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Details: Committee (general information)

(FORM UPDATED: 08/11/2010)

## WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

### 2005-06

(session year)

### Assembly

(Assembly, Senate or Joint)

### Committee on ... Children and Families (AC-CF)

#### COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

#### INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)  
(**ab** = Assembly Bill)                      (**ar** = Assembly Resolution)                      (**ajr** = Assembly Joint Resolution)  
(**sb** = Senate Bill)                              (**sr** = Senate Resolution)                              (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

\* Contents organized for archiving by: Stefanie Rose (LRB) (May 2012)

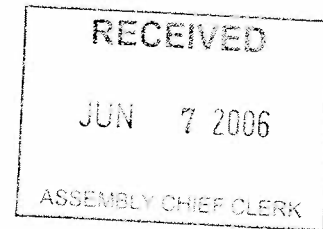




State of Wisconsin  
**Department of Health and Family Services**

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Jim Doyle, Governor  
Helene Nelson, Secretary



June 5, 2006

Patrick E. Fuller  
Assembly Chief Clerk  
17 West Main Street, Room 401  
P.O. Box 8952  
Madison, Wisconsin 53708-8952

Dear Mr. Fuller:

The Department of Health and Family Services is submitting the *Wisconsin Birth to 3 Interagency Coordinating Council (ICC) Annual Report for 2004* to meet the requirements of Chapter 51.44 (5)(c), Wis. Stats. The statute requires that a report be submitted annually to the legislature about the Department's progress in implementing early intervention services in Wisconsin.

The report covers calendar year 2004 and includes information related to the *Birth to 3 Program Outcomes* that the Department has adopted and evaluates yearly. This report also includes the results of the progress in meeting the ICC recommendations from the 2003 Annual Report and provides subsequent recommendations from the ICC based these results. Department staff is directly involved with the ICC in the creation of this report.

I believe this report exhibits the very positive outcomes produced by this program. Enrollment in this effective program continues to rise and parent satisfaction remains high. Parents report increased capacity to help their children develop and learn and to communicate their children's needs as a result of early intervention services.

Copies of the report for each legislator were sent in March. This letter serves as the required submission to meet the statutory requirements.

Sincerely,

A handwritten signature in cursive script that reads "Helene Nelson SR".

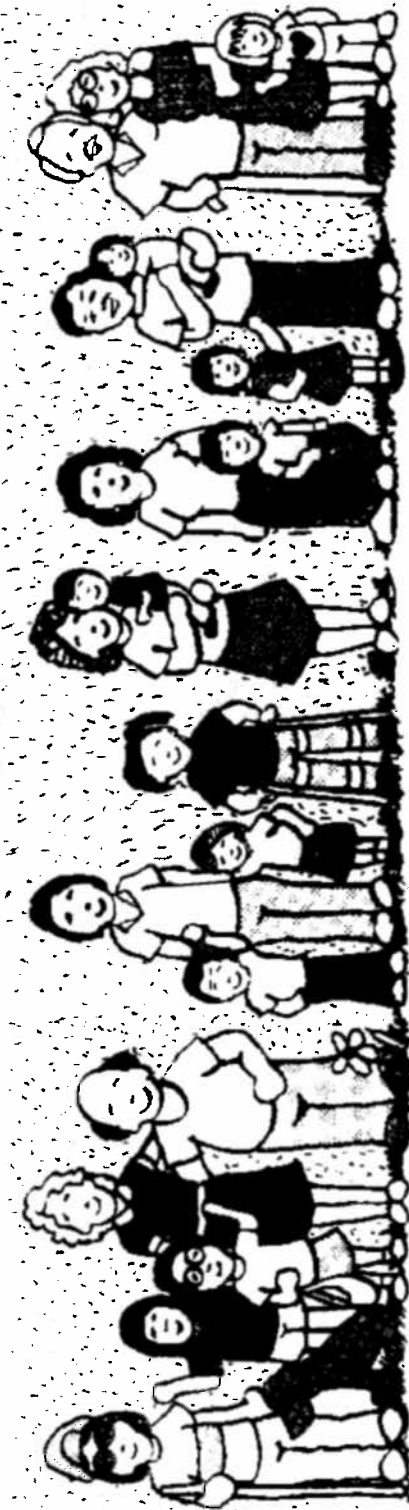
Helene Nelson  
Secretary

Enclosure

**Wisconsin.gov**



Wisconsin Birth to 3 Interagency  
COORDINATING COUNCIL



ANNUAL REPORT

*Based on the Wisconsin Birth to 3 Program Outcomes*

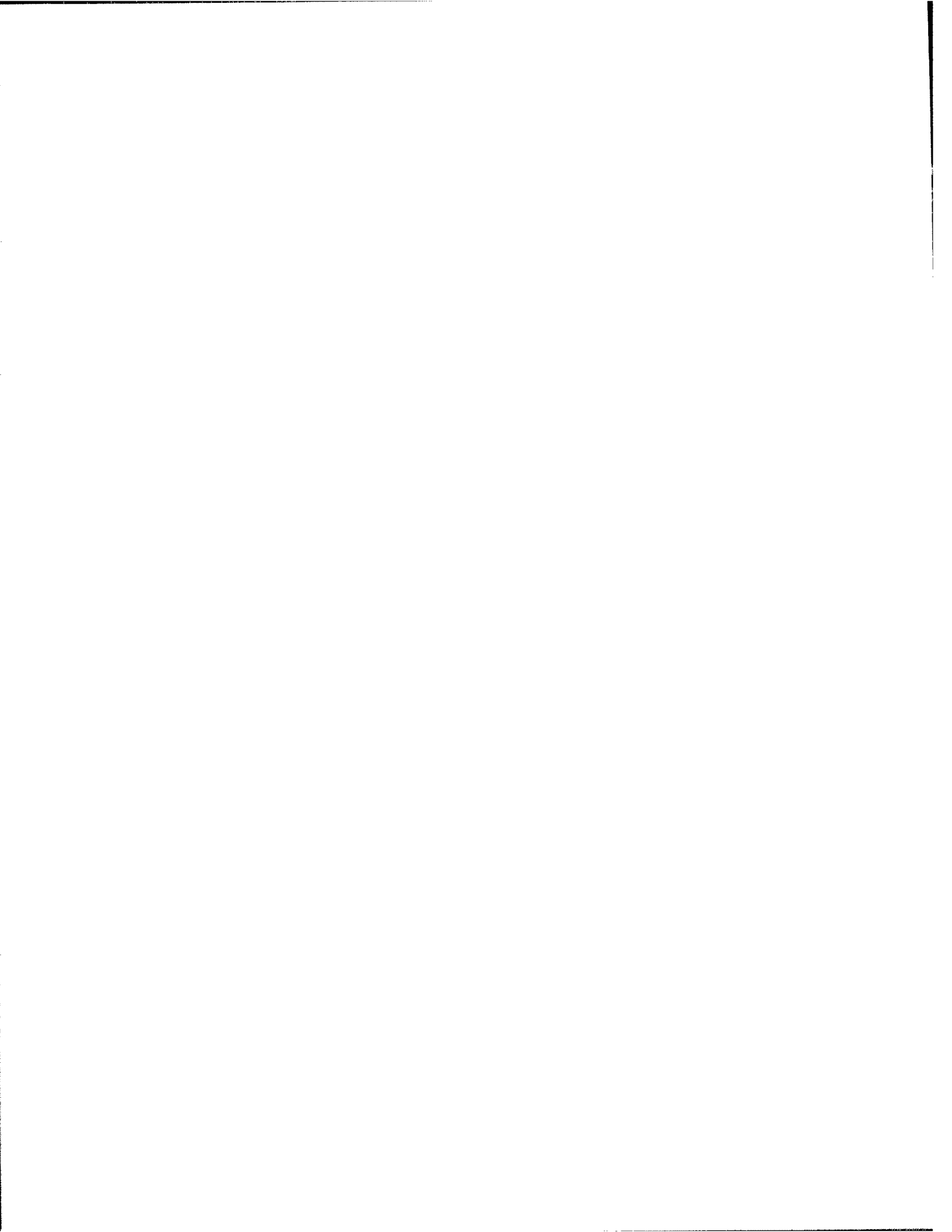
2004



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## **ICC Membership 2004**

Randy Blumer  
*Representative, Office of the Commissioner of Insurance*

\* Nicole Bowman-Farrell  
*Member as appointed by the Governor*

\* Sandra Butts, Chair  
*Representative of County Government*

Diane Fett  
*Public Provider*

Cindy Flauger,  
*Private Provider*

\* Sharon Fleischfresser  
*Physician Representative from Division of Public Health*

