

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

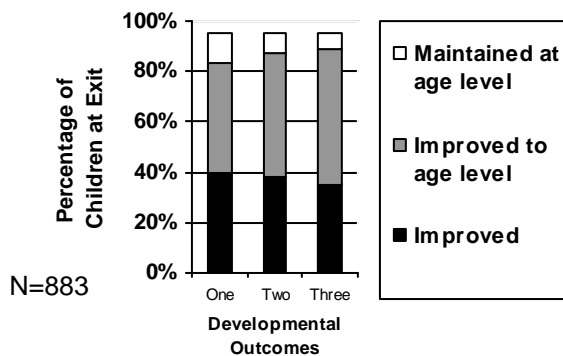
Program/Agency/System: Birth to Three Program, Department of Developmental Services

Quality of Life Result: Infants and toddlers with disabilities or delays or those at significant risk for delay will be better able to meet developmental milestones and be ready for Kindergarten by age five.

Program/Agency/System Purpose: The Birth to Three program, is administered by the Department of Developmental Services. Its purpose is to provide early intervention services and supports to families of infants and toddlers with disabilities or developmental delays.

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: 1) social/emotional, 2) acquisition and use of knowledge, and 3) use of appropriate behavior to meet their needs).



Story Behind Measure 1

The data indicates that early intervention is effective in changing (or maintaining) developmental trajectory for 60% of children and at least showing developmental improvement for another 39%.

Performance Measure 2

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

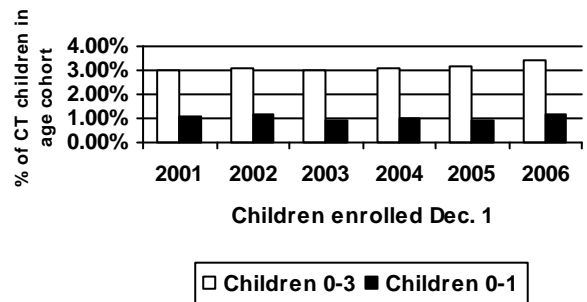
88% of families surveyed in FY07 whose children had been enrolled in Birth to Three for at least six months were determined to have met or exceeded this standard. (Baseline FY06: 84%)

Story Behind Measure 2

The Mission of Birth to Three is to improve the family or other caregiver’s ability to help their child’s development all day, every day through all daily routines and activities. At least 88% of families strongly or very strongly agree that we are accomplishing that mission.

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.



Story Behind Measure 3

Since the previous measures indicate that early intervention is effective both in improving children’s development and teaching families how best to help their children develop and learn, this chart indicates that the percentage of children served has consistently stayed just above the 3% level from 2001-2005 and rose to 3.41 in 2006. While this is higher than any of the states using what the U.S. Dept. of Education labels a “narrow eligibility criteria”, and is 12th in the nation, it is far below neighboring New England state with moderate eligibility criteria (NY 4.21%, RI 4.39%) and Massachusetts with extremely broad

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eligibility (6.41%) Connecticut ranks 18th in the nation in the percentage of children under the age of 12 months receiving services

Performance Measure 4

Fewer children receiving early intervention services will require special education in Kindergarten.

63.6% of the 4,685 children who had received early intervention and were in Kindergarten in the Fall of 2007 did not require special education services. This is baseline data.

Story Behind Measure 4

We are able to match children who exited the Birth to Three System several years ago with data from the Dept. of Education's data system, based on names and birthdates. Going forward, we will be able to track children longitudinally because we have assigned them state assigned identification numbers that will stay with them their entire school career. At that point, we will be able track cohorts of children as they progress toward third grade.

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

*Increase targeted outreach to health care providers for infants under 12 months

*Recruit additional local programs as needed, with emphasis on recruiting municipalities (school districts)

*Work with institutions of higher education to recruit teachers, occupational therapists, physical therapists, and speech and language pathologists

*Investigate the feasibility of allowing teachers transferring from school districts to approved Birth to Three programs to remain in State Teachers Retirement

Work with OPM and the legislature to further broaden eligibility for children with challenging behaviors, mild developmental delays, and environmental risks in FY10.

*No-cost/low-cost action steps.

Key Budget Information	
Total Current Program Year Funding	\$42,100,455
Funding as Percent of All Funding for Population Result	100%
Program Funding As Percent of Total Agency Budget	4%
Funding Distribution	
Total Federal Funds	\$5,753,412
Total State Funds	\$32,347,043
Capital Projects Subtotal	0
Other Funding	\$4,000,000
Percent of Total Current Funding Contracted to Third Parties	76%

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Program/Agency/System: Birth to Three Program, Department of Developmental Services

Program/Agency/System Purpose The Birth to Three Program is administered by the Department of Developmental Services. Its purpose is to provide early intervention supports and services to families of infants and toddlers with disabilities or developmental delays.

