

PROGRAM DESCRIPTION:

Quality home-based early intervention programs have been determined to enhance the lives of infants and toddlers with disabilities and their families through family-focused comprehensive developmental programs which enhance the child's natural learning opportunities within the child's natural environment. The Racine County Birth to 3 Program is committed to providing high-quality early intervention services to children and families through Wisconsin Birth to 3 Program Guiding Principles, Wisconsin's DHS 90, and Part C of the Individuals with Disabilities Education Act (IDEA).

I. Purpose

A. The Racine County Birth to 3 Program, through an Early Interventionist, will provide:

- Early Childhood-Exceptional Education (EEN)
- Occupational Therapy
- Physical Therapy
- Speech / Language Therapy

B. Habilitation and rehabilitation of the infant's development in physical, social-emotional, functional daily living activities, cognitive, and communication skills.

C. Consistent systematic support, training and guidance in nurturing, education and advocacy that will enable the child and family to reach maximum potential within their home and the community.

D. Systems that meet state and federal regulations and guidelines for intervention services for infants and toddlers with disabilities and their families.

II. Program Description

A. The Racine County Birth to 3 Program will provide a comprehensive program to families through:

- Identification and referral, multi-disciplinary evaluation, assessment and support to the development of an Individual Family Service Plan (IFSP).
- Systematic family intervention that could include:
 - Family needs assessment
 - Interventions in the child's home to develop functional skills
 - Strategies to facilitate parent-child interactions
 - Participation on early intervention team
 - Participation in transition plans and activities
 - Necessary documentation, program evaluation and participation in periodic IFSP reviews and revisions
 - Community linkages to appropriate resources, referrals to necessary and/or additional medical and social systems (including T19, SSI and Katie Beckett), community awareness and evaluation of parent satisfaction.

B. The Racine County Birth to 3 Program contains the following components:

- Child interventions that focus on:
 - Functional Abilities: increasing infant and toddlers or children's competencies in major developmental areas.
 - Making Things Happen: contingency awareness giving infants and toddlers or children more control over the physical and social environment.
 - Responsive Play: enhancing the quality of infant and toddler or child and family social interactions through increased competence and confidence of parents, caregivers and infants and toddlers or children.
- Family interventions that focus on:
 - Family adjustment and acceptance: building family cohesion, awareness and knowledge.
 - Routines and Family Functions: problem solving within the family's value system.
 - Social Supports: options to expand support networks.

- Knowledge and Use of Community Resources: support family/community engagement.
- Evidence-based practices in early intervention:
 - Primary Coach Teaming Practices
 - Natural Learning Environment Practices
 - Coaching Practices.
- Intervention Strategies and intensity that is tailored to the needs of the child and families served. Intervention may be intensified or become less frequent or terminated as needs of children and families are diminished or met.

III. Method of Operation

A. Contract

Services are provided to the county families via an annual contract.

B. Identification

Referrals are made to the county primary point of referral by a variety of sources including medical, educational, social agencies, and parents. Referrals are processed by the county coordinator with the support of the Birth to 3 Program team. The Racine County Birth to 3 Program contracted provider will support the county in child find activities.

C. Evaluation Process

The parents are an integral part of the Early Intervention (EI) Team. In consultation with the parents and based on the child's suspected needs, the service coordinator shall suggest at least two qualified personnel who will make up the EI Team to perform the evaluation and make the determination of eligibility. The Birth to 3 Program EI Team will participate in a team evaluation and write a team evaluation report.

D. Eligibility Criteria

Children, birth to three years of age, are eligible for early intervention services based on the rules and regulations governing Wisconsin's Birth to 3 Program, DHS 90 and IDEA Part C. The Birth to 3 Program contracted provider supports the County in the eligibility process for each child referred.

E. Individual Family Service Plan

The IFSP shall be developed based on the evaluation and assessment (both child and family). The service coordinator, the parents, other family members if requested by a parent and if feasible, an advocate if requested by a parent, at least one person directly involved in the evaluation and assessment, and proposed service providers will all participate in developing the IFSP.

F. Ongoing Child and Family Intervention

The Birth to 3 Program team will provide services for the child and family as described in the IFSP. These services may include primary coaching during home visits for child and the family, regular teaming with the child's identified team, and joint visiting with other team members in the child and family's natural environments.

