

Connecticut Appropriations Committee RBA Template

Part II, Program/Agency/System Accountability Summary

Program/Agency/System Purpose

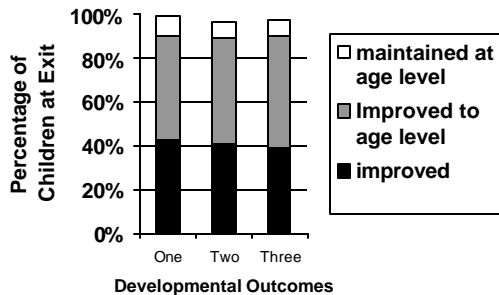
The Birth to Three program is administered by the Department of Mental Retardation. Its purpose is to provide early intervention services and supports to families of infants and toddlers with disabilities or developmental delays.

Program/Agency/System

Birth to Three program, Department of Mental Retardation

Performance Measure 1

Children with disabilities or delays enrolled in Birth to Three improve functioning to a level at or nearer to same-aged peers across three areas of functioning (social/emotional, knowledge, and behavior).



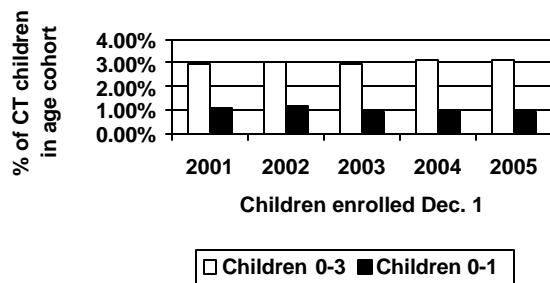
Performance Measure 2

Families whose children are enrolled in Birth to Three are better able to help their children develop and learn

Baseline: 84.4% of families surveyed whose children had been enrolled in Birth to Three during FY06.

Performance Measure 3

In order to reduce the number of children entering Kindergarten with delays in development, a greater percentage of Connecticut's children will be enrolled in the Birth to Three program.



Key Budget Information	
Total Current Program Year Funding	\$40,957,925
Funding as Percent of All Funding for Population Result	100%
Program Funding As Percent of Total Agency Budget	5%
Funding Distribution	
Total Federal Funds	\$6,929,696
Total State Funds	\$30,292,822
Capital Projects Subtotal	0
Other Funding	\$4,000,000
Percent of Total Current Funding Contracted to Third Parties	75%

Story Behind the Baselines

The data indicates that early intervention is effective both in preventing primary or secondary delays and in educating families about how to help their children develop and learn. The percentage of children served has consistently stayed around the 3% level for the past five years. While this is as much as any of the states using a "narrow" eligibility criteria, it is far below neighboring New England states with moderate eligibility criteria (NY 4.33%, RI 4.09%) and Massachusetts with extremely broad eligibility (5.90%). Connecticut also ranks 30th in the nation in the percentage of children under the age of 12 months receiving services.

Turning The Curves: What do you propose to do over the next two years and why?

- broaden eligibility to include all premature infants weighing less than 1000g at birth or less than 28 weeks gestation; children with significant delays in speech; and children with mild or unilateral hearing loss
- * increase targeted outreach to health care providers for infants under 12 months
- * add a new category to the personnel standards to ensure sufficient workforce to perform evaluations and deliver services
- * recruit additional local programs as needed

*Indicates, low-cost, no-cost action steps, including reallocation of existing resources.

Connecticut Appropriations Committee RBA Template Part II, Program/Agency/System Accountability

Program/Agency/System Purpose The Birth to Three program, is administered by the Department of Mental Retardation. It's purpose is to provide early intervention services and supports to families of infants and toddlers with disabilities or developmental delays.

Program/Agency/System Birth to Three program, Department of Mental Retardation

Contribution to Population Result Infants and toddlers with disabilities or delays or those at significant environmental risk for delay will be better able to meet developmental milestones and be ready for Kindergarten

Key Budget Information (<i>Dollars reported in millions</i>)	
Total Current Program Year Budget	\$40,957,925
Funding as Percent of All Funding for Quality of Life Result	100%
Program Funding as Percent of Total Agency Budget	5%
Budget Distribution:	
Federal	\$6,929,696
State	\$30,292,822
General Fund	\$30,292,822
Capital Project Funds	\$0
Other State Funding	\$0
Other Funds (Not Federal or State)	\$4,000,000 (parent fees + commercial health insurance)
Percent of Total Current Funding Spent on Direct Service	95%
Percent of Total Current Funding Contracted to Third parties	75%

