COUNTY OF MILWAUKEE
Inter-Office Communication

Date: June 22, 2018

To: Theodore Lipscomb, Sr., Chairman – Milwaukee County Board of Supervisors

From: Mary Jo Meyers, Director, Department of Health and Human Services

Subject: **An informational report from the Director, Department of Health and Human Services, regarding departmental efforts to improve quality and increase efficiencies under the Birth to 3 Program Special Education Program**

Background

The Birth to 3 Program, authorized under Part C of the federal Individuals with Disabilities Education Act (IDEA), supports children with developmental delays or disabilities under the age of three and their families. The program is a federal entitlement which utilizes state, federal, and local funds to enhance the development of children with developmental disabilities, minimizes the need for special education, and decreases rates of institutionalization.

Counties are responsible for administering the program based on state and federal guidelines. Specific county responsibilities include establishing a comprehensive system to identify, locate, and evaluate children who may be eligible for the program.

Milwaukee County's Birth to 3 Network

Currently, the Disabilities Services Division (DSD) contracts with seven agencies to provide services to families to enhance their child's development. These services may include the following:

- Screening & Evaluation
- Related Health Services
- Family Education Development & Education Services
- Communication Services
- Occupational & Physical Therapy

During 2017, DSD conducted over 40 outreach events to support early identification of children who have a suspected delay in development or have a diagnosis without appropriate services to address their needs. In addition, collaboration with the Healthier Wisconsin Partnership, Disability Rights Wisconsin, the school system and other partners has increased awareness and access resulting in increased referrals to Birth to 3 each year. As a result, referrals to the program have risen nearly 40 percent since 2014. Please see the Birth to 3 referrals for 2014 to 2017 below:

Birth to 3 Referrals	
2014	2,965
2015	2,916
2016	3,714
2017	4,142

Program Budget & Maintenance of Effort Requirement

The total 2018 anticipated expense for the program is about $5.2 million. This cost is supported by $2,685,321 in Birth to 3 funding from the State Department of Health Services (DHS), $1.7 million in basic county allocation (BCA) and $350,000 in Potawatomi revenue. The Potawatomi allocation is derived from the Potawatomi Bingo Casino contract and earmarked annually to the program in the county budget. The balance of the funding, approximately $450,000, is tax levy.

Unfortunately, the State funding has remained stagnant for the last several years. Further, DHHS' Birth to 3 allocation received a 5 percent funding cut of nearly $200,000 in 2010.

Despite the challenging fiscal situation, DHHS must sustain a county funding threshold of $2,289,182 as part of a federal maintenance of effort (MOE) requirement. This means that the total financial commitment in county funds such as tax levy, Potawatomi, and BCA must be maintained to this level. Otherwise, the Birth to 3 allocation of $2,685,321 will be reduced commensurately by the State.

Given the county's budgetary challenges, DHHS has been unable to increase its tax levy commitment to the program and therefore, has not increased the provider contracts which total $4.5 million.

A New Approach

The pressure of delivering quality services under an entitlement program coupled with flat revenue streams requires innovation. For this reason, DHHS is currently exploring new approaches to the administration of the program to ensure sustainability. Ideally, the new model would allow for families to engage with just one provider throughout the process. DSD would assume a greater role in quality and oversight of the service network. Further, the new approach would fully implement the primary coach service delivery model. This method includes modeling of therapeutic activities for parents to use with their child during their daily routines, maximizing a parent's ability to support their child's development many times throughout the day.

The proposed approach would encompass coaching practices along with establishing teams to build the capacity of family members and other important care providers to promote a child's learning and development. Another aspect involves engagement with a primary provider coach who leads a multidisciplinary service team allowing the child to focus on his or her strengths and interests within the context of their natural environment rather than dwelling on weaknesses. The team will support and empower parents as well as address the priorities of the family to promote a child's development.

Request for Proposals (RFP) Process

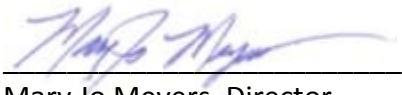
DHHS is partnering with the Combined Community Services Board (CCSB) to host several listening sessions to receive input from providers and families to improve quality and increase consumer satisfaction. Through this format, valuable input and discussion can be obtained on defining a new approach. Based on this feedback, DHHS plans to prepare a Request for Proposals (RFP) for 2019 services.

The timeframe for implementation of a new model is identified below:

Action	Estimated Timeframe
DHHS/CCSB Listening Sessions	June – July, 2018
Preparation of RFP	July, 2018
RFP Release	August 1, 2018
Selection of Providers	Sept. – Oct., 2018
Contract Issuance	January 1, 2019

Recommendation

This report is informational and no action is required.



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