

Summary of Phase III, Year 5 SSIP Activities

The Wisconsin Birth to 3 Program's Theory of Action (ToA) is our guide to increase the state's capacity to build a statewide early intervention system that supports and improves the social and emotional development of infants and toddlers enrolled in the Birth to 3 Program. The top tier of our ToA is the belief and understanding that supporting and improving the social and emotional development of infants and toddlers through parent engagement will result in enhanced family participation within the community and lead to improved outcomes for the children and families served in the Birth to 3 Program.

The improvement strategies initiated during Phase III, Year 5 of the SSIP support the advancement of an improved comprehensive early intervention system across the state with the desired outcome of meaningful and sustainable cross-sector work supporting the social and emotional development of infants and toddlers. Progress is measured by the State Identified Measureable Result (SiMR).

During Phase III, Year 5 of the SSIP, the Wisconsin Birth to 3 Program focused on the following goals:

1. Increasing awareness and adoption of the Primary Coach Approach to Teaming in Natural Environments (PCATT) in our local operating programs.
2. Supporting the adoption and implementation of innovative evidence-based practices to foster children's social and emotional development.
3. Enhancing the quality and impact of early intervention services provided within the Wisconsin Birth to 3 Program.

Section A. Data Analysis

State Identified Measureable Result (SiMR)

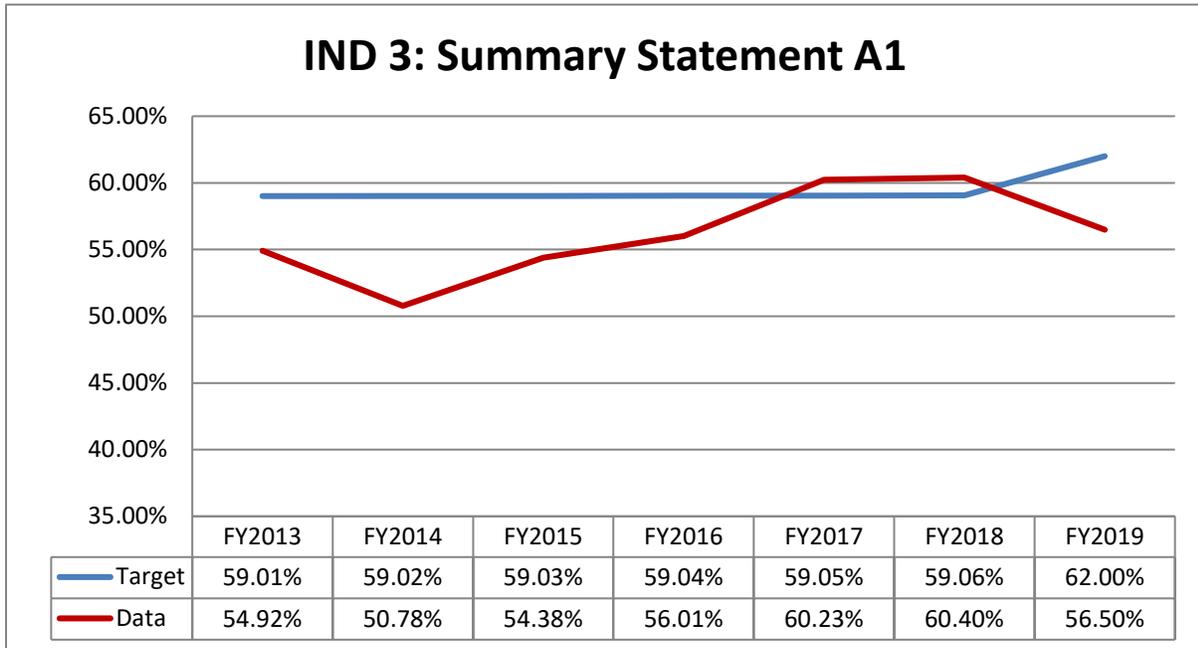
Wisconsin's State Identified Measureable Result (SiMR) is the percentage of children who enter the Birth to 3 Program below age expectations in positive social and emotional skills, including social relationships, that make greater than expected gains by the time they exit the program as measured by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

SiMR Target and Baseline

DHS annually presents indicator 3, child outcome results to the Wisconsin Birth to 3 Program Interagency Coordinating Council (ICC). During the January 23, 2020 ICC meeting our indicator 3, child outcomes data for FFY 2018 was reviewed, and our SiMR target was increased. Wisconsin's baseline data for all outcomes across indicator 3 was also changed. DHS and the ICC established FFY 2018 as our baseline year for indicator 3, child outcomes as the data for FFY 2018 is a better representation of a baseline for indicator 3. The previous baseline year data (FFY 2011) was determined by DHS and the ICC to be unreliable as the individuals and teams assessing and rating children's outcomes in FFY 2011 were not adequately trained in the child outcome ratings process. DHS believes the FFY 2018 data is a better baseline as we are now seeing indicator 3, child outcomes ratings that are more consistent and accurate in the Wisconsin Birth to 3 Program.

Progress toward the SiMR

In FFY 2019, the Wisconsin Birth to 3 Program did not meet the SiMR target and we experienced a slippage of 3.9% in our SiMR performance compared to the previous fiscal year. A graph visualizing our SiMR performance from FFY 2013-FFY 2019 is provided below.



