



# BIRTH TO THREE

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WAUKESHA COUNTY/LUTHERAN SOCIAL SERVICES

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## Overview

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**Wisconsin Birth to 3 Program mission statement**

The Wisconsin Birth to 3 Program is committed to serving children under the age of 3 with developmental delays and disabilities and their families. We value your family's primary relationship with your child and work in partnership with your family. We work to enhance your child's development and support your family's knowledge, skills, and abilities as you interact with and raise your child.

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## Services

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- \*Service Coordination
- \*Occupational Therapy
- \*Physical Therapy
- \*Speech Therapy
- \*Early Childhood Education



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## Program Eligibility

**Who is eligible?**  
Eligibility is based on one of these:

- A developmental delay of at least 25% in one or more areas of development
- A physician-diagnosed condition with a high probability of developmental delay
- Atypical (unusual) development that negatively affects your child's overall development

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## Program Costs

Birth to 3 Programs are funded in several ways.

- The federal government gives funds through the Individuals with Disabilities Education Act Part C.
- The state of Wisconsin gives funds to the county you live in.
- Families that are in the Birth to 3 Program are asked to let us bill their insurance company if they have one.
- Parental Cost Share



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## Referrals - Anyone can make a referral to the program. Referrals come from:

- Parents
- Doctors
- Child Care Providers
- CPS
- Other Medical Providers

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## How To Make A Referral

Call the referral line: 414-246-2315  
Fax referral to: 715-834-7563  
Call Michelle Schmolesky: 262-443-3163  
Email Michelle Schmolesky:  
[michelle.schmolesky@sswis.org](mailto:michelle.schmolesky@sswis.org)



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## Birth To Three Timelines

- \*45 calendar days from date of referral to determine eligibility and develop Individualized Family Service Plan (IFSP)
- \*30 calendar days from date of IFSP for first service date
- \*Only exception is Family Reason
- \*NOTE: Birth to Three cannot have a waitlist. All referrals must be processed and services put into place within the timelines

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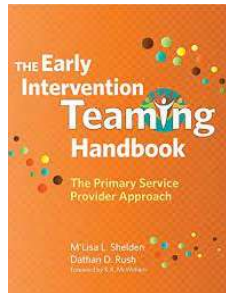
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## Delivery Model

Primary Coach Approach To Teaming  
Every child is assigned to a team of providers (Service Coordinator, Occupational Therapist, Physical Therapist, Speech Therapist and Early Childhood Education Teacher)  
Primary provider is identified after conversation with the family based on child family need  
Sessions focus on education and providing strategies to caregivers to use with their children.  
Primary providers receive coaching from team members  
<https://vimeo.com/184931075>



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## Screening

The value of screening is to efficiently identify which children to evaluate for early intervention services when it is initially unclear whether they may have a delay. Screening is not appropriate for all children who are referred to the Birth to 3 Program (for example, those with a documented delay or diagnosed condition that indicates program eligibility).

Tools Used:

- ASQ-3
- ASQSE

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## Intake

- In person
- Developmental History
- Health History
- ASQ-3 (if screening is needed)
- ASQSE (if screening is needed)
- Discussion with parents about their concerns



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## Evaluation

- In Person
- Primary Provider assigned during PCATT meeting
- Service Coordinator and Primary Provider complete evaluation using the Developmental Assessment of Young Children (DAYC-2). Areas evaluated:
  - Cognition
  - Communication
  - Social Emotional
  - Physical
  - Adaptive

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IFSP

The IFSP is designed to identify outcomes most important to the **family** and the strategies, resources, supports, and services necessary to help reach them.

The IFSP:

- Identifies a child's strengths and needs.
- Reflects the parents' priorities and preferences.
- Includes cultural considerations.
- Details the measurable results or outcomes expected to be achieved for the child.
- Details the early intervention services to be provided.
- Lists other services that are needed to respond to each child's unique circumstances.

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### Ongoing Visits

Early intervention services must be provided in the child's and family's natural environment—the settings, activities, and routines that are meaningful to children and families and places where children without disabilities spend time. Natural environments are either home-based or community-based and may include, but are not limited to:

- Child care centers
- Libraries
- Shopping centers
- Religious centers
- The family home



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### Frequency of Visits

Frequency is a team decision based on child and family need, time needed in between visits to practice strategies and availability.



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## CPS Referrals

- \*Child Abuse Prevention and Treatment Act (CAPTA ) referrals happen electronically
- \*Social workers can make referrals
- \*Voluntary unless court ordered
- \*Service Coordinators work with social workers to obtain written consent from bio parent
- \*If Service Coordinator can't get in contact with bio parent and/or not able to obtain written consent from bio parent, referral will be closed
- \*Evaluated using DAYC-2
- \*Goal is to schedule visits with both foster parents and bio parent(s)

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## Transition to Local Education Agency (LEA)

\*Parents can choose to opt out of notification and referral to LEA. Must be done prior to child turning 2 years 3 months old. If referral is made after child is 2 years 3 months old, parent has 10 days to decide to opt out.

\*Transition timeline:

- Notification to LEA at 2 years 3 months
- Transition Planning Conference (TPC) prior to 2 years 9 months (ideally closer to 2 years 8 months)
- Referral to LEA 2 years 9 months (ideally closer to 2 years 8 months)

\*Transition Planning Conference - meeting with Birth to Three team, parent(s), LEA representative



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## Discharge



\*Parents can choose to discharge at any time

\*Common reasons for discharge:

- Unable to locate family
- Successful completion of IFSP
- Child turned 3 and found eligible for services through the LEA

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Questions

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