



# Nurturing Every Start

## BIRTH TO 3 PROGRAM SUSTAINABILITY INITIATIVE

*By Clare O'Brien, Budget and Policy Director, Milwaukee County Department of Health and Human Services*

Wisconsin's Birth to 3 Early Intervention Services program offers critical support for infants and children — ages birth to 3 — diagnosed with developmental delays or disabilities. The concept of early intervention services is rooted in neuroscience, capitalizing on the remarkable growth that occurs in brain development by the age of 3, at which point the brain reaches 80% of its adult capacity. Further, early intervention reduces the need for costly special education services later in life. A study of six states showed that early intervention helped avoid special education services for up to 3,000 children per state, saving between \$7.6 million and \$68.2 million annually.<sup>1</sup>

"We wouldn't wait until a building is half-constructed to



pour a strong foundation. Yet, we often delay critical investments in children until later in life, when interventions are costlier and less effective," said Polina Makievsky, president and CEO of Penfield Children's Center. "The greatest return comes when we invest early while the brain is most adaptable and responsive."

Counties, directly or with partner providers, deliver Birth to 3 services, including service coordination, occupational therapy, physical therapy, speech therapy, and special



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education. Yet, despite its significance as a federally mandated program, the Birth to 3 program faces severe challenges. Years of stagnant funding, coupled with declining reimbursements and a dwindling provider network, have created an unsustainable situation for Wisconsin counties. The program, serving over 13,000 children annually with a statewide budget of roughly \$49 million, is uniquely funded primarily at the county level, placing a heavy burden on local taxpayers. However, a remarkable collaborative effort across the state offers hope, demonstrating the power of collective action to build a brighter future for Wisconsin's children.

► **A collaborative effort: “Nurturing Every Start”**

Counties and their providers have been balancing service demand against tight funding for years. For Milwaukee County, the strain of this imbalance hit a peak in December 2023 with concerns that the county's three dedicated providers — Curative Care Network, Penfield Children's Center and St. Francis Children's Center — would no longer be able to support the program.

The leadership team at the Milwaukee County Department of Health and Human Services engaged the partner providers in finding a solutions-based approach. However, they quickly realized that a more significant impact could be achieved by expanding these efforts statewide. So, in early 2024, the Birth to 3 Sustainability Workgroup was formed, consisting of providers, administrators, county staff and advocates. The team effort,

“Nurturing Every Start,” proved instrumental in generating momentum to confront the complex challenges facing the program. These challenges include:

- **Flat funding:** Despite growing demand, state/federal funding to counties has remained relatively unchanged at around \$12.7 million annually. This is not sufficient to meet the rising costs associated with increased enrollments and service needs.
- **Local county burden:** Wisconsin is only one of three states (Ohio and Maryland are the other two) in which Birth to 3 services are funded primarily at the local level. Counties contribute 36% of the program's funding through the local tax levy, a financial structure that places a disproportionate financial burden on local governments.
- **Shrinking provider network/staffing retention:** The

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**2025-27 STATE BUDGET REQUEST**

The WCA is requesting that the state provide \$4 million annually for the Birth to 3 program, to bring the federal and state share of total Birth to 3 funding to about 50%. **County officials are encouraged to contact their state legislators to support this request.**

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program relies on a combination of county staff as well as providers that can offer the specialized array of Birth to 3 services. The size of the provider network has been shrinking, particularly in Milwaukee County, where two-thirds of providers have exited the system since 2018. Given the flat funding, provider rates have not increased, which impacts the ability to retain qualified Birth to 3 staff and offer training and specialized services. The declining number of providers limits access to care and creates barriers for families needing timely services.

- **Medicaid and private insurance reimbursement:** Over the last several years, private insurance reimbursement has declined while Medicaid reimbursement has been

inconsistent and has not kept pace with rising costs. This situation has served to increase the financial burden on counties to cover the cost of services.



If you are interested in advocating for Birth to 3 and/or learning more about the program, visit [investinbirthto3.org](https://investinbirthto3.org).