Reasons for Slippage

The Wisconsin Birth to 3 Program has not definitively identified why our SiMR performance declined during Phase III, Year 5 of the SSIP, but we are exploring factors that may have contributed to the slippage. During our January 2021 Birth to 3 Program teleconference, local Birth to 3 Programs were presented with the FFY 2019 SiMR data and were surveyed regarding factors they believe may be contributing to the slippage in performance. The following reasons were provided by local Birth to 3 Programs (programs were allowed to select more than 1 reason):

- Increased enrollment of children in child welfare/foster care – 7%
- Impact of substance abuse on children and families– 19%
- Lack of assessment tools that are sensitive to delays in the social-emotional domain – 37%
- Lack of training/confidence of Birth to 3 Program team members to address the social-emotional needs of children -36%
- Severity of child’s diagnosed conditions upon entry to the program -39%
- Inconsistent early intervention strategies -8%
- Shortage of special education teachers and special instruction supports and services -12%

DHS is reviewing the results of this survey internally as we consider improvement strategies for our State's SiMR performance. Historically, a main focus of our SSIP has been on the improving the accuracy and interrater reliability of the child outcomes rating process and achieving accurate ratings on indicator 3, child outcomes. We are now confident we are obtaining accurate child outcomes ratings for children in the Birth to 3 Program. DHS will continue to hold trainings and provide information on the indicator 3, child outcomes rating process. Going forward, DHS intends to increase focus on interventions, evidence-based practices, and fidelity of practice to support children's social and emotional development and improve our SiMR results. DHS is working with stakeholders including local Birth to 3 Programs, the ICC, and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESource) as we explore new improvement strategies. Initiatives undertaken in Phase III, Year 5 of the SSIP to enhance social and emotional development practices for children enrolled in the Wisconsin Birth to 3 Program include:

- DHS awarded a total of \$1.2 million to 15 local Birth to 3 Programs through the "Innovations in Social-Emotional Development" grant initiative. With these grants, local Birth to 3 Programs will pilot new and innovative efforts to foster the social and emotional development of children enrolled in their programs.
- DHS incorporated indicator 3, child outcomes data into its local determinations process in order to focus attention on early intervention results and to drive local Birth to 3 Programs to improve children's outcomes.
- DHS implemented a Birth to 3 Program Review Protocol, a program file review tool to objectively quantify the quality and impact of early intervention services, in all of our local Birth to 3 Programs during Phase III, Year 5 of the SSIP.
- DHS offered stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program

Each of these initiatives is detailed in Section B. of the Phase III, Year 5 SSIP.

Additional Data to Assess Progress toward the SiMR

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

One important factor in the data analysis is the impact of interventions for children of color in the Birth to 3 Program. A review of existing literatures illustrates [Wisconsin ranks poorly](#) on a number of metrics for health care access, equity, and outcomes among people of color. As detailed in the [Healthiest Wisconsin 2020 Report](#), the [Wisconsin Health Disparities Report](#) and the [Center for Disease Control's National Center on Health Statistics](#) substantial racial and ethnic disparities exist in Wisconsin in rates of

infant mortality, chronic disease, substance abuse and access to preventative care. Analysis of our indicator 3, child outcomes data has revealed similar racial/ethnic disparities in the Wisconsin Birth to 3 Program, with white children and families achieving better outcomes in the Birth to 3 Program than children and families of color. (See Attachment A.)

DHS intends to use our data analysis to promote increased knowledge and understanding of the disparities that exist in the Birth to 3 Program and to drive improvements. We intend to engage with local Birth to 3 Programs and our Interagency Coordinating Council to explore policy efforts that can contribute to improved outcomes for children of color in the program. In Phase III, Year 5 of the SSIP, DHS also undertook some initiatives to promote and address equity in the Birth to 3 Program. During Phase III, Year 5 of the SSIP, a revision was made to the Birth to 3 Program Review Protocol to incorporate racial equity and diversity as a sub-focus area under Family Engagement. (Additional information about the Birth to 3 Program Review Protocol is available in Section B. of the Phase III, Year 5 SSIP.) In Phase III, Year 5 of the SSIP, DHS also introduced the [All in for Kids: Birth to 3 Program](#) newsletter to keep families informed about Birth to 3 Program procedures and practices. This newsletter is available in English, Spanish, and Hmong. Topics for the newsletter have included: a Birth to 3 Program Introduction and Overview, and an article about the importance of the Birth to 3 Program, Early Childhood Outcomes (ECO) Family survey and how the survey assists DHS in understanding if the Birth to 3 Program is meeting the needs of families and children.

Data Quality

During Phase III, Year 5 of the SSIP, DHS took a proactive approach to address data quality issues, particularly in regard to indicator 3, child outcomes. In 2019, DHS modified its local determinations process to include indicator 3, child outcomes data. The decision was made to improve the state's data quality and to drive counties to focus on efforts to improve children's outcomes in the Birth to 3 Program. The local determinations process considers data quality and completeness for indicator 3, as well as whether local program's improved performance on indicator 3 targets over the previous year.

DHS also holds trainings on the indicator 3 child outcomes rating process for local Birth to 3 Program professionals. The trainings teach attendees how to use the Child Outcomes Decision Tree and Bucket List in order to accurately rate a child's functioning as well as how to accurately rate a child's functioning as a team through the process of age anchoring. In Phase III, Year 5 of the SSIP, DHS and our contracted vendor the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support team (RESource) developed online modules including key content from the indicator 3, child outcomes trainings. The online modules provide local Birth to 3 Program staff with flexible access to key information about child outcomes requirements and processes.

The Birth to 3 Program Data Manager is the lead for monitoring data quality at both the state and local, county level. The Data Manager participates in monthly Birth to 3 Program teleconferences and uses time during these teleconference to explain data reports and use of the DataMart to local Birth to 3 Programs. During Phase III, Year 5 of the SSIP, DHS also initiated monthly technical assistance calls with

The Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). The Data Manager participates in these calls and our indicator 3, child outcomes data has been a standing topic during the monthly technical assistance calls. The process of continuous data trainings, support, and technical assistance helps ensure DHS is collecting data that is realible and valid.

DHS does not have any evidence to suggest that the validity and reliability of our SiMR data has been impacted by the COVID-19 pandemic, or that the COVID-19 pandemic made a significant impact on FFY 2019 SiMR performance. DHS will continue to monitor the impact of COVID-19 on our data. Studies have revealed that the COVID-19 pandemic poses potential risks to child development due to social restrictions including distancing and childcare shutdowns. Additionally, child development may be impacted by increased stress level of parents and caregivers as a result of illness caused by COVID-19, the difficulty of combining working from home with full-time childcare, and financial challenges. The COVID pandemic may also increase exposure to pre-existing vulnerabilities within families that impair development such as domestic violence, drug use, and mental illness. DHS intends to continue to examine and assess any impacts of the COVID-19 pandemic on our indicator 3, child outcomes data.