\* Jill Haglund  
*Representative, Dept. of Public Instruction*

\* Linda Huffer  
*Representative, Dept. of Health and Family Services*

**\* Quality Assurance Workgroup Member**

Penny Nangle  
*Parent Representative*

Andy Paulson  
*Private Provider*

Samantha Platkowski  
*Parent Representative*

\* Laura Saterfield  
*Representative, agency responsible for child care*

Linda Tuchman  
*Representative, Personnel Preparation*

\* Terri Vincent  
*Parent Representative*

Norma Vrieze  
*Public Provider*

## Introduction

The Wisconsin Birth to 3 Interagency Coordinating Council (ICC) is pleased to present this Annual Report for 2004. The report includes the status of the recommendations from the 2003 Annual Report. In addition, the ICC has added an outcome and data that was not reported in 2003 related to supervision of the statewide Birth to 3 Program. For this report, the ICC also reviewed the crosswalk between the Wisconsin outcomes and the federal reporting requirements.

We believe this report presents data to demonstrate the very positive work being done in each of the local programs as well as the leadership provided from the Department of Health and Family Services (DHFS). During recent years, the ICC and DHFS have recognized the importance of developing program outcomes and a system of data collection that documents progress toward these outcomes. The ICC carefully reviewed the data related to each outcome and developed recommendations that will continue to strengthen the Birth to 3 Program and assure that all young children and their families receive high quality services and support.

Table 1

	Number Returned		Survey Return Rate	
	2002	2003	2002	2003
Community Partners	181	421	42.3%	57.5%
Current Parents	294	445	50.3%	50.9%
Former Parents	28	84	66.7%	52.0%
Providers	58	198	58.6%	66.8%
				64.4%

During the Birth to 3 Program Review process, about 25% of the counties are visited each year. About 62% of the counties have been reviewed since 2002. (See Appendix 5) Information about a county is obtained through file reviews, review of program documentation, surveys, and interviews. Very meaningful data is collected in the series of surveys completed by each community prior to the program review. In the course of the review process, surveys of stakeholders (parents, early intervention providers, and community partners) in the county ask about family and community awareness of the early intervention program in the community. Each current parent receives a

survey as do parents of children who recently left the program. This report summarizes data over three years of the program review process. The data for each year reflects the information gathered from the different counties reviewed each year. The return rates for surveys distributed during program reviews are shown in Table 1 above.

Another source of statewide data is the child specific data entered by counties in the Human Services Reporting System (HSRS). Analysis of this information provides a picture of referral sources, services provided, location of services and exiting information. We will seek more strategies to appropriately gather information about child and family impact of participation in the Birth to 3 Program.

The ICC commends DHFS and the local county programs for their continuous quality enhancement efforts. As this report reflects, Wisconsin can be proud of the Birth to 3 Program and can be assured that these recommendations will result in a better-quality Program.

***The best part of the program for my child and family was...***

*We all learned how to communicate with each other better which is a blessing for our family*

*To have the support of the therapists and service coordinator really helped us cope with our daughter's disability and helped us feel like we could help our daughter*

*They were very flexible with their schedule. If I was off of work they would come to my home and if I was at work they would see him at daycare*

***Comments from Current Parents***

**Executive Summary**

The Wisconsin Birth to 3 Interagency Coordinating Council (ICC) is pleased to present this Annual Report. Data in this report demonstrates the very positive impact of programs and services for young children and their families and the quality of leadership provided from the Department of Health and Family Services (DHFS). The ICC and DHFS recognize the importance of program outcomes and a system of data to document progress toward these outcomes. The ICC carefully reviewed the data related to each desired outcome and developed commendations and recommendations to maintain and strengthen the Birth to 3 Program.

OUTCOME	COMMENTATIONS	DATA SUMMARY	ICC RECOMMENDATIONS
<p>1. Infants and toddlers with developmental delays are identified and evaluated for early intervention services.</p>	<p>Programs continue to meet and exceed national recommendations for number of children served</p>	<ul style="list-style-type: none"> <li>• 11,514 children served</li> <li>• 2.79% of the population of birth to 3 year olds</li> <li>• Percentage of children served from different ethnic groups ranges from 2% to 4%</li> </ul>	<p>Evaluate the potential for over and under identification in a county or statewide</p>
<p>2. Families receive individualized supports and services needed to enhance their child's development</p>	<p>Children receive services from a wide range of providers with the most frequent services being provided by speech and language, physical, and occupational therapists and special instructors. Programs support families in helping their children develop and learn.</p>	<ul style="list-style-type: none"> <li>• Children receive an average of 2.4 different services</li> <li>• Most frequently provided services qualify for reimbursement through Medicaid</li> <li>• Over 90% of survey respondents from parents, community partners, and providers agree that the program is family centered and children make progress toward IFSP outcomes</li> <li>• 66% of children exiting are eligible for special education</li> <li>• 50% of children leave before age 3 because they are no longer in need of services</li> </ul>	<ul style="list-style-type: none"> <li>- Investigate the patterns of service delivery to further understand the reduction in average number of services provided.</li> <li>- Pursue funding for special instruction and nutrition services from Medicaid and private insurance as appropriate.</li> <li>- Continue to provide training and technical assistance about developing outcomes and strategies that support children and families in their everyday activities and participation in the community.</li> <li>- Increase participation in community capacity building activities so that community programs and services can accommodate young children and support families' connections to community activities.</li> <li>- Identify and promote mechanisms to connect interested families with other families who have children with special needs</li> </ul>
<p>3. Eligible children and families receive their early intervention services in natural environments</p>	<p>Increased numbers of children are receiving services in natural environments</p>	<ul style="list-style-type: none"> <li>• 96% of children receive services in natural environments</li> </ul>	<p>Continue to expand the variety of settings where services are provided.</p>

<p>4. Adequate state, federal and private funds are available for early intervention services</p>	<p>County agencies continue to demonstrate support for the Birth to 3 programs Program funds are from county, state/federal, Medicaid, private insurance, parental cost share, and other revenue sources</p>	<ul style="list-style-type: none"> <li>• Total funds: \$34,278,479</li> <li>• County: \$12,373,699</li> <li>• State/Federal: \$13,093,670</li> <li>• Medicaid: \$1,636,290</li> <li>• Enhanced Reimbursement: \$2,147,936</li> <li>• Private Insurance: \$3,914,600</li> <li>• Parental Cost Share: \$367,052</li> <li>• Other: \$745,259</li> </ul>	<ul style="list-style-type: none"> <li>- Require counties and contracted providers to provide accounting of private insurance reimbursement annually.</li> <li>- Pursue additional sources of funding and resources such as private insurance, Title VII, and Tribal Services.</li> </ul>
<p>5. Families receive early intervention services from trained and qualified providers</p>	<p>Key stakeholders report that staff are well qualified and knowledgeable</p>	<ul style="list-style-type: none"> <li>• 89% of survey responses from parents, community partners and providers agreed that staff are knowledgeable and well qualified</li> <li>• 78% of respondents to a professional development survey indicate they participate in training</li> <li>• Caseload averages ranged from 26 for speech and language to 42 for service coordinators</li> </ul>	<ul style="list-style-type: none"> <li>- Contact counties where participation in personnel development activities is low to determine barriers and implement strategies to increase participation.</li> <li>- Explore the trend of fewer early intervention services being provided, fewer personnel providing services and increased caseloads.</li> <li>- Support license renewal system by promoting participation of early intervention teachers in License Renewal Support Centers and funding training of mentors and Professional Development Plan team.</li> </ul>
<p>6. Transition planning results in supports and services that meet the needs of families by each child's third birthday</p>	<p>Comparison of multi year survey responses from community partners such as schools, child care providers, and the medical community indicated improvements in transitions between programs</p>	<ul style="list-style-type: none"> <li>• 58% of former parents agree or strongly agree that their family participated in a transition conference</li> <li>• 76% of community partners' surveys agree or strongly agree that the Birth to 3 program supports smooth transitions</li> </ul>	<p>Create a task force in conjunction with the Department of Public Instruction to study and make recommendations related to transition policies, practices, survey responses and the barriers to smooth transitions.</p>
<p>7. The Department of Health and Family Services effectively supports and supervises the implementation of the early intervention system</p>	<p>DHFS and local programs actively involve families in decisions about services and provide clear information to families about resolving disputes.</p>	<ul style="list-style-type: none"> <li>• Over 97% of parents indicate that they understand their rights</li> <li>• 16 counties were reviewed</li> <li>• 28% of records from county data showed 46 or more days between referral and IFSP development, this exceeds the required 45 day timeline</li> </ul>	<p>Focus on integrating program data with the program review and monitoring data to monitor the procedural and quality aspects of the early intervention system in Wisconsin.</p>

