



## Bureau of Children's Services

### Program Access and Benchmark Project: Birth to 3 Program 2017

This report seeks to approximate the number of children in Wisconsin that are potentially eligible for the Birth to 3 Program administered by the Bureau of Children's Services in the Division of Medicaid Services. The Birth to 3 Program provides developmental and other supportive services, known as early intervention services, to children from birth up to age 3 and their families. This comprehensive program coordinates developmental, health, and social services within the local community. The program is available in all 72 counties in Wisconsin.

### Wisconsin Children with a Disability

For the purpose of this report, disability for children under age 3 is defined as a having a delay that meets functional eligibility for the Birth to 3 Program.

**Number<sup>1</sup> of children in Wisconsin under age 3: 199,303**

**Wisconsin children under age 3 with a disability: 55,805**

To be eligible for the Birth to 3 Program, a child must be between birth and 36 months of age and either have a physician-diagnosed condition with a high probability of developmental delay, atypical development, or a 25% delay<sup>2</sup> in at least one of the five developmental domains. The developmental domains are the following:

1. Cognitive development (learning)
2. Motor development (ability to sit up, crawl, walk, use hands, see, hear)
3. Communication development (making sounds, talking, understanding others)
4. Social and emotional development (interest in parents and others)
5. Self-help development (adaptive skills)

### Proxy for potentially eligible children: Birth to 3 Program

A proxy is used to estimate the number of children in Wisconsin and in each county with a disability that would likely meet eligibility for the Birth to 3 Program. Estimating the number of children in Wisconsin potentially eligible for programs can aid in planning for enrollment, budget projection, and monitoring access to services across the state.

There are few estimates of rates of developmental delays among children who are under 3 years of age, and the estimates that do exist vary widely, depending on the definitions of delay used. In order to develop a proxy to estimate the total number of children in Wisconsin age birth to 3 who have a delay and/or disability, a more complex analysis is required beyond the currently available survey data.

The chosen proxy is based on theoretical estimates from national Part C research and literature. Estimating rates of eligibility requires a probability model that incorporates the chance of having one or more delays on

<sup>1</sup> Source: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimate

<sup>2</sup> <http://www.dhs.wisconsin.gov/children/birthto3/family/qualify.htm>



any the five developmental domains. Two widely used measures of infant development, the Bayley Scales of Infant Development (Bayley-III) and the Battelle Developmental Inventory (BDI-2), include probability models that incorporate the chance of having one or more delay on any of the five developmental domains. The probability models are used to estimate the proportion of children age birth to 3 with a 25% developmental delay, and thus, may be eligible. This estimate can be generalized to the population of all Wisconsin children age birth to 3 and serve as a proxy to determine how many children may be eligible for the Birth to 3 Program.

Per this analysis, it was determined that approximately 28% of children under 3 years of age (55,805) have a delay 1.2 Standard Deviations (SD) below the mean (equating to approximately 25%) in at least one of the five developmental domains.<sup>3 4</sup> This count includes all children enrolled in the Birth to 3 Program at any time during 2016.

<b>Children Served</b>		
	<b>2016</b>	<b>2017</b>
Children Potentially Eligible for the Birth to 3 Program	55,870	55,805
<b>(-) Children Enrolled in Birth to 3 in 2017</b>	11,688	12,449
<b>Potentially Eligible Children Remaining</b>	<b>44,182</b>	<b>43,356</b>

<b>% of Potentially Eligible Children Served</b>		
	<b>2016</b>	<b>2017</b>
<b>Wisconsin State Total:</b>	20.9%	22.3%
<b>County Range:</b>	4.4% to 70.0%	4.0% to 91.0%
<b>County Average:</b>	22.9%	25.2%

In 2017 the State of Wisconsin served 22.3% of children potentially eligible for the Birth to 3 Program. Overall program enrollment also increased in 2017 compared to 2016. However, the county range—or variation between the “% of Potentially Eligible Children Served” in each county—widened.

It is necessary to determine what portion of potentially eligible children would best be served in the Birth to 3 Program. The decision to access the Birth to 3 Program is dependent on a number of factors and should be explored. Not all parents of eligible children may choose to enroll or need to access programs.