Section B. Phase III Implementation, Analysis, and Evaluation

Provide a summary of each infrastructure improvement strategy that the State continued to implement in the reporting period.

The continuing strategies and initiatives implemented during the Phase III, Year 5 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 infrastructure analysis:

1. Professional development
2. Data
3. Quality improvement and accountability
4. Quality standards
5. Governance
6. Technical assistance

1. Professional Development

The Wisconsin Birth to 3 Program provides a comprehensive, statewide program of support and professional development to local Birth to 3 Programs through its contract with the Cooperative Educational Service Agency (CESA) 5, Regional Enhancement Support Team (RESource). RESource provides coaching and facilitation to all local Birth to 3 Programs, specifically targeted to implementation of evidence-based practices and strategies to support the social and emotional development of infants and toddlers. RESource has developed an Evidence-Based Practice Guide, which provides a framework used to assess the consistency and sustainability of evidence-based practices within our local programs. This guide promotes a common understanding of coaching, teaming, natural learning environments and the critical role of program administration in implementing PCATT.

During Phase III, Year 5 of the SSIP, RESource staff facilitated application of the Evidence Based Practice Guide with each of Wisconsin's 72 counties during their annual reviews.

Under its contract with the Wisconsin Birth to 3 Program, RESource also developed and is currently delivering community of practice book study opportunities to review, discuss and implement PCATT. Materials reviewed and discussed during these book studies include: *The Early Childhood Coaching Handbook* and *The Early Intervention Teaming Handbook: The Primary Service Provider Approach* (both by Dathan D. Rush and M'Lisa L. Shelden).

DHS also provides professional development opportunities to local Birth to 3 Programs through indicator 3, child outcomes trainings and the Birth to 3 Program Orientation. The goals of the indicator 3, child outcomes training include fostering an understanding of the integrated nature of the three child outcomes and promoting the use of authentic assessment practices to gather data on children's functional behavior. Training goals for participants in the Birth to 3 Program Orientation include: learning the essential elements of the Birth to 3 Program from child find through transition; understanding how to implement federal regulations (IDEA Part C) and Wis. Admin. Code ch. DHS 90; and identifying family-centered and relationship-based services through the lens of coaching, teaming and natural learning environments. Due to the COVID-19 pandemic, the last indicator 3, child outcomes training was held on 6/18/19 and the last Birth to 3 Program Orientation was held on 4/10/2019. Although in person trainings were suspended in Phase III, Year 5 of the SSIP, DHS and its contracted vendor, RESource developed online modules including content from both the Birth to 3 Program Orientation and the indicator 3 child outcomes trainings. The online modules are intended to provide local Birth to 3 Program staff with flexible access to information about the Wisconsin Birth to 3 Program and child outcomes procedures and rating processes.

Finally, DHS continues to offer stipends for local Birth to 3 Program professionals to attend the University of Wisconsin-Madison School of Medicine and Public Health Infant, Early Childhood, and Family Mental Health Capstone Program. In Phase III, Year 5 of the SSIP, DHS utilized the additional funds allocated in our federal Part C grant to increase the amount of stipends provided and offered to local Birth to 3 Program professionals. Professionals who complete the Capstone Program learn how to apply concepts of parent, infant, and early childhood mental health that is informed by developmental, neuroscience, and attachment research. With the knowledge gained from the Capstone Program, local Birth to 3 Program professionals build a deeper capacity to aid families in the creation of healthy relationships. Knowledge gained from this program also builds the skills needed for county professionals to be able to assist parents and young children who have experienced trauma and toxic stress. To date there are 77 local Birth to 3 Program staff who are graduated fellows of the program. All regions of the state now have graduates from the program.

2. Data

Beginning in 2019, DHS considers indicator 3, child outcomes, in addition to indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10 when calculating local Birth to 3 Program determinations. DHS examines data quality and completeness for indicator 3, as well as whether local Birth to 3 Programs met state performance targets for indicator 3 or improved performance on indicator 3 over the previous year. DHS made this

modification to both drive local programs to improve children's outcomes in the Birth to 3 Program and to align with the 2015 change to the OSEP determination process.

DHS has also enhanced its procedure for identification and issuance of a finding of non-compliance to local Birth to 3 Programs. In 2019, DHS established a data clarification period in its annual data review process. During this data clarification period, local Birth to 3 Programs have the opportunity to remediate data concerns. The data clarification process operates as follows:

- DHS reviews data reports and identifies data needing clarification.
- DHS notifies local programs if they have data needing clarification and encourages local programs to run data reports and identify and correct errors.

The purpose of the data clarification period is to:

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

3. Quality Improvement and Accountability

In Phase III, Year 5 of the SSIP, DHS collaborated with the Wisconsin Department of Children and Families (DCF) to make improvements to the automated CAPTA referral process from Child Protective Services (CPS) to the Wisconsin Birth to 3 Program. The automated referral process developed by DHS and DCF was initiated in 2019 and designed to ensure prompt referrals of children involved in substantiated cases of child abuse or neglect to the Wisconsin Birth to 3 Program. This enhancement to the system was prompted by recognition of the heightened vulnerability of children involved in the child welfare system and the significant impact of trauma on the development of young children. Under the automated process, all CAPTA referrals are sent electronically from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) to the Birth to 3 Program's Program Participation System (PPS) inbox for access by local Birth to 3 Program staff. In Phase III, Year 5 of the SSIP, DHS improved the automated referral process by assuring contact information for the social worker assigned to the family is consistently provided in the referral. This change allows local Birth to 3 Programs to have the information necessary to act upon the referral, and ultimately improve Birth to 3 Program access and support positive developmental outcomes for the CAPTA population.

In Phase III, Year 5 of the SSIP, DHS and DCF also established a workgroup to promote family engagement and increase the percentage of CAPTA referrals that enroll in the Wisconsin Birth to 3 Program. The goal of the workgroup is to build collaboration between CPS and the Wisconsin Birth to 3 Program and to develop messaging to enhance family understanding of the Wisconsin Birth to 3 Program and the benefits the program may offer the child and family.