**Outcome 1: Infants and toddlers with developmental delays are identified and evaluated for early intervention services.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services:** The Birth to 3 Program should study the factors related to ages at referral, promote increased linkages with Neonatal Intensive Care Units, and increase outreach to physicians and clinics.

**Results 2004:**

*Statewide data*

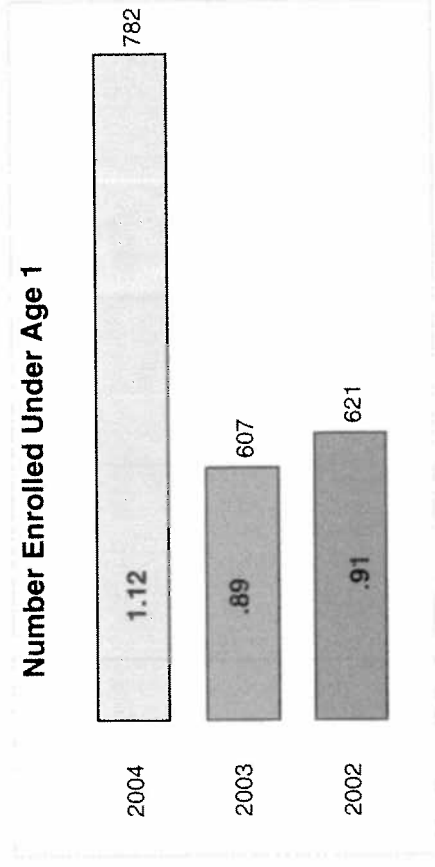
**Enrollment for all ages** Wisconsin's Birth to 3 Programs continue to serve over 2.5% of Wisconsin's birth to 3-year-old population demonstrating that on average counties have effective networks for identifying young children. The national percentage of children receiving early intervention services in 2003 was 2.24%.

12/2002	12/2003	12/2004
Point in time count	Point in time count	Point in time count
5,323	5,417	5,756
2.54%	2.64%	2.79%
% of Wisconsin's birth to 3 year olds		

Total children served in	Total children served in	Total children served in
2002	2003	2004
10,534	10,846	11,514

*Statewide data*

**Enrollment of children under age one** Data shows an increase in the number served and percent of children served. In 2004, Wisconsin served 1.12% of the state's population of one year olds. This exceeded the expected rate of 1% set by the U.S. Department of Education.



*Thank you for the burst you gave our daughter to communicate with us better*

**Comment from Former Parent**

**Family and Community Awareness** of the early intervention program in the community:

*Survey data (See Appendix 5 for counties included in reviews each year)*

Community Partners	2002		2003		2004	
	Agree	Percent	Agree	Percent	Agree	Percent
The community is aware of the Birth to 3 Program	45%	45%	43%	43%	53%	53%
<b>Current and Former Parents</b>						
It was easy to find out about the Birth to 3 Program in my county	86%	86%	90%	90%	87%	87%
It is easy to get information about the Birth to 3 Program in my county	67%	67%	69%	69%	70%	70%
Families find out about the Program as soon as they need it.	40%	40%	52%	52%	49%	49%

*Survey data (See Appendix 5 for counties included in reviews each year)*

Source of Information	2002		2003		2004	
	Number	Percent	Number	Percent	Number	Percent
Doctor or Nurse	190	59.4%	254	51.3%	242	56.4%
Other*	58	18.1%	94	19.0%	76	17.7%
Friend	29	9.1%	37	7.5%	31	7.2%
Family Member	11	3.4%	20	4.0%	21	4.9%
Brochure or Poster	10	3.1%	16	3.2%	7	1.6%
Public Health Nurse	7	2.2%	41	8.3%	27	6.3%
Child Care	6	1.9%	10	2.0%	9	2.1%
Schools	5	1.6%	17	3.4%	9	2.1%
Head Start	4	1.3%	6	1.2%	7	1.6%
Surveys returned	320		495		429	

\*In 2004 examples of "other" were NICU staff, social worker, and previous experience with the Birth to 3 Program

*Birth to 3 was crucial for our family to start understanding and helping our son*

**Comment from Former Parent**

**Status 2004:**

**Enrollment for children with racial and ethnic diversity** The table below shows the number of children expected to be served based on 2003 births. "Expected" is an approximation that is calculated based on Wisconsin's 2003 births x 3 x 2.5%. The same rate (2.5% of children aged birth to 3) is used for all races and ethnicity. The calculation does not take into account any differences in incidence expected for a particular race or ethnicity. The data shows that the percent of Black/African American and Hispanic/Latino children served is higher than expected while the enrollment for Asian children is lower than expected.

*Statewide Data*

2004	White		Black/African American		American Indian		Hispanic/Latino		Asian*	
	Expected	Served	Expected	Served	Expected	Served	Expected	Served	Expected	Served
	4112	4121	481	803	74	79	414	600	167	115
% of all children aged birth to 3 in WI		2.51%		4.18%		2.68%		3.62%		2.46%

\*Laotian, Hmong and other Asian are included in the Asian Category.



**2004 Interagency Coordinating Council Recommendation to the Department of Health and Family Services**

The Birth to 3 Program should evaluate the potential for over and under identification in a county or statewide. Consider factors such as limited English proficiency, poverty, race and ethnicity. Report to the Interagency Coordinating Council.

*The best part of the Birth to 3 Program for my child and family...*

*The outcome, after less than one year all of our goals were met*

***Comment from Current Parent***



**Outcome 2: Families receive individualized supports and services needed to enhance their child's development.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services:** The Department should study enrollment and staffing patterns in Birth to 3 programs to determine whether there is decreased utilization of services without insurance reimbursement, such as special instruction, and a concurrent increase in insurance and Medicaid billable services.