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

Key Budget Information (<i>Dollars reported in millions</i>)	
Total Current Program Year Budget	\$42,100,455
Funding as Percent of All Funding for Quality of Life Result	100%
Program Funding as Percent of Total Agency Budget	4%
Budget Distribution:	
Federal	\$ 5,753,412
State	
General Fund	\$32,347,043
Capital Project Funds	0
Other State Funding	0
Other Funds (Not Federal or State)	\$ 4,000,000
Percent of Total Current Funding Spent on Direct Service	96%
Percent of Total Current Funding Contracted to Third parties	76%

Basic Program Facts Birth to Three operates under both Federal (Individuals with Disabilities Education Act, Part C) and State (§17a-248) statutes and is an entitlement for eligible children under the age of three. Approximately 8,500 eligible children per year receive services (3.41% of the state population of children in that age group and 1.13% of children under the age of 12 months as measured by a one-day count.) Services are delivered through a provider network of 44 programs across the state and all referrals (8,600 per year) are initially handled by Child Development Infoline who then sends them electronically to approved local programs. (35 programs serve children of all types, 3 serve children who are deaf or hard of hearing, and 6 service children with autism spectrum disorders.) Child Development Infoline, 44 programs, and 15 state staff are connected through a real-time data network that not only provides a unique identifier for each eligible child, but also enrolls each child in the Department of Education’s Public School Information System. Newly-referred children receive a free developmental evaluation across five domains of development: cognitive, adaptive behavior, communication, physical, and social/emotional as well as an autism screening if they are at least 16 months of age. Children are currently eligible if they have a diagnosed condition that is expected to lead to a developmental delay (including autism) 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. In FY07, 99% of all services were provided in the home or in child-care settings.

In 2007, eligibility for Birth to Three was revised to include infants with birth weights under 1000g or 28 weeks gestation or less, children with significant speech delays coupled with one or more biological risk

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factors, and children with mild and unilateral hearing loss. In 2008, six autism-specific Birth to Three programs were added to the existing network of 38 programs for a total of 44.

Performance Measures and Story Behind the Baselines

Summary of Story Behind the Baselines:

Performance Measure 1

The Birth to Three programs are doing an effective job of early intervention as evidenced by the fact that at least 55% of children leave functioning at age-level in one or more of three outcome areas when, upon entry, 94% 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 88% percent of enrolled families determined that early intervention services helped them to help their children develop and learn. We also know that of 4,685 children in Kindergarten in the Fall of 2007 who had received Birth to Three services, 63.6% did not need special education services.

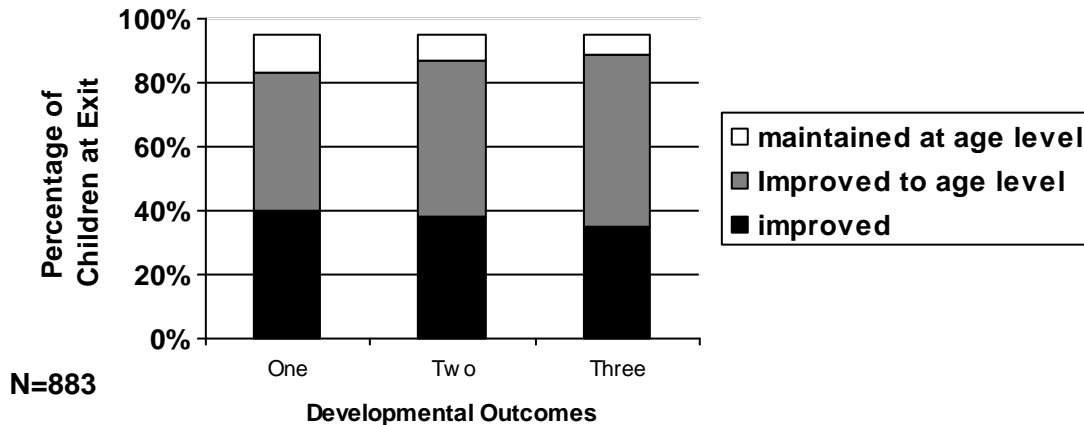
Given the demonstrated effectiveness of the program, even with children with significant delays, expansion of the program to include children with milder delays and those with challenging behaviors would help more children meet their developmental milestones and be ready for Kindergarten at age five.