4. Quality Standards

During Phase III, Year 5 of the SSIP, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol is a tool to help understand the quality and impact of early intervention services for the children and families that are served within the Wisconsin

Birth to 3 Program. The Birth to 3 Program Review Protocol provides an independent measure of the quality of Birth to 3 Program practices as evidenced by information included in individual child files. The review process includes application of an objective, standardized measurement tool administered by an external, quality review organization, MetaStar. The protocol utilized in Phase III, Year 5 of the SSIP included measures to assess local Birth to 3 Program practice in the following focus areas:

- Impact of interventions: (progress with IFSP outcomes and child outcome measures)
- Social-emotional practices
- Evidence-based practices: coaching, teaming and natural environments
- Family Engagement

The findings from the preliminary Program Review Protocol gave the state insights into strengths and opportunity areas in local operations. These baseline findings led to refinements to the protocol. During Phase III, Year 5 of the SSIP, DHS worked with stakeholders to make revisions to the Birth to 3 Program Review Protocol. The revised Birth to 3 Program Review Protocol has an intentional focus on fully implemented, quality practices that support a child's social and emotional development. The revised Birth to 3 Program Review Protocol also incorporates racial equity and diversity as a sub-focus area under Family Engagement. The new tool was launched Jan. 1, 2021.

During Phase III, Year 5 of the SSIP, DHS also worked on a policy guide for the Wisconsin Birth to 3 Program. Currently, policy for the Birth to 3 Program exists in federal and state statutes and regulations, DHS-issued forms and publications, and technical assistance communications. The Birth to 3 Program guide will serve as a single resource capturing required policies and procedures pertaining to the Wisconsin Birth to 3 Program. The guide will provide a framework for local programs to improve their practices and lead to better outcomes for children and families. DHS anticipates that the Birth to 3 Program guide will be ready for publication in 2021.

5. Governance

As part of DHS' efforts to ensure proper oversight and governance of local Birth to 3 Programs, each program had an annual review in Phase III, Year 5 of the SSIP as part of the Wisconsin Birth to 3 Program's general supervision cycle. The annual reviews are facilitated by DHS' contracted vendor, RESource. The annual reviews include a review and self-assessment of local Birth to 3 Program internal processes and practices. The annual reviews provide an opportunity for local Birth to 3 Programs to reflect on the work of implementing their program and determine program strengths as well as opportunities for improvement. The annual review focuses on the following areas pertaining to SSIP goals:

- evidence-based practices
- social and emotional development practices
- child outcomes practices

During the annual reviews, local Birth to 3 Programs complete two tools to assess program practices: the child outcome continuum checklist (utilized to assess local Birth to 3 Program child outcomes ratings

processes) and one section of the Evidence Based Practice Guide developed by REsource. The Evidence Based Practice Guide provides a framework used to assess the consistency and sustainability of PCATT within local programs. The sections of the Evidence Based Practice Guide are:

- Coaching
- Teaming
- Natural Learning Environments
- Program Administration

Following the annual review, local Birth to 3 Programs completed a County Performance Plan (CPP). The CPP identifies key outcomes, action steps and measurements for the ongoing provision of high quality early intervention services. During CPP discussions, DHS highlighted the following expectations for local programs, tied to SSIP goals:

- At least 1 goal on the CPP should specifically target the improvement of social and emotional development for children served by the local Birth to 3 Program.
- The CPP should directly relate to Wisconsin's SSIP and Birth to 3 Program priorities.
- The CPP should demonstrate program development of the following:
 - Authentic parent-child interaction and social-emotional development, coaching, teaming and natural environments
 - Child Outcomes Continuum
 - Trauma Informed Care

6. Technical Assistance

During Phase III, Year 5 of the SSIP, the Wisconsin Birth to 3 Program's Children and Family Program Specialists held individual contacts with each of Wisconsin's 72 counties. During these contacts, each local Birth to 3 Program received a one-on-one contact to discuss important policy, guidance and resources to support local Birth to 3 Programs in their work with children and families. In 2020, all 72 county Birth to 3 Programs received 3 county contacts ranging in length from 1.5 – 2 hours. DHS topics during the contacts included the Wisconsin Birth to 3 Program's three SSIP focus areas: social and emotional development, child outcomes and evidence-based practices. The Birth to 3 Program Children and Family Specialists also provide continuous ad hoc assistance to all local programs and targeted support in response to instances of barriers or identified needs.

Did the State implement any new infrastructure improvement strategies during the reporting period?

The new infrastructure improvement strategies implemented during the Phase III, Year 5 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. Quality improvement and accountability
2. Governance

3. Technical Assistance

1. Quality Improvement and Accountability

In Phase III, Year 5 of the SSIP, DHS awarded a total of [\\$1.2 million to 15 local Birth to 3 Programs](#) through the “Innovations in Social-Emotional Development” grant initiative. With these grants, local Birth to 3 Programs will pilot new and innovative efforts to foster the social and emotional development of children enrolled in their programs. Local Birth to 3 Programs received up to \$250,000 from the Bureau of Children’s Services (BCS) within DHS based on the scope and scale of their proposed project. Projects fell within the following scope:

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

The findings from the Innovations in Social and Emotional Development grant initiative are expected to lead to program improvement opportunities that can be implemented statewide. The Wisconsin Birth to 3 Program has contracted with the Institute for Child and Family Well-Being to extract sustainable findings from the projects.