**Results 2004:**

**Number of Children Receiving Each Early Intervention Service:**

Service	2002	% of all services	2003	% of all services	2004	% of all services	2002	% of all services	2003	% of all services	2004	% of all services
Assistive Technology	198	3.7%	244	4.5%	244	4.2%	2229	41.9%	2318	42.8%	2335	40.6%
Audiology	102	1.9%	99	1.8%	65	1.1%	59	1.1%	51	0.9%	63	1.1%
Communication	3921	73.7%	3908	72.1%	3927	68.2%	2198	41.3%	2217	40.9%	2319	40.3%
Family Education	719	13.5%	644	11.9%	661	11.5%	44	0.8%	26	0.5%	23	0.4%
Health	53	1.0%	36	0.7%	23	0.4%	407	7.6%	347	6.4%	276	4.8%
Medical	69	1.3%	52	1.0%	33	0.6%	2639	49.6%	2585	47.7%	2655	46.1%
Nursing	62	1.2%	51	0.9%	80	1.4%	464	8.7%	394	7.3%	344	6.0%
Nutrition	80	1.5%	83	1.5%	64	1.1%	119	2.2%	132	2.4%	113	2.0%
<i>Point in Time Count</i>	5323			5417			5323			5417		

**Statewide Data**

	Point in Time Count	Number of Services Provided	Average Number of services/child
2002	5,323	13,363	2.51
2003	5,417	13,187	2.43
2004	5,756	13,225	2.30



**2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Services:**

- 1) The Department should investigate the patterns of service delivery to further understand the reduction in average number of services provided.
- 2) The Department should pursue funding for special instruction and nutrition services from Medicaid and private insurance as appropriate. The Department should report to the ICC about the results of these recommendations.

**Status 2004:**

Parents and community partners' responses to surveys show that Birth to 3 programs are family centered and that IFSPs are based on what the family feels is important.

*Survey data (See Appendix 5 for counties included in reviews each year)*

	2002 Agree	2003 Agree	2004 Agree
<b>Community Partners</b>			
Services are individualized for each child	82%	81%	87%
The Birth to 3 Program is family centered	80%	79%	90%
<b>Current Parents</b>			
Our IFSP is based on my family's ideas about what is important	78%	76%	92%
I am satisfied with the quality of my child's services	96%	93%	94%
My child has made progress toward meeting the outcomes on the IFSP	92%	92%	92%
<b>Former Parents</b>			
Our IFSP was based on my family's ideas about what is important	81%	93%	97%
I am satisfied with the quality of my child's services	96%	96%	95%
My child made progress toward meeting the outcomes on the IFSP	100%	96%	97%
<b>Providers</b>			
Children make progress toward meeting the outcomes on the IFSP	97%	96%	96%
Services support the family's efforts to build competence and independence	97%	90%	91%

*Survey data (See Appendix 5 for counties included in reviews each year)*

	2002		2003		2004	
	Agree	Disagree	Agree	Disagree	Agree	Disagree
The Birth to 3 Program has helped my family learn ways to help our child at home.	94%	3%	94%	3%	95%	2%
When our IFSP was written my family and staff together decided which goals or outcomes to include.	97%	1%	96%	1%	98%	1%
When our IFSP was written my family and staff together decided what kinds of services my child would receive.	96%	1%	94%	3%	98%	3%
The Birth to 3 Program has helped my family learn about our child's condition and how it might affect what he or she needs.	82%	12%	79%	14%	79%	12%

**Status 2004:**

Exit data shows that an increasing number of children leave the Birth to 3 Program prior to age three because they have met their IFSP outcomes and are no longer in need of services.

Between 2003 and 2004, there was a decrease in the percent of children eligible for special education services at age three.

	2003		2004	
	Number	% at age 3	Number	% at age 3
<b>Exiting at age 3</b>				
Eligible for special education	2077	67.1%	2135	65.9%
Not eligible for special education	486	15.8%	508	15.7%
Referred, special education eligibility not determined	466	15.1%	495	15.3%
Parents did not consent to transition planning (new 2003)	44	1.4%	66	2.0%
Did not need referral for special education evaluation (new 2003)	22	0.7%	37	1.1%
<b>Exiting prior to age 3</b>				
No longer in need of services	924	49.7%	1016	50.4%
Deceased	33	1.8%	26	1.3%
Moved out of state	135	7.3%	148	7.3%
Withdrawal by parent (or guardian)	452	24.3%	389	19.3%
Attempts to contact were unsuccessful	317	17.0%	436	21.6%



**2004 The Interagency Coordinating Council commends the Department of Health and Family Services and local Birth to 3 Programs for helping families help their children develop and learn.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services and to local Birth to 3 Programs:** The Department, in cooperation with other early childhood programs, should provide technical assistance to local Birth to 3 programs to promote participation in community capacity-building activities so that community programs and services can accommodate young children with developmental delays.

**Results 2004**

The table below shows how families reported the role of Birth to 3 Programs in connecting them with community programs and activities.



<i>The Birth to 3 Program has helped my child take part in community activities that we enjoy</i>	
	2003
Current Parents	43%
Former Parents	37%
<i>The Birth to 3 Program has helped my family learn about other services or programs that might help us</i>	
Current Parents	71%
Former Parents	75%
<i>The Program has helped my family get to know other families who have children with special needs</i>	
Current Parents	27%



**2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Service and local Birth to 3 Programs**

- 1) Based upon review of the parent survey results, DHFS should continue to provide training and technical assistance to Birth to 3 Programs about developing outcomes and strategies that support children and families in their everyday activities and participation in the community
- 2) Birth to 3 programs should increase their participation in community capacity-building activities so that community programs and services can accommodate young children with developmental delays and should provide support for families' connections to community activities.
- 3) Identify and promote mechanisms to connect interested families with other families who have children with special needs.

**Outcome 3: Eligible children and families receive their early intervention services in natural environments.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services and to local Birth to 3 Programs:** Birth to 3 programs should increase participation in community capacity-building activities so that community programs and services can accommodate young children with developmental delays.

**Results 2004:**

Increasing numbers of children are receiving services in natural environments. Natural environments include home, child care and other settings with typically developing children.

*Statewide Data*

**Primary location (setting where the child receives the most hours of early intervention services)**

	Home	Family Child Care	Group Child Care	Outpatient	Early Intervention Center*	Other setting	Setting with typically developing children	Total Served	Percent in Natural Environments
<b>2002</b>	4592	68	216	76	225	120	21	5323	92%
<b>2003</b>	4874	64	174	19	207	71	5	5417	94%
<b>2004</b>	5282	71	167	12	188	33	11	5756	96%

\*Early intervention centers are settings designed primarily for children with disabilities



**2004 The Interagency Coordinating Council commends the Department of Health and Family Services and local Birth to 3 Programs for increasing the number of children receiving services in natural environments and recommends that programs continue to expand the variety of settings where services are provided.**



**Outcome 4: Adequate state, federal and private funds are available for early intervention services.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services:** The State Birth to 3 staff should gather more accurate data regarding utilization of private insurance to support early intervention services. The State Birth to 3 staff should review billing history in counties and providers to determine if programs are billing for all possible reimbursement of covered services.

**Results 2004:**

	Actual County Expenditures	B-3 State and Fed Allocation	Medicaid received by counties	Total Enhanced Reimbursement	Private Insurance	Parental Cost Share	Other Revenue	Total
<b>2002*</b>	\$11,544,122	\$12,252,305	\$1,670,077	\$1,458,302	\$310,770	\$251,589	\$317,595	\$27,804,659
<b>2003*</b>	\$11,934,860	\$12,849,305	\$1,378,476	\$1,785,349	\$307,454	\$327,128	\$429,895	\$29,012,467
<b>2004</b>	\$12,373,699	\$13,093,670	\$1,636,290	\$2,147,936	\$3,914,600	\$367,052	\$745,259	\$34,278,479

In 2004, information was available from providers about private insurance reimbursement. Data for 2002 and 2003 shows only funds reported by counties and does not include Medicaid, private insurance, cost share, and other revenue received/expended by all providers.



**2004 The Interagency Coordinating Council commends county agencies for their continued support of the Birth to 3 Program.**



**2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Services:**

- 1) In order to have a complete picture of the cost of providing early intervention services, the Department should require counties and contracted providers to provide accounting of private insurance reimbursement annually.
- 2) The Department should pursue additional sources of funding and resources such as private insurance, Title VII, and Tribal Services.