Basic Program Facts Birth to Three operates under both Federal (Individuals with Disabilities Education Act, Part C) and State (§17a-248) statute and is an entitlement for eligible children under the age of three. Approximately 8,500 eligible children per year receive services (3.16% of the state population of children in that age group and .93% of children under the age of 12 months on any given day.) Services are delivered through a provider network of 35 programs across the state and all referrals (8,000 per year) are initially handled by Child Development Infoline who then sends them electronically to the appropriate local programs. Child Development Infoline, 35 programs, and 16 state staff are connected through a real-time data network which not only provides a unique identifier for each eligible child, but also assigns a Student Identifier number provided by the Department of Education. Newly referred children receive a free developmental evaluation across five domains of development: cognitive, adaptive behavior, communication, physical, and social/emotional. Children are currently eligible if they have a medically diagnosed condition that is expected to lead to a developmental delay or if they already have a developmental delay, defined as 2 Standard Deviations below the mean in one area of development or 1.5 Standard Deviations below the mean in two areas of development. Families of eligible children with an income of \$45,000 or more are charged monthly on a sliding fee scale for services. 99% of all services are provided in the home or in child-care settings.

In 2003, in response to the state budget crisis, the eligibility for Birth to Three was modified. Infants with birth weights more than 750g were not automatically eligible and children with significant speech delays coupled with biological risk factors were no longer eligible (unless they had a significant overall delay in communication).

Performance Measures and Story Behind the Baselines

Summary of Story Behind the Baselines: The Birth to Three programs are doing an effective job of early intervention as evidenced by the fact that at least 56% of children leave functioning at age-level in one or more of three outcome areas when, upon entry, 85% were significantly delayed in one or more of those areas. In addition, since families are the focus of all early intervention, the effectiveness of the program is measured by the fact that 84% of families report that early intervention services helped them to help their children develop and learn.

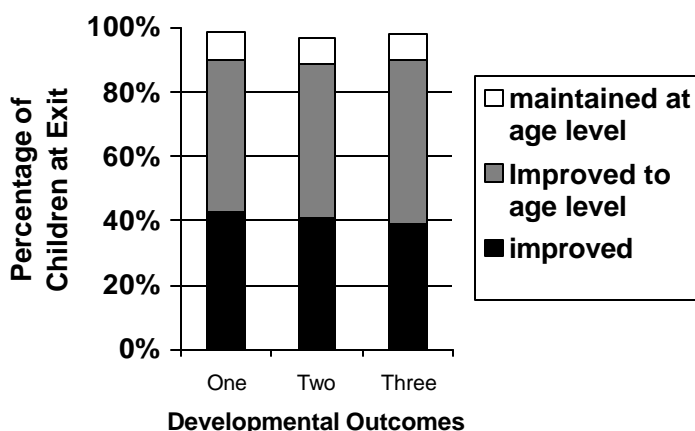
Given the demonstrated effectiveness of the program, even with children with significant delays, expansion of the program to include children with mild delays and those at environmental risk of delay would help more children meet their developmental milestones and be ready for Kindergarten at age five.

Story Behind Measure 1

The three outcome areas are:

1. Positive social-emotional skills
2. Acquiring and using knowledge and skills, including early language and communication
3. Use of appropriate behaviors to meet their needs

The early data on 182 children shows that across the three outcome areas, children who entered with significant delays in one or more of the three areas make significant gains after a minimum of six months enrollment in Birth to Three.



The results are tied to specific items of either the *Hawaii Early Learning Profile* or the *Carolina Curriculum*, both of which are criterion-referenced measures of development for young children. Establishing which items from these instruments should be used to rate the children's progress at exit was a product of the Early Childhood Outcome Center, a national center that was funded by the U. S. Department of Education to determine how best to capture outcome data about young children. SRI in California is the grantee and Dr. Kathy Hebbler is the principal investigator.

Story Behind Measure 2

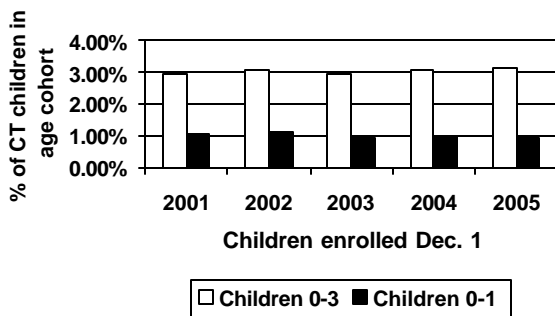
Since infants and toddlers are uniquely dependent upon their families, the focus of most early intervention visits is on the child's parent or caregiver since that is the person who will be spending time with the child during the child's waking hours. The point of early intervention is to help the parent or caregiver determine the best way to further the child's development during all daily activities.

As a result, the fact that 84% of parents surveyed in FY06 either very strongly agreed or strongly agreed that they feel that their efforts are helping their children, do things with and for their children that are good for their children's development, and understand their children's special needs. The survey responses were balanced to ensure that the race/ethnicity of the respondents was representative of the children served in Birth to Three. States using this instrument are reporting their results to the U.S. Department of Education for the first time on 2/1/07. In future years, it will be possible to compare Connecticut results against similar states.