Some families have adequate resources with health coverage alone, informal support, or other community-based programs to meet their child’s needs. There is evidence that a significant number of children with delays receive

<sup>3</sup> Rosenberg, Robinson, Shaw and Ellison (2013). “Part C Early Intervention for Infants and Toddlers: Percentage Eligible Versus Served.” *Pediatrics*, Volume 131(1)  
<sup>4</sup> Rosenberg, Ellison, Fast, Robinson and Lazar (2013). “Computing Theoretical Rates of Part C Eligibility Based on Developmental Delays.” *Maternal & Child Health Journal*, Volume 17(2), 384-390.  
*The information provided in this publication is published in accordance with 34 CFR 303.120. The Birth to 3 Program is authorized under the federal Individuals with Disabilities Education Act (IDEA), Part C for Infants and Toddlers, and Wis. Admin. Code ch. DHS 90. Page 2*



services outside of the Part C system. A recent study revealed that approximately one-third of candidates for early intervention services were referred to therapies unconnected to Part C.<sup>5</sup> Children's patterns of delays may also affect the likelihood that they will participate. For example, children who have persistent delays are more likely to receive services than those whose delays are more variable.<sup>6</sup>

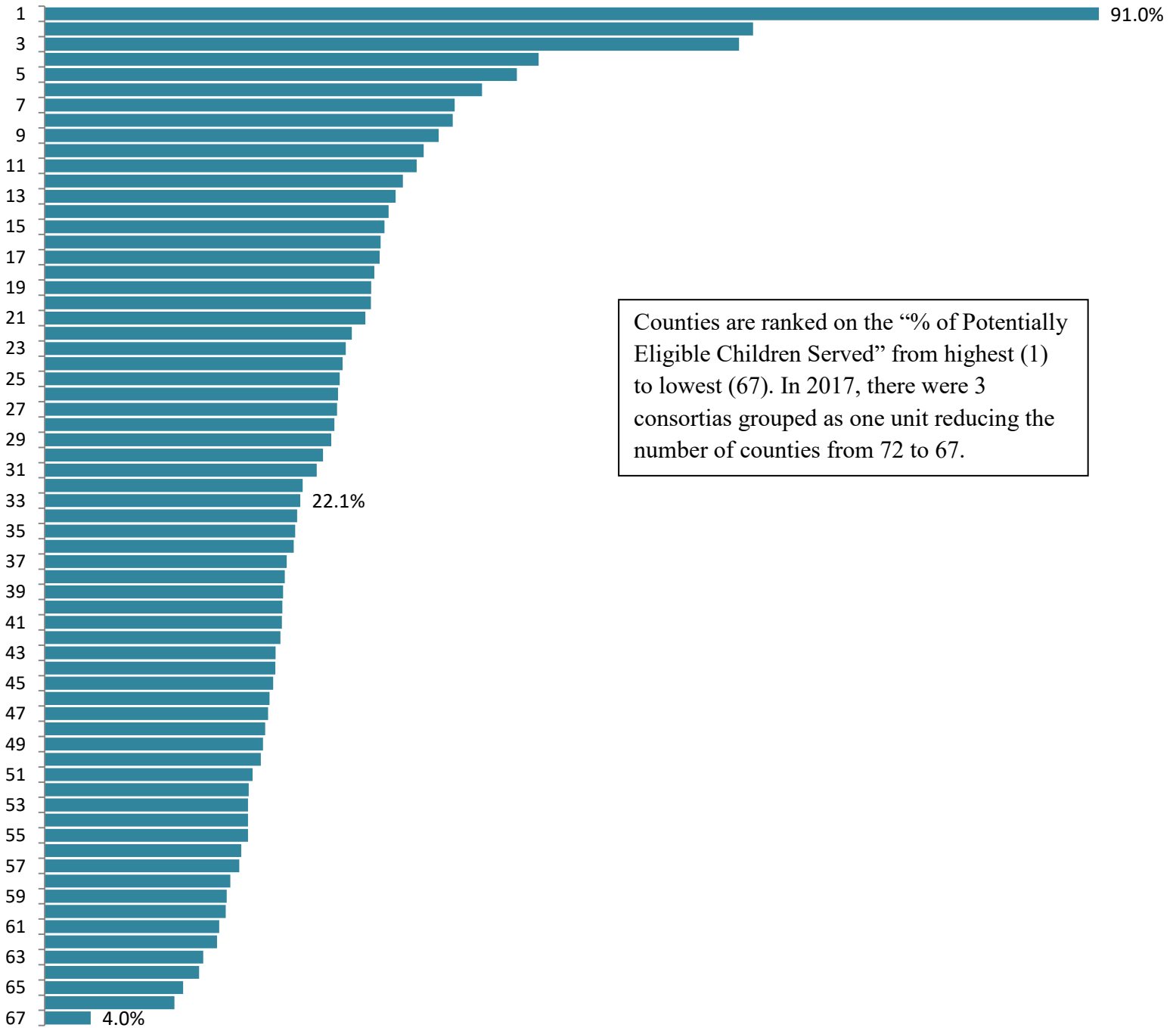
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<sup>5</sup> Tang BG, Feldman HM, Huffman LC, Kagawa KJ, Gould JB. Missed opportunities in the referral of high-risk infants to early intervention. *Pediatrics*. 2012;129(6):1027–1034 doi:10.1542/peds.2011-2720

<sup>6</sup> McManus BM, Rosenberg SA (2012). Does the persistence of development delay predict receipt of early intervention services? *Academic Pediatrics*.