In Phase III, Year 5 of the SSIP, DHS also launched a public service announcement (PSA) campaign aimed to support child find efforts and referrals to the Birth to 3 Program, especially through the lens of COVID-19 and the impact the pandemic has had across Wisconsin. The Wisconsin Birth to 3 Program has seen a decrease in referrals since the beginning of the COVID-19 pandemic. DHS launched the Birth to 3 Program PSA campaign to alert families, providers, physicians, and other health and child care professionals that the Wisconsin Birth to 3 Program continues to provide services and that they should continue referring any child under the age of 3 to the Birth to 3 Program if they have concerns about the child’s growth and development. Through the PSA campaign, DHS developed and published a flyer, social media campaign, and a media toolkit and sent these materials to local agencies, statewide partners, and other stakeholders to boost grassroots outreach across Wisconsin, and to spread the word that the Wisconsin Birth to 3 Program is providing continuous support throughout the pandemic. The flyer has been developed in three languages and could be printed, shared on websites, sent electronically, or included with newsletters. The social media campaign includes suggested post text and graphics in both English and Spanish. These posts can be copied and pasted from the toolkit or tailored to individual needs. As part of the PSA campaign, DHS also mocked up newsletter articles that could be shared on websites or published in e-newsletters, bulletins, or emails. The newsletter articles can either be copied or pasted directly into a correspondence or tailored to fit unique needs. The Birth to 3 Program PSA campaign materials are available on the [Birth to 3 Program homepage on the DHS website.](#)

2. Governance

In Phase III, Year 5 of the SSIP, DHS introduced the [All in for Kids: Birth to 3 Program](#) newsletter. The newsletter was developed to keep families informed about Birth to 3 Program resources and practices. The first newsletter was mailed to all families who have a child with a Birth to 3 Program individualized family service plan (IFSP), in addition to families who had a referral or initial contact date established within the previous three months of release of the newsletter. The newsletter is available on the [Wisconsin Birth to 3 Program for Families](#) webpage, and is available in English, Spanish, and Hmong.

Topics for the first newsletter included:

- A Birth to 3 Program Introduction and Overview
- An article about the benefits of Birth to 3 Program and a reminder to families that we continue to provide services during the pandemic
- An article about the importance of the Birth to 3 Program, Early Childhood Outcomes (ECO) Family survey. The article describes how the survey assists DHS in understanding if the Birth to 3 Program is meeting the needs of families and children and helps DHS make the program stronger for families throughout Wisconsin.
- Resources for families during COVID-19 pandemic

3. Technical Assistance

In 2020, DHS initiated monthly technical assistance calls with The Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy). During these technical assistance calls ECTA and DaSY share information and instruction to assist the Wisconsin Birth to 3 Program in analyzing data and ultimately enhancing the quality and impact of Birth to 3 Program services. Our indicator 3, child outcomes data has been a standing topic during these scheduled monthly technical assistance calls. Connection with national TA is expected to support the Wisconsin Birth to 3 Program in our goal to achieve improved child outcomes, including improvements in our SiMR.

Description of how the State evaluated outcomes for infrastructure improvement strategies.

Evaluation data pertaining to infrastructure improvement strategies is provided below:

1. Indicator 3, child outcomes trainings

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

Jul19 - Jun20	Social Emotional	Exit							Totals	Percentage
		1	2	3	4	5	6	7		
Entry	1	65	32	21	15	12	6	2	153	3.75%
	2	48	123	125	72	73	41	28	510	12.51%
	3	21	55	140	161	155	99	39	670	16.43%
	4	18	36	73	219	253	207	96	902	22.12%
	5	9	25	30	112	328	360	192	1056	25.90%
	6	11	11	23	43	91	242	166	587	14.39%
	7	3	7	4	11	28	40	107	200	4.90%
	Totals		175	289	416	633	940	995	630	4078
Percentage		4.29%	7.09%	10.20%	15.52%	23.05%	24.40%	15.45%		

2. Local Birth to 3 Program Determinations

Beginning in 2019, DHS considers indicator 3, child outcomes data in addition to compliance indicators 1, 2, 7, 8a, 8b, 8c, 9 and 10 in local Birth to 3 Program determinations. DHS is examining data quality and completeness for indicator 3, as well as performance on indicator 3 targets when calculating local Birth to 3 Program determinations. Under this modified local determinations process, local Birth to 3 Programs earn points towards their determinations status for the indicator 3, child outcomes data components detailed below:

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

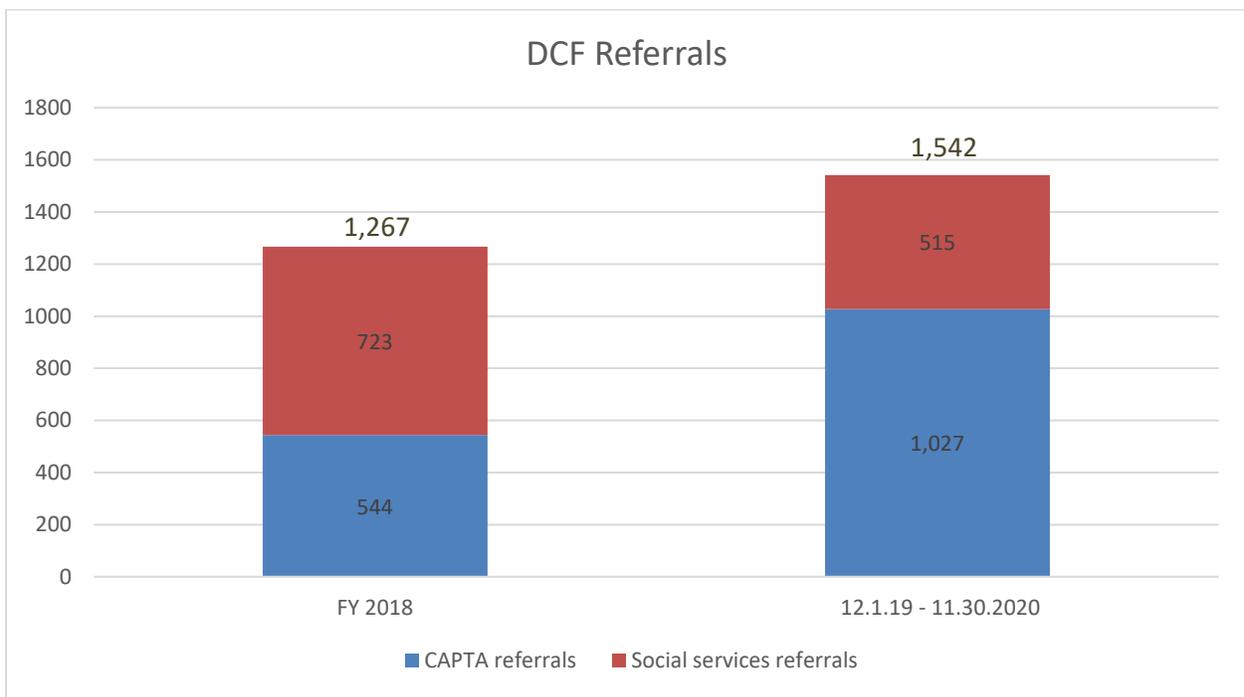
A complete description of the Wisconsin Birth to 3 Program’s local determinations process can be found at the following link: [Wisconsin Birth to 3 Program County Determinations Results and Compliance Matrix Instructions](#). Additionally, local program performance data and determination status are available at: [Birth to 3 Program: County Performance Data](#).