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 data on 883 children that exited Birth to Three in FY07 show that across the three outcome areas, children who entered with significant delays in one or more of the three outcome areas 94% - 96% make significant gains after a minimum of six months enrollment in Birth to Three.



The results are anchored by 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 funded by the U. S. Department of

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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.

Performance Measure 2

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

88% of families surveyed in FY07 whose children had been enrolled in Birth to Three for at least six months were determined to have met or exceeded this standard which also includes their ability to understand their children's special needs, feel that their own efforts are helping their children, doing things that are good for their children's development, and feeling more confident in their skills as parents. (Baseline FY06: 84%)

Story Behind Measure 2

Infants and toddlers are uniquely dependent upon their families and intervention is what actually happens when parents (or other caregivers) interact with children during daily routines and activities. Therefore, the focus of most early intervention support 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.

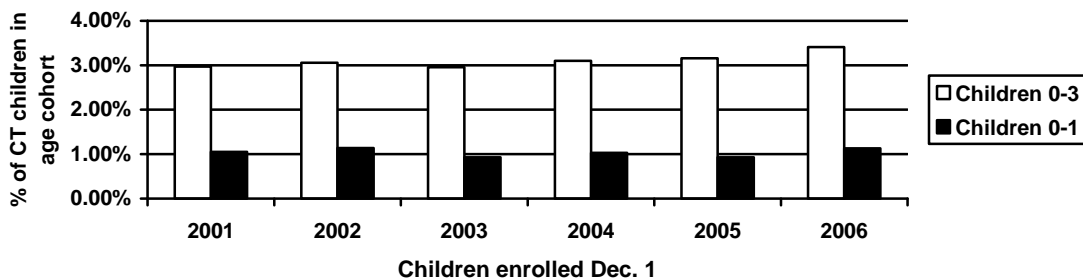
88% of parents surveyed in FY07 met a standard that as a result of receiving early intervention services they feel that their efforts are helping their children, that they do things with and for their children that are good for their children's development, and that they understand their children's special 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. The same data for FY06 showed that 84% met or exceeded the standard. Another method of analysis of this data is to establish a "standard" for the indicator and report only on the percentage of parents whose responses met or exceeded that standard. When we use that analysis and compare Connecticut to 13 other states using the same instrument and same analysis, we find that Connecticut ranked 7th, behind New Mexico, Kentucky, Massachusetts, Nebraska, South Carolina and Wyoming but ahead of New York, Pennsylvania, Utah, Michigan, California, Idaho, and Florida. We will be interested in comparing our FY07 data to these same states.

The survey instrument was validated and calibrated on a national sample by the National Center for Special Education Accountability and Monitoring, 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 and established the "standard" by which states can be compared.

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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.



Story Behind Measure 3

Although Connecticut serves a reasonable percentage of all children under three in its early intervention program and ranks 12th 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 6.41% of children under age three. In addition, the state ranks 18th nationally for the percentage of children served under the age of 12 months (up from 30th in FY06). Massachusetts serves 3.12% of children under one. Connecticut's percentages for FY07 increased from the previous years. The chart on the preceding page 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.

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Partners and Their Roles

The State Interagency Coordinating Council advises and assists

The Legislature authorizes the program, appropriates funding, and determines provider COLAs

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 Education by co-funding personnel development and public information activities and allowing our participation in its data system

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 DDS and the Children's Trust Fund.

What do you propose to do to improve performance in the next two years and why?

1. Work with OPM and the legislature to further broaden eligibility for children with challenging behaviors, mild developmental delays, and environmental risks in FY10.
2. *Increase targeted outreach to health care providers for infants under 12 months
3. *Recruit additional local programs as needed, with emphasis on recruiting municipalities
4. *Work with institutions of higher education to recruit teachers, occupational therapists, physical therapists, and speech and language pathologists
5. *Investigate allowing teachers transferring from school districts to approved Birth to Three programs to remain in State Teachers Retirement

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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. Obtain comparable data on child outcomes from other states that have similar eligibility criteria to Connecticut's

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Appendix B, Link to Budget

The budget for FY09, adds \$1.2m to annualize the changes in eligibility effective 7/1/07.

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
3. children with mild and unilateral hearing loss

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 further 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.

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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 March, 2008, we will be posting data on child outcomes and family outcomes for each local Birth to Three program in order to compare their performance.
3. “Do child outcomes vary by the length of time that a child is enrolled in Birth to Three? We will, over the next few years, be able to track such data as soon as we have sufficient child outcome data to analyze.