

Agency: 351 State School for the Blind
Decision Package Code/Title: B3 Birth to Three Services

Budget Period: 2015-17
Budget Level: PL - Performance Level

Recommendation Summary Text:

During the 2015 legislative session a decision package request was submitted to fund a system to coordinate services to blind and visually impaired (BVI) infants and toddlers who were not being identified therefore not being served in our state . The request included hiring a statewide coordinator for BVI-Birth to Three (B-3) to assist in the development of a sustainable multi-stream funded system that provides on going service delivery. Half of the decision package was funded, which covered the statewide coordinator's salary and benefits but did not provide the operating funds. This current decision package is to justify the need to fund the operating portion of the program if the state of Washington is to develop a solid system of services for BVI Birth to Three infant/toddlers and their families.

Fiscal Detail

Operating Expenditures	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
001-1 General Fund - Basic Account-State	123,985	123,985	247,970
Total Cost	123,985	123,985	247,970

Package Description:

This request justifies the need to fund the operating portion of the Birth toThree program which will facilitate development of a sustainable, multi-stream funded system to coordinate services to blind and visually impaired (BVI) infants and toddlers that are not being identified and therefore not being served in our state.

Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

During the 2015 legislative session, funding was secured for a statewide coordinator position to help facilitate improvements in statewide services to blind/visually impaired infant/toddlers and their families. To prove efficacy, the WSSB, in partnership with numerous state agencies, hired a statewide coordinator funded by private funds at the beginning of the 2014-2015 fiscal year . This proved to be highly successful in helping to begin a major statewide change in service improvement for blind and visually impaired (BVI) Birth to Three (B-3) services. The result was the beginning of a coordinated effort in King, Pierce, Clark, Snohomish, Kitsap, and Whatcom Counties to develop a service delivery model for BVI Birth toThree. Through these efforts workshops were also

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provided throughout the state. At the beginning of this statewide improvement process, 88 BVI children were identified and we are on target to reach 300 by June, 2016 with anticipation of an additional 200 identified BVI - B-3 children by June of 2017. The awareness campaigns, in-service training, and workshops have resulted in increased identification and increased awareness and improvements in the quality of service in appropriately meeting BVI-B-3 students/family needs. We now have to complete the process of training personnel to carry forward with appropriate service delivery, develop new ways of reaching families in remote locations and develop partnerships with universities to provide trained personnel to carry out what is needed.

Due to the low incidence and high needs of BVI, the generic service provision within our state has not met these children's needs which increase the opportunity gap due to lack of appropriate and/or no specialized services. BVI children without early intervention end up playing catch up the remainder of their lives and in many situations enter the realm of the unemployed and a lifetime of public assistance. This doesn't need to happen if appropriate early intervention services are in place. Funding the operating part of this past year's request will assist in pulling together a solid service delivery system for our state and therefore assist in meeting multi-agency goals of full implementation within 4 years. This will include accurate identification of BVI infants and toddlers by 4 months of age with Individual Family Service Plans in place, training of service providers throughout the state and begin work on early intervention BVI specialist training with additional training in Birth to Three, appropriately meet the needs of BVI infant/toddlers and modifications to the Health Care Authority State Program Approval (SPA) for Medicaid reimbursable services. The expected outcomes are:

- Increase identification of BVI students from 88 to 300 in the first year of fully funded operations.
- Increase identification of BVI students from 300 to 500 by the second year of operation.
- Gain approval from the HCA for vision related services under Medicaid reimbursement system.
- Full program implementation by the end of year 4 with BVI infants receiving services by 4 months of age.
- Expend statewide efforts in providing appropriate and quality services to BVI infants/toddlers and their families by providing additional university teacher training with emphasis on Birth to Three and family intervention and incorporating Teacher of the Visually Impaired training in early intervention programs.
- All BVI - Birth to Three infants/toddlers and families receive quality services from trained personnel.

Performance Measure Detail

Activity: A004 Off-Campus Services to Students/Districts

		Incremental Changes	
		<u>FY 2016</u>	<u>FY 2017</u>
Output Measures			
001591	Number of teachers/paraprofessionals and others working with the blind on specialized skill development.	400.00	400.00
001594	Students served monthly through off-campus (outreach) services.	300.00	200.00

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

WSSB's Strategic plan identifies non served and underserved Birth to Three as a major problem in our state.

Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

Yes; Improvement in services to Birth to Three is a major priority in increasing early intervention as a way of reducing the long term negative effects of people with disabilities becoming part of the opportunity gap and improving services to those students that are most vulnerable.

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What are the other important connections or impacts related to this proposal?

Early intervention of appropriate skills for both the infant/toddler and family has proven to not only increase success of children in future years but also helps reduce the high rate of divorce and separation among parents of children with disabilities who struggle to see a future for their child.

What alternatives were explored by the agency, and why was this alternative chosen?

WSSB has seen this problem for years and finally all agencies, with little pieces of the puzzle, agreed to work together to solve the problem of this low incidence population being tremendously underserved. When you are talking about 1/10th to 2/10ths of 1% of the B-3 population, there are no good alternative options. The generic approach Washington has used for years has resulted in underserved and non served children and families that have severe sensory loss, such as vision. We currently have 88 children identified. This number should be 540 based upon national incidence numbers.

What are the consequences of adopting or not adopting this package?

This will slow the rate of progress that could have been made if the full package had been funded. The funding of the B-3 Coordinator is a tremendous help, but the operating dollars are key to meeting an established timeline whereby BVI B-3 children and families will not be left without appropriate services.

What is the relationship, if any, to the state's capital budget?

Non applicable.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

There are none to start with. However, in the near future the HCA may need to revise WACs to allow for third party reimbursement for vision related services.

Expenditure and revenue calculations and assumptions

The funding of operations with this small but vital program will mean that BVI B-3 infants and toddlers will not have to wait to receive appropriate services. Systems will be put in place to build solid, sustainable services that not only meet the current needs in our state but generate additional revenue sources through HCA - 3rd party billing to help pay for these services. Funding operations will also assist in the development of university partnerships resulting in online classes and workshops that will help meet current teacher/early intervention needs now and in the future.

Budget Detail:

\$30,000 Regional Program Start-up Incentive fund

Develop a roving \$15K per district/county incentive x 2 districts. Funds will move from district/county to district/county annually to help develop new self-sustaining services and assist with new start up services throughout the state. Funds will be used for many years in helping to implement a statewide system change that is designed to be sustainable once in place.

\$20,000 Online Intervention Services

Partner with Universities to development and implement learning modules and training for families and service providers. 4 modules x \$5000 each.

\$15,000 Summer Institute BVI B-3

Week-long workshops for state-wide providers offered in the summer on the campus of WSSB to help reduce costs. 40 participants x

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\$375 each.

\$14,000 University Training Program Course Development
Development of courses to meet WA needs.

\$10,000 Statewide In-service
Five regionally based in-service trainings x 2,000 each

\$16,000 Travel
Workshops/training - intervention, state-wide travel 3 days a week, 3 conferences

\$14,875 Good and Services
Includes: supplies, materials and consumables

\$2,310 Interpreter services
\$66/hr x 35 hours

\$ 900 Consumables
\$ 475 Printing
\$2,500 Braille, resource materials
\$5,000 Adaptive consumable aides for Infants/toddlers
\$3,600 Myfi monthly fees to facilitate on-line learning

\$4,000 Equipment
Adaptive equipment to facilitate on-line learning at school/home, I-pads to loan to parents, myfi systems when needed, adaptive devices for parents who are blind/visually impaired or other disabilities and/or language barriers.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The current request will be on going, however, should help generate \$300,000 \$500,000 annually through Medicaid billing if vision related services are approved by the HCA. These estimates are based on the success of other states in this area. WSSB is also exploring a private partnership with a statewide service club to provide training to B-3 partners to meet the needs of BVI infants/toddlers which could potentially generate additional revenue that can then be used as match to generate additional private funds. In addition, moving forward with funding of operations will also expedite increased enrollment of B-3 BVI infants with the American Printing House for the Blind (APH), where BVI children help generate Quota Funds on account at APH for specialized aids, appliances and materials. The statewide task force anticipates that federal funding available from APH for materials could be \$90,000 by the end of 2016 and \$180,000 by 2017. The higher number should become constant as statewide systems become available. These quota funds would be a huge factor in assisting early intervention specialists and providing families with access to highly specialized materials at no cost to counties/schools.

<u>Object Detail</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
E Goods\Other Services	103,785	103,785	207,570
G Travel	16,000	16,000	32,000
J Capital Outlays	4,200	4,200	8,400
Total Objects	123,985	123,985	247,970