3. CAPTA Referral Automation

In 2019, DHS collaborated with the Wisconsin Department of Children and Families (DCF) to automate CAPTA referrals from Child Protective Services (CPS) to the Wisconsin Birth to 3 Program. The new automated CAPTA referral process went into effect on October 31, 2019. Under this new process, all CAPTA referrals are required to be sent electronically from the Wisconsin Statewide Automated Child Welfare Information System (eWisACWIS) to the Birth to 3 Program’s Program Participation System (PPS) inbox.

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

DHS-DCF Automated Referrals



4. Birth to 3 Program Review Protocol

During Phase III, Year 5 of the SSIP, DHS implemented a Program Review Protocol in the Wisconsin Birth to 3 Program. The Birth to 3 Program Review Protocol provides an independent measure of the quality and impact of Birth to 3 Program practices as evidenced by information included in individual child files. The review process includes application of an objective, standardized measurement tool administered by an external, quality review organization, MetaStar.

The protocol implemented during Phase III, Year 5 of the SSIP assessed local Birth to 3 Program practice across the following focus areas:

1. Family engagement: Families are a focal point of the child's care planning and implementation. The ultimate goal is for the family to be the primary support provider and advocate for their child.
2. Implementation of Evidence Based Practices: The use of practices that are research based and/or endorsed by the State, such as primary coach approach to teaming (PCATT).
3. Social and Emotional Practices: The use of evidence based practices that intentionally focus on the child's social and emotional well-being and development.
4. Child Outcomes Practices: Outcomes are developed, implemented and evaluated using evidence based practices.
5. BCS Priority Areas – Access, Inclusion, Transition:
 - Access: Birth to 3 Program services are easily accessible to everyone
 - Inclusion: Children and families are part of their community
 - Transition: Significant changes, not just transition from the program, have planning that adequately prepares the family for what is to come next.

The protocol implemented during Phase III, Year 5 of the SSIP evaluated the extent to which these focus areas were demonstrated throughout each of the Wisconsin Birth to 3 Program's 7 stages: Screening, Eligibility, Assessment, IFSP Development, IFSP Implementation, Transition, and Program Exit. This first year of protocol implementation oriented programs to the review process, areas of review and preliminary results. Based upon the first year of experience implementing the protocol, revisions were made to better capture information about the impact and results of early intervention services statewide.

In Phase III, Year 5 of the SSIP revisions were made to the Birth to 3 Program Review Protocol. The revised protocol has an intentional focus on fully implemented, quality practices that support a child's development. The revised Birth to 3 Program Review Protocol identifies quality practices associated within each of the following focus areas:

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

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

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

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

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

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

Child IFSP Outcome Practices

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

Level 0 indicates that Level 2 was not achieved.

Level 1 is not applicable to this area.

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

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

Social & Emotional Practices

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

Level 0 indicates that Level 1 was not achieved.

Level 1 is achieved by evidencing the quality practice identified (1 practice).

Level 2 is achieved by evidencing Level 1 practice and one to two additional practices.

Level 3 is achieved by evidencing all applicable practices in Level 1, and three or more additional practices.

Family Engagement

The family engagement component of the protocol identifies 17 quality practices.

Level 0 indicates that Level 1 was not achieved.

Level 1 is achieved by evidencing all applicable practices (5-6 practices).

Level 2 is achieved by evidencing all applicable practices in Level 1, and one to five additional practices.

Level 3 is achieved by evidencing all applicable practices in Level 1, and six or more additional practices.

Transition

The transition practices component of the protocol identifies 8 quality practices.

Level 0 indicates that Level 2 was not achieved.

Level 1 is not applicable to this area.

Level 2 is achieved by evidencing all applicable practices identified (2-3 practices).

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

The quality practices within each component of the protocol were identified by DHS and the Birth to 3 Program County Stakeholder Workgroup. (Additional information about the Birth to 3 Program County Stakeholder Workgroup is available in Section C. of the Phase III, Year 5 SSIP.) The revised Birth to 3 Program Review Protocol was launched in January of 2021. DHS anticipates that preliminary data from the revised Birth to 3 Program Protocol will be available for FFY 2020 SSIP reporting.

5. Findings of Non-Compliance

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

The purpose of the data clarification period is to:

- Incentivize local programs to run DataMart reports, monitor their data quality, and ultimately improve their program performance;

- Support real-time correction of identified errors; and
- Focus issuances of findings of non-compliance on systemic problems that impair the quality of local Birth to 3 Programs.

In 2018, prior to initiating the data clarification period within the findings of non-compliance process, the Wisconsin Birth to 3 Program issued findings of non-compliance to 21 local Birth to 3 Programs. In 2019 the Wisconsin Birth to 3 Program issued 5 findings of non-compliance to local Birth to 3 Programs. In 2020, the Wisconsin Birth to 3 Program issued 2 findings of non-compliance to local Birth to 3 Programs. This indicates that the updated findings of non-compliance process utilized in the Wisconsin Birth to 3 Program is having the intended effect of incentivizing local programs to run data reports and monitor their data, improve their data quality, quickly fix data and systems issues and errors, and improve overall program performance. A full description of the Wisconsin Birth to 3 Program's findings of non-compliance process can be found at the following link: [Birth to 3 Program: Annual Data Review Process and Issuing Findings of Noncompliance](#)

Provide a summary of the next steps for each infrastructure improvement strategy.