**Outcome 5: Families receive early intervention services from trained and qualified providers.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family**

**Services:** Insure that providers are well trained through both pre-service and in-service efforts.

**Results 2004:**

Program review surveys ask the key stakeholders about the quality of the early intervention staff:

<i>Survey data</i>	<b>2002 Agree</b>	<b>2003 Agree</b>	<b>2004 Agree</b>
<b>Perceptions of Quality of Early Intervention Staff</b>			
<b>Community Partners</b>			
Staff are knowledgeable	80%	79%	89%
<b>Current Parents</b>			
The program staff are well-qualified	92%	96%	94%
<b>Former Parents</b>			
The program staff are well-qualified	100%	98%	97%
<b>Providers</b>			
Program staff and providers are knowledgeable about early intervention services	100%	96%	99%

Survey reports from early intervention providers indicate their views of professional development at the preservice (college training) and inservice training stages.

*Survey data*

	<b>Agree 2002</b>	<b>Agree 2003</b>	<b>Agree 2004</b>
<b>Provider Perception of Professional Development</b>			
There is active support for professional development	59%	72%	72%
The preservice training I received was adequate to prepare me to work in early intervention	55%	70%	71%
The type and number of training opportunities offered are adequate to maintain a quality program	50%	62%	64%
I participate in training activities	70%	77%	78%

The Birth to 3 Program contracts with the Wisconsin Personnel Development Project and the RESource Technical Assistance Project to provide training and technical assistance to early intervention staff and parents. The chart below shows the training provided in 2004.

2004 Birth to 3 Trainings		
	# of Participants	# of Counties
<b>Orientation to Best Practices in Birth to 3</b>	196	49
<b>English Language Learners (ELL)</b>	237	33+12 with high concentration of ELLs
<b>Leadership</b> <i>Rethinking the Village: Diversifying Resources and Opportunities</i>	102	37
<b>Social Emotional Development/Infant Mental Health</b>	227	43
<b>Transitions (Collaborative Birth to 3 and ECSE/DPI Activities)</b> <i>Transition from Birth to 3 Programs to Special Education &amp; Community Programs and Ready Set Go</i>	133	26



**2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Services:**

- 1) Contact counties where participation in personnel development activities is low to determine how to encourage their involvement.
- 2) Implement strategies to increase participation from each county in Birth to 3 Program trainings.

*The therapists and staff were wonderful to work with. They knew their jobs well and interacted with my daughter beautifully*

***Comment from Former Parent***



**Status 2004**

The full-time equivalents (FTE) of various personnel employed in 2004 have decreased. (See Page 11 for services). Caseloads at the aggregate level appear to be appropriate, except for service coordination caseloads. Findings during program reviews and from personnel reports show that some counties have caseload ratios that are higher than the recommended caseloads of 40 for 1 FTE service coordinator and 30 for teachers and therapists.

	Child Count Data 12/1/2003				Child Count Data 12/1/2004			
	FTE Employed	Number Receiving Service	Statewide Average Caseload	Vacancies in budgeted positions	FTE Employed	Number Receiving Service	Statewide Average Caseload	Vacancies in budgeted positions
<b>Occupational Therapists</b>	92.3	2318	25.1	0.8	88.08	2335	26.5	.74
<b>Special Educators</b>	94.2	2585	27.5	3.3	86.84	2655	30.6	1.4
<b>Physical Therapists</b>	79.4	2217	27.9	1.3	77.44	2319	29.9	.75
<b>Speech/Language Therapists</b>	160.9	3908*	24.3	4.9	149.97	3927*	26.2	7.84
<b>Service Coordinators</b>	133.2	5417	40.7	0.5	135.15	5763	42.6	.9
<b>Less frequently used providers</b>		Total Staff 169	Total FTE 45.33			Total Staff 237	Total FTE 35.60	
<b>Paraprofessionals</b>		Total Staff 126	Total FTE 71.35			Total Staff 109	Total FTE 44.55	

\*Communication Services



**2004 Interagency Coordination Council Recommendations to the Department of Health and Family Services:**

Explore the trend of fewer early intervention services being provided, fewer personnel providing services and increased caseloads

*Providers work hard to establish patterns that fit into family routines while trying to meet the child's needs*

***Comment from Provider***

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services:** Through the training and technical assistance contracted agencies, develop a system for license renewal for staff holding licenses through the Department of Public Instruction.

**Results 2004**

The Department of Public Instruction opened Regional License Renewal and Support Centers (LRSC) in 2004 to provide support for teachers employed in agencies other than school districts. Efforts are underway to ensure Birth to 3 programs are represented at the LRSC. State Birth to 3 Program staff have participated in DPI training in order to mentor DPI licensed educators or be a member of the Professional Development Plan (PDP) team.



**2004 Interagency Coordinating Council Recommendation to the Department of Health and Family Services:**

Support license renewal system by promoting participation of early intervention teachers in license renewal centers and funding training of mentors and PDP team members.

*The staff is well qualified, helpful and very informative*

*The staff showed me how the smallest things made the biggest difference with my child's development*

***Comments from Current Parents***

**Outcome 6: Transition planning results in supports and services that meet the needs of families by each child's third birthday.**

**2003 Interagency Coordinating Council Recommendation to the Department of Health and Family Services and to local Birth to 3 Programs:** The state Birth to 3 Program staff and Birth to 3 programs should continue to emphasize transition planning as a required component of service coordination services for all families. Transition discussions and/or planning should begin soon after the child's enrollment in the program.

**Results 2004**

There was little change in parents' responses to survey questions about transition activities.

	2002 Strongly Agree/Agree	2003 Strongly Agree/Agree	2004 Strongly Agree/Agree
<b>Current Parents</b>			
My child's IFSP includes information about leaving the program	294 53%	445 52%	333 50%
Someone from the program has talked to us about services and resources available when my child turns three	59%	53%	54%
Someone from the program has talked to us about making a referral to the public schools.	51%	43%	46%
<b>Current Parents with child over two years old</b>			
My child's IFSP includes information about leaving the program	193 65%	280 57%	195 59%
Someone from the program has talked to us about services and resources available when my child turns three	73%	67%	72%
Someone from the program has talked to us about making a referral to the public schools.	68%	57%	65%
<b>Former Parents</b>			
My child's IFSP included information about leaving the program	28 76%	84 84%	86 67%
Before we left the program, someone helped us find other services and resources we were interested in.	78%	79%	62%
My family participated in a transition planning conference at least three months before our child turned three.	53%	63%	58%

**Status 2004:**

Community partners such as schools, child care providers, Head Start, and the medical community indicated improvement in transitions between programs:

*Survey data*

<i>Community Partners</i>	2002	2003	2004
Birth to 3 Programs support smooth transitions between programs	65%	66%	76%



**2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Services:**

This is a continued need as there has been little change in the parents' perspective with some progress in community partners' perception of the transition process. The ICC recommends the creation of a task force in conjunction with the Department of Public Instruction to study and make recommendations related to transition policies, practices, survey responses and the barriers to smooth transitions.

*We are working on a more formal interagency agreement to support smooth transitions between Birth to 3 and school district*

*Comment from Community Partners*

**Outcome 7: The Department of Health and Family Services effectively supports and supervises the implementation of the early intervention system.**

**Status**

The DHFS is required to have in place procedures to resolve disputes and to investigate complaints. The implementation of these procedural processes is provided below.

**Complaints:** There were no complaints received in 2002 and 2003. In 2004 one complaint was received and investigated. There were no findings of non-compliance.

**Hearings:** No due process hearings were requested in 2002, 2003, or 2004.

**Mediations:** An agreement was reached in the one mediation that was conducted in 2003.

During the Birth to 3 Program Review Process, surveys of parents ask about their understanding of their rights and how to complain about their early intervention services.

