

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: April 7, 2017

TO: Supervisor Theodore Lipscomb, Jr., County Board Chairman

FROM: Héctor Colón, DHHS Director

SUBJECT: DHHS Disabilities Services Division Birth to Three Program

I am writing in response to your question concerning the increase to the Birth to 3 agencies in DSD for \$300,000, File 17-322. The Milwaukee County Birth to 3 program provides Special Education Early Interventions services under the entitlement programs governed by IDEA and the Office of Special Education Programs. IDEA and the Office of Special Education requires that all referrals and consequently all eligible children age zero to three years be served by the Milwaukee County Birth to 3 Program. In addition, Wisconsin DHS 90 prohibits wait listing of children between the ages of birth to three as key developmental milestones occur.

We receive referrals from a variety of sources including: Hospitals, Pediatricians, Child Care, Head Start Programs, Home Visitors, Nurses, Parents, Grandparents and other community partners who serve young children. These referrals also come to us at varying ages of the child.

The number of children referred to Birth to 3 Special Education continues to rise each year as awareness increases in the community regarding the importance of Developmental Screening of young children and the impact early identification has on all future development. We serve all children eligible through the Birth to Three agencies under contract with Milwaukee County.

Each year, Birth to 3 contractors report deficits as they continue to provide services to all children referred and eligible for the program as required under Wisconsin DHS 90 and Office of Special Education Programs. Our contract partners have continued to provide services based on the needs of children and families. The requirement to serve all children referred makes it difficult as the program continues to have sum certain dollars. It operates much like a mandate/entitlement benefit without sufficient funding.

There have been no increases in funding from the State Wisconsin Department of Health Services over the last ten years. As the number of children eligible rise and cost of services rise, our contracted partners continue to demonstrate significant gaps in dollars requiring that they bring in dollars through private fund raising, foundations and the United Way to be responsive to the increasing and complex needs of children and families. Although Medicaid and private insurance encompass 35% of funding, it is still insufficient and the funding gap continues to grow. However, we are fortunate to have agencies with such strong commitment to early intervention.

We were attempting to provide the agencies some one-time only assistance through the award of the \$300,000 while we work on long range advocacy and finding solutions to address this issue. As you can see, the \$300,000 is not nearly enough to cover their entire shortfall.

In regards to your other question, the increases were related to vendor performance in the area of providing service in the child's natural environments which is a Federal indicator and performance

outcome. The Federal indicator requires that 100% of the children receive services in natural environment. We gave the agencies a percentage of additional funding based on their performance in this area. Only one agency was awarded 100% in that criteria.

The other performance area is in the child's improvement in social and emotional development skills. Each agency received a different amount based on the number of children that improved in this area from the referral date to the exit/transition date into their respective school district.

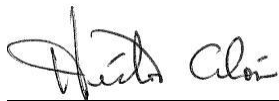
We had four criteria/areas that the agencies could be awarded additional funding. They were as follows:

- 25% based on agency deficit
- 25% based on budgeted units delivered
- 25% based on agency meeting 100% service provided in use of natural environments as a Federal indicator and outcome
- 25% based on child's improvement in social and emotional development indicator and outcome

This seemed to be a balanced approach which awarded agencies funding based on performance, size of their deficit and whether the agencies earned their budgeted units. While it may not have been perfect, it included several pertinent factors.

If these agencies would have only provided services up to their contract allocations, many children would have definitely gone without programming. There is only a small window of opportunity to address a child's delay and improve their level of functioning. The information on early childhood brain development is profound. The earlier we can intervene improves the child's chances for normal development by 150%. It also increases a child's ability to be successful all the way through kindergarten and beyond.

I hope this information was helpful. If you need additional information, please let us know.



Héctor Colón, DHHS Director

cc: Geri Lyday, DSD Administrator
Clare O'Brien, Sr. Budget Analyst