1. Professional Development

- DHS' professional development contract agency, RESource, will continue to host community of practice book studies for local Birth to 3 Programs utilizing materials that focus on social and emotional development and evidence-based practices.
- Modules with key content from the indicator 3, child outcomes training and Birth to 3 Program Orientation have been developed and will provide local Birth to 3 Program staff with real time access to key information about the Birth to 3 Program and indicator 3, child outcomes requirements and processes.
- DHS will continue to offer stipends for 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

- DHS has modified the process it uses to make determinations for local programs. The determination status for local Birth to 3 Programs is now based not only on compliance indicators, but also on results indicators, focusing on indicator 3, child outcomes. The modified determinations process will drive local programs to improve child outcomes in the Birth to 3 Program.
- 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.
- DHS will continue to hold calls with The Early Childhood Technical Assistance Center (ECTA) and the Center for IDEA Early Childhood Data Systems (DaSy) to discuss our indicator 3, child outcomes data.

3. Technical Assistance

- DHS will continue contacts, monthly teleconferences, and regional meetings with local Birth to 3 Programs in order to both provide technical assistance and training to local programs and to seek input and guidance from programs regarding Birth to 3 Program procedures.
- Throughout 2021, DHS will hold county stakeholder workgroups with local Birth to 3 Programs to seek information and input on the three SSIP focus areas: social and emotional development, child outcomes, and evidence-based practices.

4. Quality Improvement and Accountability

- DHS will continue to support and promote the use of evidence-based practices in the Birth to 3 Program through our contract with RESource.
- DHS will gather insights into further statewide opportunities for advancing the Wisconsin Birth to 3 Program's practices in the areas of social-emotional development through lessons learned from the "Innovation in Social-Emotional Development" Grants.
- DHS is currently developing policy guidelines for the Birth to 3 Program. The Birth to 3 Program Guidelines will be a single document capturing all relevant policies pertaining to the Birth to 3 Program. The guidelines will provide a framework for local programs to improve their practices for all compliance and results indicators, which will lead to better outcomes for children and families. DHS anticipates the guidelines will be ready for publication in 2021.
- DHS will continue to distribute the [All in for Kids: Birth to 3 Program](#) newsletter to keep families informed about Birth to 3 Program procedures and practices.

5. Quality Standards

- DHS will gather data from the Birth to 3 Program Review Protocol to inform statewide strategies and practices.

6. Governance

- Local Birth to 3 Programs will continue to have annual reviews in 2021 facilitated by DHS' contracted vendor, RESource. The annual review will assess fidelity of practice to the Primary Coach Approach to Teaming, in addition to child outcomes practices and social and emotional development practices.
- In 2021, DHS will use the qualitative data and information provided by local Birth to 3 Programs during their annual review and compare this to indicator 3, child outcomes performance to determine the impact of practice and interventions on indicator 3, child outcomes and to determine statewide improvement strategies.

Summary of the continued evidence-based practices and how the evidence-based practices are intended to impact the SiMR.

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

- Natural learning environment practices;
- Coaching as an adult learning strategy, which shifts the focus from interventions solely with the child to teaching parents/caregivers as well as the child strategies to support the child's development; and

- A primary coach approach to teaming, which provides a coordinated team of professionals to support all aspects of the child's development.

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

The primary coach receives ongoing support from team members during informal conversations, case-based discussions, team meetings, and joint visits. Joint visits occur with the primary coach and other team members present in a home or community-based activity setting in which the child and family need support in promoting the child's participation.

The Wisconsin Birth to 3 Program believes that enhancing parent engagement through the use of PCATT will support and improve the social and emotional development of infants and toddlers and lead to improved outcomes for the children served in the Wisconsin Birth to 3 Program. Additional information regarding the Primary Coach Approach to Teaming is available on the [Wisconsin Birth to 3 Program: Professional Development webpage](#)

Did the State implement any new evidence-based practices? Describe the selection process for new evidence-based practices.

In 2019, the Bureau of Children's Services (BCS) within DHS announced an opportunity for local Birth to 3 Programs to apply for one-time grants to fund projects that support the implementation of evidence-based practices and system changes to improve social and emotional outcomes for children. On July 1, 2020, the Wisconsin Department of Health Services (DHS) [awarded \\$1.2 million in grants to 15 local Birth to 3 Programs](#) across the state to pilot new and innovative efforts to improve outcomes for participating children. All projects were required to meet the following criteria:

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

Each grant application was reviewed through a competitive review process. Grant applications were evaluated and scored based upon on the following required components:

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

The grant application can be accessed at the following link: [Birth to 3 Program: Innovation in Social-Emotional Development Grants](#) . BCS awarded [15 innovative projects](#) via the competitive grant review process. With the grant funds, local Birth to 3 Programs will incorporate new evidence-based practices into service delivery.

Examples include:

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

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

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

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

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

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

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

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

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

Primary Coach Approach to Teaming

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

- Coaching
- Teaming
- Natural Learning Environments
- Program Administration

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

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

During the annual review process, local Birth to 3 Programs provide documentation, self-assessment data and information to reflect on and demonstrate their program's social-emotional and child

outcomes practices and fidelity of practice to PCATT. In 2021 DHS will collaborate with REsource to evaluate the results of the annual reviews and determine the impact of local program practices and fidelity of practice on indicator 3, child outcomes performance. The Bureau of Children's Services within DHS has created a workgroup that includes the Birth to 3 Program Data Manager, DHS Birth to 3 Program Children and Family Program Specialists, the Birth to 3 Program Policy Lead, and staff from DHS' contracted vendor, REsource. This workgroup will be tasked with reviewing and examining the qualitative data and information provided by local Birth to 3 Programs during their annual review and comparing this data to indicator 3, child outcomes performance. This information will be used to inform statewide Birth to 3 Program practices.