G. Transition

The Birth to 3 Program team will support the service coordinator, the family, and the local school district in preparing for the child's transition out of Birth to 3 in accordance with the Birth to 3 rules and regulations. Some activities may include, support in writing transition steps on the IFSP, attending the Transition Planning Conference, and joint evaluation or home visit with school district personnel. The Birth to 3 Program team will support the service coordinator in other transition situations that occur for children enrolled, such as a child leaving NICU or hospital.

H. Supervision and Professional Development

The Racine County Birth to 3 Program contracted provider will afford ongoing professional development for the whole Birth to 3 Program team through large team meetings as well as professional training

opportunities each year. Early Interventionists, as well as service coordinators, shall complete 5 hours of training each year related to early intervention (DHS 90.11(2)(b)(2)).

The Birth to 3 Program contracted provider will provide each of the staff with regularly occurring supervision.

Birth to 3 Program contracted provider will collaborate with the Racine County Family Resource Network and provide representation at monthly meetings.

I. Costs

Program costs are calculated on a programmatic basis. The services will vary in intensity based on the needs and intervention identified in the IFSP. Within the range of services are child evaluations, teaming, consultations, joint visits, team meetings, family needs assessments and assisting in the development of IFSP's and transition plans. Services are defined by the strengths and needs of each unique family as well as collaborative community efforts to work with families. Level of service may change as child and family needs change. This decision will be made by the child's early intervention team.

Birth to 3 Program service coordinators will determine Parental Cost Share pursuant to DHHS requirements.

Birth to 3 Program contracted provider will bill Title 19 and/or private insurance for payment of services.

J. Documentation

The Birth to 3 Program contracted provider will support the county in creation and maintenance of necessary child/family specific records. The provider will maintain the legal child/family records, as well as fiscal, contractual, and other necessary records.

The Birth to 3 Program contracted provider will document:

1. Client information into PPS in a timely manner and keep that information updated on a regular basis.
2. Family/child home visits
3. Team meetings
4. Screening, Evaluation and Progress Reports
5. All child and family assessments
6. Pertinent medical and interagency records
7. Summary of contacts with family and outside agencies
8. Program Data
9. Timesheets and Expense forms
10. Reports to LEA's, clinics or other agencies, when appropriate
11. Therapy billing forms

EVALUATION OUTCOMES:

1. Provider will meet the state targeted percentages for the essential elements (indicators) of early intervention that support implementation of high-quality Birth to 3 Programs.
 - a. 100% of infants and toddlers with IFSP who receive the early intervention services on their IFSP in a timely manner.
 - b. 96.3% of infants and toddlers with IFSPs will primarily receive intervention services in the home or programs for typically developing children.
 - c. Of the children who enter the program below age expectations in each outcome, 59% will substantially increase their rate of growth by the time they exited B-3.
 - d. 66% of children will function within age expectations in each outcome by the time they exit the program.
 - e. 68.54% of families will report that early intervention services have helped the family know their rights.
 - f. 87.59% of families will report that early intervention services have helped them effectively communicate their child's needs.
 - g. 85.3% of families will report that early intervention services have helped the family help their child develop and learn.
 - h. 100% of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and IFSP meeting were conducted will have occurred in a timely manner.
 - i. 100% of children exiting Part C will receive timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:
 - i. IFSPs with transition steps and services
 - ii. Notification to LEA, if child potentially eligible for Part B
 - iii. Transition planning conference, if child potentially eligible for Part B
2. Complete child find activities. Child find is defined as the methods and procedures used to identify infants and toddlers potentially eligible for the Birth to 3 Program. Activities may include public awareness activities, outreach programs, screening programs, and other collaborative efforts throughout the community. .95% of infants and toddlers birth to 1 in Racine County will have an IFSP. 2.83% of infants and toddlers birth to 3 in Racine County will have an IFSP.
3. 100% of noncompliance findings will be corrected within one year of identification.

REPORTING REQUIREMENTS:

Client demographics must be tracked using the database provided by RCHSD. Demographics to be tracked include race, ethnicity, gender, age, the referral, start and end dates, census tracking, zip code and the marital status of the head of household as well as SACWIS individual and family identifiers. This report should also include the total served in the program to date.

Quarterly Evaluation Outcome and Demographic Reports reflecting the aforementioned criteria must be provided no later than 4/15/19, 7/15/19 and 10/15/19 to Racine County HSD Contract Compliance Monitor.

Annual Evaluation Outcome and Demographic Reports must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.