### Percent of Potentially Eligible Children Enrolled in BCS Programs by County



Counties are ranked on the “% of Potentially Eligible Children Served” from highest (1) to lowest (67). In 2017, there were 3 consortias grouped as one unit reducing the number of counties from 72 to 67.



## Birth to 3 Program Demographics (2017)

**Enrolled Anytime in 2017: 12, 449**

New Referrals	New Enrollment	Enrollment Rate
14,383	6,334	44.0%

### Age When Services Began (Initial IFSP)

<b>Average</b>	1.5 years old
<b>Max.</b>	2.9 years old
<b>Min.</b>	< 1 month old

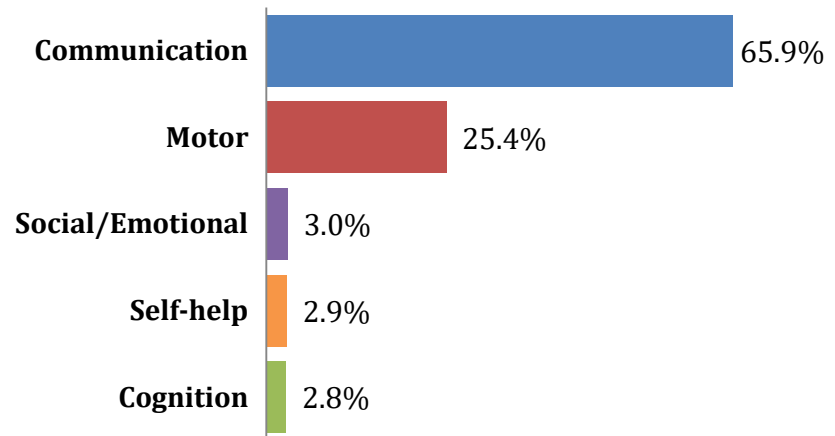
### Enrollment by Sex

<b>Male</b>	64.4%
<b>Female</b>	35.6%
<b>Total</b>	<b>100%</b>

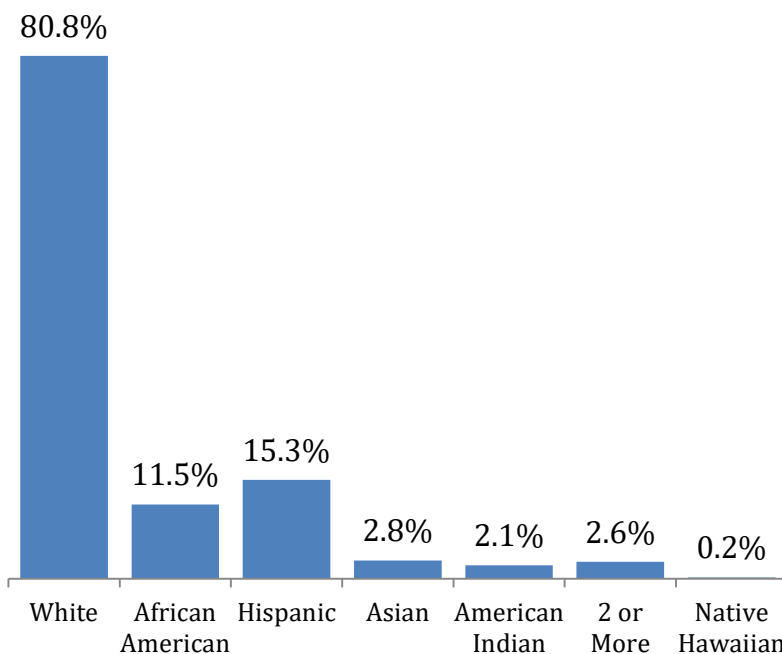
### Eligibility Reason

<b>25% Delay</b>	74.8%
<b>Atypical Development</b>	10.2%
<b>Diagnosed Condition</b>	15.0%

### Area of Delay (Of children eligible based on a 25% delay)



### Enrollment by Race and Ethnicity



\*Note: Since "Hispanic" is an ethnicity, the sum of all columns is greater than 100%