Most Likely Primary Service Provider](#) (FIPP Resource) and implement practice changes as needed.
12. The county program will implement or improve use of joint visitors to support primary service providers and as needed to improve acute support for children and families when new or more complex concerns are identified.
13. The county program will develop infrastructure to provide PSPs with various opportunities and avenues of support in addition to support at team meetings to improve the competence and confidence of the providers.
14. The county program will develop, document, and implement joint visit processes that include planning together prior to the [joint visits](#) occurring and debriefing the joint visit afterward the visit has occurred to improve services for the family.
15. The county program will submit a [PD Request](#) or access resources available through the EI in WI PD system to support implementation of the PSP model and implement practice changes as needed.

Teaming

16. The team will establish a consistent and effective schedule for team meetings to ensure program and practice expectations are met.
17. The team will conduct team meetings in person or a hybrid of in-person and virtual team meetings to improve program and practice expectations are met.
18. Team [meeting agendas](#) will be updated to include discussions about the early intervention strategies being used at home visits with families to share effective

- strategies, support team members, and confirm use of appropriate and evidence-based strategies for children ages zero to three to meet program and practice expectations.
19. Team members will complete [Teaming Book Study Bundle](#) and implement practice changes as needed.
The team will implement or improve use of technology when team members are not available to attend the home visit in person to support joint visit practices.
 20. The county program will submit a [PD Request](#) or access resources available through the EI in WI PD system to support teaming practices and implement practice changes as needed.

Coaching

21. Team members will review and use the [Coaching Practices Rating Scale](#) (FIPP Resource) and Description of Practices Table to assess and implement improved coaching practices with families.
22. Team members will complete the [Coaching Book Study Bundle](#) and implement practice changes as needed.
23. Team members will implement use of the [Framework for Reflective Questioning When Using a Coaching Interaction Style](#) (FIPP Resource) and develop a plan to improve reflective questioning of families by all team members.
24. The county program will develop a process to observe, provide feedback on, and highlight [quality coaching practices](#) at home visits as part of onboarding new team members and review for current team members. For example, shadowing, mentoring, or recording home visits.
25. The county program will use coaching logs or develop a process to periodically assess and support team members with coaching practices: observation, action/practice, reflection, feedback and joint plans to improve coaching practices.
26. The county program will submit a [PD Request](#) or access resources available through the EI in WI PD for support with coaching practices and implement practice changes as needed.
27. Team members will enhance and improve coaching of caregivers to increase engagement, participation during home visits, and use of strategies by caregivers between home visits.

Social Emotional

28. Team members will begin using approved evaluation and ongoing child assessment tool(s) designed to evaluate and assess social emotional development and incorporated evidence-based early intervention strategies that support the social emotional needs of children in the program.
29. Team members will develop and improve IFSP outcomes that are individualized and address social emotional growth and development.

30. Team members will complete the [What Happened to You bundle](#) to support staff PD in the social emotional area.
31. Team will submit a [PD Request](#) or access resources available through the [EI in WI PD system](#) to support social emotional development for infants, toddlers, and their families and implement practice changes as needed.
32. The team will identify and implement evidence-based practices to [support social emotional development](#) for infants, toddlers, and their families to improve meeting this area of need.

H. Staffing, Competency, and Supervision

1. The county program will develop a plan and action steps to address staff vacancies and disciplines missing from the team.
2. The county program will develop and implement policies requiring team meeting attendance by all team members.
3. The county program will identify and implement staff retention strategies to maintain a full team consisting of all disciplines required to implement the PSP approach [with fidelity](#).
4. Supervisors will review [Early Childhood Intervention Competency Checklists](#) (FIPP Resource) completed by team members to identify opportunities for support and improvement of practices with families.
5. The county program will contact the [BCS Technical Assistance Center \(TAC\)](#) for assistance and implement practice changes as needed.
6. County program leaders will submit a [PD Request](#) or access training and resources available through the EI in WI PD system to support supervision and implementation of reflective supervision practices.
7. The county program will use coaching logs (see [The Early Intervention Coaching Handbook](#)), use the [Fidelity in Practice: Primary Service Provider Approach to Teaming](#) checklist, or develop and implement a process to assess coaching practices of team members: observation, action/ practice, reflection, feedback and joint plans to ensure program practices and expectations are met.
8. County program leadership will begin or improve observations of the team's coaching and teaming; practices and child outcome rating process including discussions of child and family assessment information and provide support and feedback to the team.