The survey instrument was validated and calibrated on a national sample by the National Center for Special Education Accountability and Monitoring, a national center that was funded by the U.S. Department of Education. The Advisory Board of the Center determined which items in the calibrated scale could be used to answer the question of whether families have been helped to help their children develop and learn. By July, 2007 Connecticut will be able to compare its results with at least 20 other states that used the same survey instrument.

Story Behind Measure 3

Although Connecticut serves a reasonable percentage of all children under three in its early intervention program and ranks 11th nationally, the state does not serve as many children as several other northeast states and serves far fewer than neighboring Massachusetts who serves children with mild delays and those at environmental risk of delay and serves 5.90% of children under age three. In addition, the state ranks 30th nationally for the percentage of children served under the age of 12 months. Massachusetts serves 2.92% of children under one.



The data represents children with service plans on the first of December for the past five years as a percentage of all children in the age cohort as estimated by the U.S. Census Bureau.

Partners and Their Roles

DMR: Birth to Three

The State Interagency Coordinating Council advises and assists

The Medical Advisory Committee advises and assists

The Legislature authorizes the program, appropriates funding, and establishes provider COLAs each year

The Children's Trust Fund co-funds Child Development Infoline and, through Help Me Grow's outreach to physicians, educates referral sources and through the Ages and Stages developmental monitoring ensures that children who need developmental evaluations are referred

The Department of Public Health through its newborn screening processes ensures that children with disabilities are referred

The Department of Administrative Services through its fiscal service center manages Medicaid billing and a portion of the state's health insurance billing

The Department of Children and Families by ensuring that children who are involved in substantiated cases of abuse or neglect are referred

The Department of Social Services Medicaid regulations and Medicaid plan which allows the state to recoup approximately \$4m per year in federal Medicaid funding for this program and for having their disability determination unit assist in finding children who might be eligible for the program

The Department of Insurance by assisting in the streamlining of commercial insurance billing for Birth to Three programs, allowing the state to net \$3m-\$4m per year in commercial health insurance

United Way of Connecticut for operating the Child Development Infoline under contract with DMR and the Children's Trust Fund.

What do you propose to do to improve performance in the next 3-5 years and why?

1. Broaden eligibility to include all premature infants weighing less than 1000g at birth or less than 28 weeks gestation; children with significant delays in speech; and children with mild or unilateral hearing loss
2. Increase targeted outreach to health care providers to increase referral of infants under the age of 12 months* (low cost)
3. Revise current personnel standards to broaden the available workforce for Birth to Three provider agencies while ensuring that Birth to Three personnel are qualified* (no cost)
4. Recruit additional providers* (low cost)

Appendix A, Data Development Agenda

1. Find a way to obtain recent birth record data from the Department of Public Health in order to notify all parents of infants whose birth weight was less than 1000g that their child would be eligible for Birth to Three
2. Find a way to share current data from the Department of Public Health's High Risk Registry to ensure that families of eligible children are informed about Birth to Three
3. Assign SDE State Assigned Student Identification numbers to all currently eligible children and then to all newly eligible children as they are first enrolled in Birth to Three
4. Obtain comparable data on child outcomes and family outcomes from other states that are using the same data collection instruments as Connecticut

Appendix B, Link to Budget

The Governor's budget, in addition to annualizing provider rate increases that began 1/1/07, adds \$900,000 in FY08 and \$1.2m in FY09 to restore eligibility to two groups of children that, prior to 7/1/03, were eligible for early intervention services:

1. all premature infants with weighing less than 1000g or with a gestational age lower than 28 week
2. children with delays in speech (expressive language only) who also have one or more biological risk factors

In addition, children with mild or unilateral hearing loss (who had not previously been eligible) would be automatically eligible.

This expansion of eligibility will result in the Birth to Three System serving 348 more eligible children per month by the end of FY09 and will increase the percentage of children under the age of 12 months receiving services since premature infants and those with hearing loss are typically referred within the first few months of life.

Appendix C, Information and Research Agenda

1. “Does early intervention increase children’s readiness for Kindergarten” and “Does early intervention reduce the need for special education services”? We will be tracking children from Birth to Three to their school programs. Beginning 1/1/07, we have begun to issue State Assigned Student ID numbers and therefore, as those children leave the Birth to Three System and progress through their school careers we will be able to analyze data relative to their achievement levels at Kindergarten and third grade and beyond.
2. “Do some Birth to Three programs produce better outcomes for families and children than others?”, By next year, we will be collecting and analyzing data on child outcomes and family outcomes for each local Birth to Three program in order to compare their performance. That data will be posted for families to review.
3. “Do Connecticut’s child and family outcomes for early intervention compare favorably to other states?” We will over the next year be able to obtain data from other states who are using the same instruments.
4. “Do child outcomes vary by the length of time that a child is enrolled in Birth to Three? We will over the next years be able to track such data when we have sufficient child outcome data to aggregate.