	2002 Strongly Agree/Agree	2003 Strongly Agree/Agree	2004 Strongly Agree/Agree
<b>Current Parents</b>			
I understand . . .			
a. what rights my family has in the program	98%	98%	97%
b. whom to tell if there is a problem or question about my child's services	97%	98%	93%
<b>Former Parents</b>			
When my child was in the Birth to 3 Program, I understood . . .			
a. what rights my family had in the program	100%	97%	100%
b. whom to tell if there was a problem or question about my child's services	100%	95%	94%



**2004 The Interagency Coordinating Council commends the Department of Health and Family Services and local Birth to 3 Programs for actively involving families in decisions about services for their children and providing clear information to families about how to resolve disputes.**

## **Monitoring and Supervision**

**Monitoring** DHFS uses the Birth to 3 Program Review Process to monitor whether procedural and quality aspects are in place in county early intervention programs. The focus is on the interplay of program areas (e.g., evaluation, service delivery, service coordination) with aspects of the system that support the program areas (e.g., program planning, fiscal management, and human resources).

In 2004, sixteen counties were reviewed and numerous strengths were noted in each county. Over 185 indicators of required practices are considered in the Program Review Process. The chart in the Appendix 4 shows the issues where standards were not met and corrections were required by two or more counties. The primary concerns found in program reviews in 2004 were related to 1) procedural safeguards, including providing notice of parental rights and content of written notices such as consents and invitations to meetings; 2) evaluation procedures 3) IFSP content, including documentation of parent concerns and priorities; and 4) policies regarding early intervention records. Only two areas still require further technical assistance.

**Supervision** Programs are required to develop the IFSP within 45 days after receiving the referral on a child. County data reported for children active in 2004 showed that 28% of the records showed 46 or more days between referral and IFSP development.



### **2004 Interagency Coordinating Council Recommendations to the Department of Health and Family Services:**

Focus on integrating program data with the program review and monitoring data to monitor the procedural and quality aspects of the early intervention system in Wisconsin.

*My child has made a lot of progress in just a short time. His teachers are wonderful and brought in new ideas to help his development. I like that I am able to be right there involved in his learning and not just watching them*

***Comment from Former Parent***

# Appendices

## Appendix 1 Birth to 3 Program Outcomes

Outcomes	Indicators	Measurement
<p>Infants and toddlers with developmental delays are identified and evaluated for early intervention services</p>	<ul style="list-style-type: none"> <li>• Number of referrals for screening or evaluation</li> <li>• Percent of referrals determined to be eligible for services</li> <li>• Referral sources include medical providers, community agencies, parents</li> <li>• Percent of newborns receiving hearing screening</li> </ul>	<p>Site visit record review and interviews</p> <p>Human Services Reporting System (HSRS)</p> <p>State MCH data base</p>
<p>Families receive individualized supports and services needed to enhance their child's development</p>	<ul style="list-style-type: none"> <li>• Extent to which parents report they are effective partners in the Birth to 3 Program</li> <li>• Extent to which parents report they receive supports and information needed to nurture their child</li> <li>• Family's sense of improved quality of life as reflected in their ability to participate in everyday community activities such as: child care, employment, family social networks</li> <li>• Families are satisfied with their services</li> <li>• Program placements/services following Birth to 3 Program</li> </ul>	<p>Parent survey</p> <p>Parent Survey</p> <p>Parent Survey/interview</p> <p>Parent Survey</p> <p>HSRS</p> <p>HSRS</p> <p>Parent Survey</p> <p>Parent Survey</p>
<p>Eligible children and families receive their early intervention services in natural environments</p>	<ul style="list-style-type: none"> <li>• Services are provided most frequently in homes and community settings that include children with a variety of abilities</li> <li>• Families indicate services are provided in environments of their choice</li> <li>• Children are engaged in typical settings and activities</li> </ul>	<p>HSRS</p> <p>Parent Survey</p> <p>Parent Survey</p>
<p>Adequate state, federal and private funds are available for early intervention services.</p>	<ul style="list-style-type: none"> <li>• Funding resources adequate to match program requirements</li> </ul>	<p>County fiscal reporting</p> <p>Medicaid reports</p>
<p>Families receive early intervention services from trained and qualified providers</p>	<ul style="list-style-type: none"> <li>• Providers have required licensure and/or certification</li> <li>• Community partners define interventionists as competent</li> <li>• Families define service providers/coordinators as competent</li> <li>• Providers participate in on-going training experiences related to early intervention services</li> </ul>	<p>Personnel Report and local records</p> <p>Parent and Community Partner surveys/</p> <p>Provider surveys WPDP participant records</p>
<p>Transition planning results in supports and services that meet the needs of families by each child's third birthday</p>	<ul style="list-style-type: none"> <li>• Number of agreements between local Birth to 3 Programs and schools</li> <li>• Satisfaction of families with transition</li> <li>• Satisfaction of receiving programs with transition</li> <li>• Satisfaction of Birth to 3 Programs with transition</li> </ul>	<p>HSRS</p> <p>Site visit interview/record review</p> <p>Parent Survey</p> <p>Community Survey</p> <p>Site visit interviews</p>
<p>The State Lead Agency effectively supports and supervises the implementation of the early intervention system</p>	<ul style="list-style-type: none"> <li>• Public policies that support efficient/non duplication of services</li> <li>• Reporting systems document program outcomes</li> <li>• Public awareness and information systems utilized</li> <li>• Complaints; requests for mediation and hearings</li> </ul>	



Appendix 2

Child Count Reporting by County

CHILD COUNT INFORMATION December 1, 2004

COUNTY	12/1/03	Point in time 12/1/04	CHANGE	Total birth to 3 yr olds*	expected at 2.5%	Diff. vs. expected	% served	Annual Count 12/1/03	Annual Count 12/1/04	CHANGE
Adams	15	13	-2	497	12	1	2.6%	20	26	6
Ashland	8	13	5	606	15	-2	2.1%	26	21	-5
Barron	61	69	8	1,520	38	31	4.5%	106	131	25
Bayfield	11	9	-2	394	10	-1	2.3%	17	18	1
Brown	197	196	-1	9,819	245	-49	2.0%	391	376	-15
Buffalo	8	13	5	452	11	2	2.9%	18	21	3
Burnett	21	21	0	461	12	9	4.6%	39	39	0
Calumet	56	56	0	1,796	45	11	3.1%	120	130	10
Chippewa	63	80	17	2,033	51	29	3.9%	132	152	20
Clark	27	27	0	1,561	39	-12	1.7%	52	56	4
Columbia	33	32	-1	1,905	48	-16	1.7%	70	70	0
Crawford	10	11	1	606	15	-4	1.8%	8	23	15
Dane	359	346	-13	16,719	418	-72	2.1%	734	769	35
Dodge	83	86	3	2,827	71	15	3.0%	174	177	3
Door	29	17	-12	747	19	-2	2.3%	49	45	-4
Douglas	32	54	22	1,478	37	17	3.7%	65	92	27
Dunn	45	51	6	1,372	34	17	3.7%	101	91	-10
Eau Claire	110	92	-18	3,336	83	9	2.8%	234	229	-5
Florence	1	4	3	113	3	1	3.5%	1	5	4
Fond du Lac	90	73	-17	3,413	85	-12	2.1%	180	170	-10
Forest (HSC)	17	12	-5	321	8	4	3.7%	26	26	0
Grant	23	16	-7	1,671	42	-26	1.0%	41	42	1
Green	23	28	5	1,164	29	-1	2.4%	40	56	16
Green Lake	17	18	1	676	17	1	2.7%	27	29	2
Iowa	17	8	-9	916	23	-15	0.9%	27	28	1
Iron	3	3	0	141	4	-1	2.1%	8	6	-2
Jackson	10	16	6	654	16	0	2.4%	38	44	6
Jefferson	90	110	20	2,841	71	39	3.9%	186	206	20
Juneau	22	22	0	827	21	1	2.7%	29	41	12
Kenosha	173	168	-5	6,336	158	10	2.7%	348	345	-3
Kewaunee	20	26	6	731	18	8	3.6%	41	50	9
La Crosse	77	75	-2	3,741	94	-19	2.0%	164	156	-8
Lafayette	8	5	-3	564	14	-9	0.9%	21	14	-7
Langlade	17	25	8	656	16	9	3.8%	40	38	-2
Lincoln	14	24	10	938	23	1	2.6%	49	38	-11
Manitowoc	126	155	29	2,600	65	90	6.0%	261	288	27