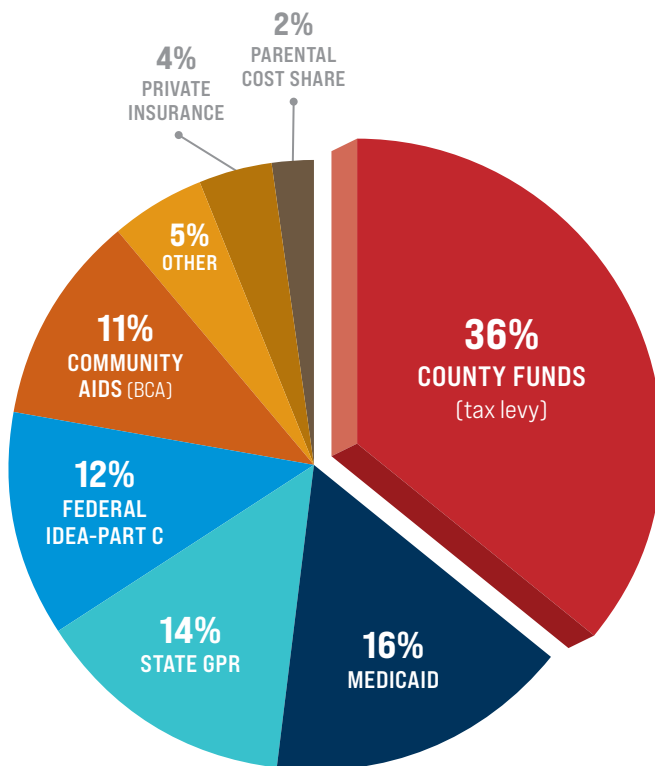
### ► Key recommendations: A multi-pronged strategy

With the major challenges identified, workgroup members joined a subgroup charged with exploring potential solutions. As part of a comprehensive strategy, key recommendations to stabilize the program include:

- **Increased state funding:** A core element is an annual increase of \$10 million in state general-purpose revenue and the establishment of annual increases to cover projected caseload growth and service costs. These would address the immediate financial crisis and improve the program's long-term viability.
- **Medicaid and private insurance reform:** To improve Medicaid reimbursement rates, the workgroup recommended that a dedicated liaison with the Wisconsin Department of Health Services be assigned to work with counties to tackle reimbursement challenges. Clarifying the role of private insurance as the primary payer is another strategy toward increasing private insurance reimbursement and will require coordination with the Office of the Commissioner of Insurance, the DHS and private insurers.

The workgroup also asked the DHS to pursue a Medicaid state plan amendment to include special education services and provide guidance on how these services can be considered medically necessary. Currently, the cost for special education services is not covered because they are not considered a medical service yet they are a requirement of Birth to 3. Federal law requires state Medicaid programs to pay for services that are both educationally and medically necessary. This

Wisconsin Birth to 3 Program | FUNDING BY SOURCE, 2023



**The statewide, \$49 million Birth to 3 budget** is heavily reliant on county levy contributions. Over the last several years, private insurance reimbursements have declined while Medicaid reimbursements have been inconsistent and have failed to keep pace with rising costs. At the same time, the state's contracted allocation to counties has remained relatively flat.

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is an exception to the general rule that Medicaid is the payer of last resort when other sources of coverage are available.

Further guidance is also needed from the DHS Bureau of Children's Services in educating counties on utilizing Children's Long-Term Support services when appropriate. Enrolling a child in both CLTS and Birth to 3 may work better for smaller counties as it could be used as another tool to maximize resources for children.

- **Improved communication and outreach:** Early intervention is most effective when implemented as soon as developmental delays are suspected. A strengthened outreach strategy, involving pediatricians, communities, and daycares, is needed to ensure families get timely access to these vital services.

### ► Looking ahead: A more vibrant future

Wisconsin has the potential to become a national leader in early intervention services for infants and toddlers. While the complexities of this issue and competing county priorities necessitate a long-term commitment, the collective vision is clear: Early intervention profoundly influences a child's future success. The cross-collaboration and engagement by stakeholders across the state offer a powerful model for addressing other complex challenges facing Wisconsin's communities. ■

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1. Emerald Consulting. (n.d.). "Cost avoidance return on investment." Document provided to the Prenatal-to-3 Policy Impact Center by Maureen Greer, executive director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.

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