Innovation in Social-Emotional Development Grants

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

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

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

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

Section C. Stakeholder Engagement

The State Interagency Coordinating Council (ICC) as well as local Birth to 3 Programs continued to serve as stakeholders for SSIP work in Phase III, Year 5. The ICC provided input and guidance on Phase III, Year 5 SSIP implementation during quarterly meetings. Local Birth to 3 Programs provided input and guidance on Phase III, Year 5 SSIP implementation during county contacts with DHS Children and Family Program Specialists, and monthly teleconferences with DHS. Additionally, in Phase III, Year 5 of the SSIP, DHS held county stakeholder workgroups to seek input from local Birth to 3 Programs on key SSIP focus areas including: social and emotional development, child outcomes, and evidence-based practices.

Interagency Coordinating Council

The ICC provided input and guidance on Phase III, Year 5 SSIP implementation and evaluation during quarterly meetings. Agenda items pertaining to SSIP focus areas included:

- MetaStar, the DHS-contracted health care quality improvement organization, presented information about the Birth to 3 Program Review Protocol to the ICC. Metastar presented detail about:
 - The content reviewed as part of the pilot year from July 2019 to June 2020 including: family engagement, evidenced-based practices, child outcomes, social and emotional practices, and BCS priority areas of access, inclusion and transition.
 - Focus topics for 2021 administration of the protocol, including IFPS child outcomes, family engagement including racial equity and rights, social emotional practices and transition.

Council members provided feedback on the Birth to 3 Program Review Protocol focus areas and the scope of the review process.

- BCS staff presented a draft template of the “All in for Kids: Birth to 3 Program Family Newsletter” to the ICC. Council members provided ideas for future newsletter topics and articles. Members recommended identifying methods for helping families read and understand the newsletter as well as making the newsletter publically available and distributed for posting in shelters and other agencies serving the community.
- The FFY 2019 Annual Performance Report (APR) was presented by DHS staff to the ICC, allowing for council members to review, discuss, and motion to approve the report. DHS staff shared multiyear trending data related to all federal indicators and data related to indicator #3, child outcomes slippage. Council members shared feedback about the APR data and an open discussion was held on the following questions:
 - What factors does the council believe may have contributed to indicator #3, child outcomes slippage?
 - Where should DHS focus our efforts going forward to improve our performance on indicator #3, child outcomes?
- The Birth to 3 Program Data Manager shared indicator #3, child outcomes data analysis based upon various data criteria, such as child characteristics, referral sources, race and ethnicity, and region with the ICC. Council members discussed the child outcomes data and analysis and made the following recommendations:

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

Local Birth to 3 Programs

Local Birth to 3 Programs also served as stakeholders for Phase III, Year 5 SSIP implementation and evaluation. DHS sought input and guidance from local Birth to 3 Programs during county contacts, monthly teleconferences, and regional meetings. During Phase III, Year 5 of the SSIP, the Wisconsin Birth to 3 Program's Children and Family Program Specialists held county contacts with each of Wisconsin's 72 counties. During these contacts, each local Birth to 3 Program received a one-on-one contact to discuss important policy, guidance and resources to support local Birth to 3 Programs in their work with children and families.

Topic areas pertaining to the SSIP included:

- Discussing the revised determinations process that includes indicator 3, child outcomes, in the local program's determination status.
- Discussing how the automated referral process from the Wisconsin Statewide Automated Child Welfare Information System (eWisACWIS) to the Birth to 3 Program's Program Participation System (PPS) has supported children in the foster care system being served by the Birth to 3 Program.
- Reviewing the County Performance Plan, initially to review the local program's goals and support the development of measureable and functional goals, and then to support implementation of these goals within the local Birth to 3 Program.
- Sharing information about the Birth to 3 Program Review Protocol process, which gathers data on implementation of SSIP focus areas including social-emotional practices.
- Discussing the annual review completed by each local program with their RESource coach, the results of the review, and the next steps identified for the local program based upon the review.
- Providing support and technical assistance on the use of the child outcomes DataMart report and the child outcomes analytic calculator in order to monitor data entry and analyze the local Birth to 3 Program's impact on enrolled children.
- Discussing the "Innovation in Social-Emotional Development Grants" opportunity with local Birth to 3 Programs, including facilitating discussions around what the program learned through the grant writing process and how this has supported their partnership efforts with Child Protective Services.

Input and guidance from local Birth to 3 Programs was also sought during monthly Birth to 3 Program teleconferences. Examples of monthly teleconference agenda items related to the SSIP during Phase III, Year 5 include:

- The Birth to 3 Program Review Protocol
- The automated referral process from the Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) to the Birth to 3 Program's Program Participation System (PPS)
- Professional development opportunities including the Infant, Early Childhood, and Family Mental Health Capstone Certificate Program available through the University of Wisconsin-Madison
- The modified local determinations process which incorporates, Indicator 3, child outcomes into each local Birth to 3 Program's determination status
- The "Innovations in Social-Emotional Development" grants

County Stakeholder Workgroups

Three county stakeholder workgroups were held in Phase III, Year 5 of the SSIP to discuss results of the FFY 2019 implementation of the Birth to 3 Program Review Protocol and to discuss revisions to the tool. The first year of implementation of the Birth to 3 Program Review Protocol revealed opportunities for improvement, particularly in social and emotional practices and the BCS priority area of inclusion.

During Phase III, Year 5 of the SSIP, DHS worked with stakeholders to make revisions to the Birth to 3 Program Review Protocol to better capture information about the impact and results of early intervention services statewide. The revised Birth to 3 Program Review Protocol has an intentional focus on fully implemented, quality practices that support a child's social and emotional development. The quality practices evaluated in the revised tool include:

- Use of standardized assessment tool to assess social-emotional development and needs;
- An intentional focus on social and emotional needs and how outcomes support these needs;
- Providing information to the family on child development and exploring parental concerns about potential disability diagnosis, such as autism;
- Use of evidenced based practices and interventions to support increased social and emotional development;
- Inclusion of outcomes to support and enhance social and emotional needs; and
- Indication of progress with social and emotional outcomes.

The revised Birth to 3 Program Review Protocol also incorporates racial equity and diversity as a sub-focus area under Family Engagement. The revised Birth to 3 Program Review Protocol was launched in January of 2021.