COUNTY	12/1/03	Point in time 12/1/04	CHANGE	Total birth to 3 yr olds*	expected at 2.5%	Diff. vs. expected	% served	Annual Count 12/1/03	Annual Count 12/1/04	CHANGE
Marathon	106	92	-14	4,554	114	-22	2.0%	202	206	4
Marquette	26	36	10	1,230	31	5	2.9%	62	67	5
Marquette	11	11	0	471	12	-1	2.3%	26	29	3
Menominee	8	5	-3	262	7	-2	1.9%	21	15	-6
Milwaukee	1,297	1,472	175	43,402	1085	387	3.4%	2475	2734	259
Monroe	34	28	-6	1,761	44	-16	1.6%	68	64	-4
Oconto	32	33	1	1,164	29	4	2.8%	66	75	9
Oneida (HSC)	53	49	-4	901	23	26	5.4%	99	99	0
Outagamie	154	182	28	6,791	170	12	2.7%	320	345	25
Ozaukee	87	115	28	2,656	66	49	4.3%	209	223	14
Pepin	8	14	6	251	6	8	5.6%	14	22	8
Pierce	22	27	5	1,269	32	-5	2.1%	50	55	5
Polk	39	40	1	1,406	35	5	2.8%	72	74	2
Portage	32	35	3	2,211	55	-20	1.6%	74	73	-1
Price	9	3	-6	396	10	-7	0.8%	15	15	0
Racine	246	248	2	7,576	189	59	3.3%	509	522	13
Richland	21	16	-5	609	15	1	2.6%	31	39	8
Rock	156	145	-11	6,013	150	-5	2.4%	270	277	7
Rusk	12	13	1	510	13	0	2.5%	28	26	-2
St Croix	68	70	2	2,914	73	-3	2.4%	125	145	20
Sauk	42	46	4	2,143	54	-8	2.1%	66	98	32
Sawyer	18	13	-5	506	13	0	2.6%	36	34	-2
Shawano	33	27	-6	1,394	35	-8	1.9%	55	65	10
Sheboygan	121	124	3	4,069	102	22	3.0%	261	266	5
Taylor	13	8	-5	716	18	-10	1.1%	25	24	-1
Trempealeau	18	30	12	950	24	6	3.2%	35	50	15
Vernon	15	15	0	1,163	29	-14	1.3%	34	31	-3
Vilas (HSC)	31	34	3	562	14	20	6.0%	48	58	10
Walworth	81	97	16	3,438	86	11	2.8%	160	179	19
Washburn	15	14	-1	491	12	2	2.9%	31	30	-1
Washington	88	105	17	4,472	112	-7	2.3%	178	212	34
Waukesha	409	389	-20	12,957	324	65	3.0%	879	866	-13
Waupaca	45	65	20	1,779	44	21	3.7%	96	111	15
Waushara	10	18	8	715	18	0	2.5%	17	31	14
Winnebago	90	112	22	5,405	135	-23	2.1%	209	206	-3
Wood	51	51	0	2,566	64	-13	2.0%	97	100	3
	<b>5,417</b>	<b>5,756</b>	<b>339</b>	<b>206,105</b>	<b>5,153</b>	<b>264</b>	<b>2.79%</b>	<b>10,846</b>	<b>11,514</b>	<b>668</b>

\* sum of births less deaths 2001-2003

Appendix 3

Early Intervention Expenditures by County--2004

COUNTY	MOE	2004 Actual City Exp	2004 B-3 Allocation	2004 Actual Local & State/Fed	% Local Funding	% State & Federal	Medicaid	Private Insurance	Cost Share Amount	Other Revenue	Total Revenue
ADAMS	\$29,297	\$40,909	\$33,423	\$74,332	55%	45%	843	0	170	0	\$75,345
ASHLAND	\$22,283	\$22,283	\$34,984	\$57,267	39%	61%	16,295	398		3,646	\$77,606
BARRON	\$70,000	\$144,398	\$110,858*	\$255,256	57%	43%	28,095		4,045		\$287,396
BAYFIELD	\$39,294	\$39,294	\$40,647	\$79,941	49%	51%	14,307	799	1,650		\$96,697
BROWN	\$746,434	\$746,434	\$705,420	\$1,451,854	51%	49%	50,146		12,750		\$1,514,750
BUFFALO	\$10,800*	\$35,834	\$30,187	\$66,021	54%	46%	0	0	150	0	\$66,171
BURNETT	\$25,592	\$30,140	\$35,854	\$65,994	46%	54%	30,786				\$96,780
CALUMET	\$136,044	\$200,172	\$127,436	\$327,608	61%	39%	0	0	9,794	0	\$337,402
CHIPPEWA	\$45,686	\$113,832	\$111,226	\$225,058	51%	49%	17,445	0	70	0	\$242,573
CLARK	\$36,802	\$71,110	\$69,163	\$140,273	51%	49%	11,589	16,834	1,180		\$169,876
COLUMBIA	\$114,781	\$115,202	\$123,459	\$238,661	48%	52%	25,957		4,215		\$268,833
CRAWFORD	\$21,832	\$41,715	\$30,610	\$72,325	58%	42%	0	0	0	0	\$72,325
DANE	\$530,747	\$823,521	\$795,013	\$1,618,534	51%	49%	115,000	0		77,807	\$1,811,341
DODGE	\$148,178	\$208,017	\$170,091	\$378,108	55%	45%	25,114	0	3,604	400	\$407,226
DOOR	\$93,818	\$96,171	\$88,613	\$184,784	52%	48%	42,588	17,091	1,420	105	\$245,988
DOUGLAS	\$66,865	\$66,956	\$99,946	\$166,902	40%	60%	3,259	0	100	408	\$170,669
DUNN	\$153,855	\$242,183	\$145,775	\$387,958	62%	38%	58,907	36,028	1,685	1,614	\$486,192
EAU CLAIRE	\$164,405	\$166,574	\$232,782	\$399,356	42%	58%	32,836	0	8,057	0	\$440,248
FLORENCE	\$500	\$10,000	\$16,358	\$26,358	38%	62%	0	0	0	0	\$26,358
FOND DU LAC	\$211,284	\$324,233	\$235,630	\$559,863	58%	42%	38,510	0	9,314		\$607,687
FOV	\$151,916	\$159,378	\$161,595	\$320,973	50%	50%	50,465	1,850		0	\$373,289
GRANT/IOWA	\$108,817	\$111,403	\$134,517	\$245,920	45%	55%	77,537	25,070	5,285		\$353,812
GREEN	\$22,338	\$22,410	\$60,262	\$82,672	27%	73%	0	0	3,549		\$86,221
GREEN LAKE	\$31,688	\$38,598	\$39,490	\$78,088	49%	51%	7,081	0	700		\$85,869
IRON	\$360	\$7,188	\$18,806	\$25,994	28%	72%	0	0			\$25,994
JACKSON	\$12,667	\$85,613	\$39,673	\$125,286	68%	32%	6,676	0	0	207	\$132,168
JEFFERSON	\$148,415	\$302,027	\$187,112	\$489,139	62%	38%	0	0	5,545	47,384	\$542,068
JUNEAU	\$29,124	\$85,580	\$50,723	\$136,303	63%	37%	3,196	0			\$139,499
KENOSHA	\$127,995	\$127,995	\$336,115	\$464,110	28%	72%	21,733		2,890		\$488,733
KEWAUNEE	\$35,429	\$87,949	\$60,329*	\$148,278	59%	41%	2,357	8,783	6,552	2,725	\$162,143
LACROSSE	\$115,671	\$180,963	\$205,509	\$386,472	47%	53%	16,333	0		0	\$409,357
LAFAYETTE	\$2,446	\$2,446	\$28,936	\$31,382	8%	92%	0	5,550	0	0	\$36,932
LANGLADE	\$158,339^	\$159,953	\$108,436^	\$268,389	60%	40%	35,077	9,747	435	600	\$314,248
LINCOLN	\$70,611	\$105,518	\$72,175	\$177,693	59%	41%	3,539	0	0	0	\$181,232

COUNTY	MOE	2004 Actual City Exp	2004 B-3 Allocation	2004 Actual Local & State/Fed	% Local Funding	% State & Federal	Medicaid	Private Insurance	Cost Share Amount	Other Revenue	Total Revenue
MANITOWOC	\$76,442	\$158,428	\$214,393	\$372,821	42%	58%	38,860		8,466		\$420,147
MARATHON	\$381,338	\$821,748	\$361,434	\$1,183,182	69%	31%	88,344	89,967	1,020		\$1,362,513
MARINETTE	\$54,463	\$64,247	\$82,100	\$146,347	44%	56%	14,450	5,083	2,528	0	\$168,408
MARQUETTE	\$27,018	\$32,598	\$31,299	\$63,897	51%	49%	1,941	0	0	0	\$65,838
MENOMINEE	\$12,045	\$14,429	\$20,856	\$35,286	41%	59%	4,974	0	0	0	\$40,260
MILWAUKEE	\$2,190,392	\$2,190,392	\$3,034,838	\$5,225,230	42%	58%	0	0	0	0	\$5,225,230
MONROE	\$50,134	\$77,278	\$73,768	\$151,046	51%	49%	0	0	0	2,632	\$153,678
OCONTO	\$13,861	\$231,416	\$58,785	\$290,201	80%	20%	8,522	888	2,075	7,658	\$309,344
OUTAGAMIE	\$157,066	\$349,955	\$368,664	\$718,619	49%	51%	175,840	22,970	21,304	80,354	\$1,019,087
OZAUKEE	\$256,396	\$277,011	\$217,378	\$494,389	56%	44%	0	0	39,079	0	\$533,468
PEPIN	\$5,447 <sup>#</sup>	\$39,226	\$44,720	\$83,946	47%	53%	1,682	0	975		\$86,603
PIERCE	\$23,860	\$25,980	\$70,540	\$96,520	27%	73%	3,666		2,940		\$103,126
POLK	\$78,745	\$78,745	\$99,828	\$178,573	44%	56%	12,576	0	0	1,439	\$192,588
PORTAGE	\$173,154	\$173,677	\$175,257	\$348,934	50%	50%	35,786	3,980	5,738		\$394,438
PRICE	\$1,568	\$8,771	\$23,361	\$32,132	27%	73%	5,081	1,653	20		\$38,886
RACINE	\$299,898	\$299,898	\$474,475	\$774,373	39%	61%	65,597	3,557	650	800	\$839,970
RIGHLAND	\$51,044	\$73,951	\$68,194 <sup>*</sup>	\$142,145	52%	48%	50,674				\$197,826
ROCK	\$142,984	\$354,811	\$370,870	\$725,681	49%	51%	15,589	0	12,010		\$753,280
RUSK	\$26,110	\$26,110	\$36,280	\$62,390	42%	58%	4,581	0	900	0	\$67,871
ST. CROIX	\$117,392	\$158,462	\$137,928	\$296,390	53%	47%	7,625	5,495	3,589	853	\$313,952
SAUK	\$144,001	\$210,365	\$150,354 <sup>*</sup>	\$360,719	58%	42%	79,777	23,906	5,832	0	\$470,234
SAWYER	\$10,963	\$13,565	\$38,207	\$51,772	26%	74%	5,405	0	450	100	\$57,727
SHAWANO	\$53,881	\$54,306	\$75,110	\$129,416	42%	58%	91,572	22,002	1,939	1,868	\$246,797
SHEBOYGAN	\$255,696	\$256,751	\$288,213	\$544,964	47%	53%	14,117	0	8,891	0	\$567,972
TAYLOR	\$4,863	\$5,460	\$36,306	\$41,766	13%	87%	5,317	1,920	1,555	0	\$50,558
TREMPEALEAU	\$9,186	\$81,784	\$54,179	\$135,963	60%	40%	15,227	1,990	1,300	0	\$154,480
VERNON	\$33,815	\$96,261	\$51,591	\$147,852	65%	35%	4,334	0	2,630	0	\$154,816
WALWORTH	\$136,180	\$201,445	\$165,652	\$367,097	55%	45%	8,892	0	18,368	0	\$394,357
WASHBURN	\$24,000	\$55,738	\$37,340	\$93,078	60%	40%	2,886	0	0	0	\$95,964
WASHINGTON	\$100,920	\$106,775	\$205,459	\$312,234	34%	66%	18,990	0	25,871	71,083	\$428,178
WAUKESHA	\$277,602	\$277,602	\$619,189	\$896,791	31%	69%	19,800	0	3,085		\$916,591
WAUPACA	\$151,886	\$170,209	\$155,158	\$325,367	52%	48%	17,519	0			\$345,971
WAUSHARA	\$22,722	\$44,085	\$39,478	\$83,563	53%	47%	7,893				\$91,456
WINNEBAGO	\$270,287	\$293,351	\$340,019	\$633,370	46%	54%	35,686	0	6,673		\$675,729
WOOD	\$17,228	\$32,868	\$131,295	\$164,163	20%	80%	37,415	32,655	3,167	0	\$237,400
<b>TOTAL</b>	<b>\$9,336,900</b>	<b>\$12,373,699</b>	<b>\$13,093,669</b>	<b>\$25,467,368</b>	<b>49%</b>	<b>51%</b>	<b>\$1,636,290</b>	<b>\$338,215</b>	<b>\$264,214</b>	<b>\$301,683</b>	<b>\$28,007,770</b>

<sup>#</sup> A variance was granted to the 1999 expenditure level

<sup>\*</sup> Voluntary contract reductions with concurrent reductions in MOE

<sup>\*</sup> Temporary increase from counties which released funds.

Appendix 4

**Birth to 3 Program Review Required Actions  
January 2004-December 2004**  
(16 Counties Reviewed)

Counties must assure:	Federal Indicator?	Number of counties needing corrective actions	Corrective Actions Completed
Notification of rights every time notice is given		4	4
Parental consent to combine the early intervention records with another agency record.		2	2
Early intervention record policy includes policies for records generated and maintained by any provider		4	4
Transition Planning Conferences are held at least 90 days before a child's third birthday.	Yes	3	2
An access log records all disclosures; identify who has access to record		4	4
A written invitation to IFSP reflects the activities: determination of eligibility and development of the IFSP.		7	7
Evaluations are conducted in all developmental areas		5	5
Evaluation summary reports include summary of the five developmental areas		2	2
Recommendations for services are not included on individual evaluator reports.		3	2
IFSPs reflect the precise frequency, intensity and duration of services.		5	5
Family's concerns and priorities are included, with their approval, in the IFSP.		4	4
IFSP meetings are conducted when adding a service to the plan.		2	1
Consent to Evaluate forms inform about the purpose and procedures to be employed		3	3
Consent to Evaluate forms include the title of evaluation team members		2	2
Written invitation to IFSP meetings is used		2	2
Consent for evaluation is obtained a reasonable time prior to the evaluation.		3	3
Sufficient staffing is available to provide needed services and service coordination		4	1

Appendix 5

**Counties Participating in Birth to 3 Program Review Process  
July 2002-December 2004**

(42 Counties Reviewed)

2002	2003	2004
Adams	Eau Claire	Calumet
Ashland	Fond du Lac	Racine
Forest, Oneida, Vilas	Green	Richland
Clark	Douglas	Dodge
Dane	Lincoln	Iron
Jefferson	Manitowoc	La Crosse
	Menominee	Oconto
	Monroe	Pepin
	Ozaukee	Kewaunee
	Rock	Dunn
	Brown	Rusk
	Bayfield	Kenosha
	Buffalo	Waushara
	Columbia	Florence
	Green Lake	Crawford
	Shawano	Walworth
	St Croix	
	Washington	
	Wood	
	Price	