

2013 Program Report Card: Birth to Three System, Department of Developmental Services

Quality of Life Result: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction in Connecticut's achievement gap

Contribution to the Results: The program strengthens the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have significant delays or disabilities, ensuring that more of these children are ready for Kindergarten.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY12	\$38,840,094*	\$5,432,721	\$5,922,014	\$50,194,829
Estimated SFY 13	\$36,686,949*	\$6,977,715**	\$6,679,592	\$50,344,256

* Medicaid federal reimbursement projection of \$6M will offset state funding. FY12 reimbursement was \$6,230,795 ** Includes \$2M in carryover from FY12

Partners: Local school districts, physicians, hospitals, Office of Policy and Management; the Departments of Public health, Insurance, Education, Children and Families, Rehabilitation Services, Administrative Services, and Social Services; The University of Connecticut, State and Local Interagency Coordinating Councils, Early Childhood Cabinet, HMO Association and Anthem; and United Way.

How Much Did We Do?	How Well Did We Do It?	Is Anyone Better Off?																																																																						
<p>Performance Measure 1: The number of children under three enrolled</p> <p style="text-align: center;">Total Enrolled in Fiscal Year</p> <table border="1" style="display: none;"> <caption>Total Enrolled in Fiscal Year</caption> <tr><th>Fiscal Year</th><td>2003</td><td>2004</td><td>2005</td><td>2006</td><td>2007</td><td>2008</td><td>2009</td><td>2010</td><td>2011</td><td>2012</td></tr> <tr><th>Enrollment</th><td>9400</td><td>9500</td><td>8900</td><td>8600</td><td>8600</td><td>9100</td><td>9700</td><td>9600</td><td>9500</td><td>9400</td></tr> </table> <p>Story behind the baseline: The Birth to Three System enrollment is based upon the number of referrals received, the percentage of those referred who are eligible (Connecticut has very narrow eligibility criteria) and those whose parents decide to accept services (some decline due to the fee schedule or for other reasons.)</p> <p>The above graph shows the unduplicated number of eligible children who received services during any part of each fiscal year. The drop in 2005-2008 can be attributed to eligibility changes made in July 2003 plus the requirement of fees that began in January 2004.</p> <p>Although Connecticut's birth rate continues to decline, 10% of children born each year are enrolled in Birth to Three by age three.</p> <p>Trend: ▼</p>	Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Enrollment	9400	9500	8900	8600	8600	9100	9700	9600	9500	9400	<p>Performance Measure 2: The percentage of infants enrolled</p> <p style="text-align: center;">% Enrolled by 12 Months of Age by Fiscal Year</p> <table border="1" style="display: none;"> <caption>% Enrolled by 12 Months of Age by Fiscal Year</caption> <tr><th>Fiscal Year</th><td>2003</td><td>2004</td><td>2005</td><td>2006</td><td>2007</td><td>2008</td><td>2009</td><td>2010</td><td>2011</td><td>2012</td></tr> <tr><th>Percentage</th><td>1.00%</td><td>1.00%</td><td>0.90%</td><td>1.00%</td><td>0.90%</td><td>1.10%</td><td>1.10%</td><td>1.10%</td><td>1.10%</td><td>1.10%</td></tr> </table> <p>Story behind the baseline: The earlier a child with a disability can be identified and enrolled, the more months of early intervention services and supports their families can receive. Birth to Three data compared with Dept. of Public Health data indicates that there are children who would be automatically eligible for services from birth who are not being enrolled or whose enrollment is delayed until they are older. In 2011, the Birth to Three System began an initiative to identify the root causes of delayed enrollment and to address them.</p> <p>The above graph shows the percentage of children in Connecticut under age one that are enrolled based on a one-day count divided by Census Bureau estimates of the number of children under age one. The census data used for the 2012 calculation is provisional.</p> <p>Trend: ◀▶</p>	Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Percentage	1.00%	1.00%	0.90%	1.00%	0.90%	1.10%	1.10%	1.10%	1.10%	1.10%	<p>Performance Measure 3: The percentage of children not requiring special education services as they enter Kindergarten</p> <p style="text-align: center;">% Not Requiring Special Education Entering Kindergarten</p> <table border="1" style="display: none;"> <caption>% Not Requiring Special Education Entering Kindergarten</caption> <tr><th>Year</th><td>2000</td><td>2001</td><td>2002</td><td>2003</td><td>2004</td><td>2005</td><td>2006</td><td>2007</td><td>2008</td><td>2009</td><td>2010</td><td>2011</td></tr> <tr><th>Percentage</th><td>49%</td><td>50%</td><td>52%</td><td>49%</td><td>50%</td><td>51%</td><td>56%</td><td>55%</td><td>51%</td><td>53%</td><td>51%</td><td>51%</td></tr> </table> <p>Story behind the baseline: Using state assigned student identifiers, (SASIDs) children who were enrolled in Birth to Three can be tracked longitudinally. Department of Education data from the fall of 2000 through 2011 indicates that about 51% of children do not require special education if they have received Birth to Three services. For those children who remain in Birth to Three until age three, approximately 80% are eligible to receive special education services at age three. The trend shows a slightly increased percentage from 49% in 2000 to 51% in 2011 (the most recent SDE data available). This translates to some increased savings in special education costs to the state and to municipalities.</p> <p>Trend: ◀▶</p>	Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Percentage	49%	50%	52%	49%	50%	51%	56%	55%	51%	53%	51%	51%
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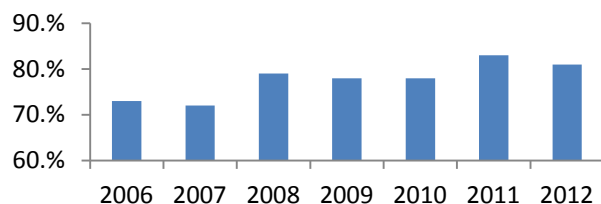
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Is Anyone Better Off?

Performance Measure 4: Percent of families that say they are better able to help their children develop and learn

Percent of families better able to help their children develop by Fiscal Year



Story behind the baseline:

Each year, a fairly lengthy survey is sent to all families whose children have been enrolled for at least six months asking them questions to which they respond on a scale from "very strongly disagree" to "very strongly agree" The survey gets a response rate of over 50% each year.

The graph above shows the percentage of families saying that they strongly or very strongly agree with the statement "Birth to Three has helped me to help my child develop and learn." We did not count those who said "agree" because it's not a strong enough statement.

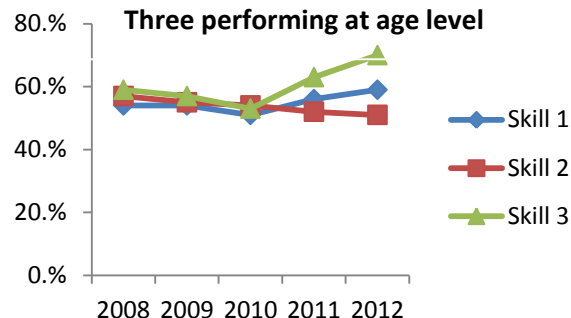
The data shows a definite increase from 2006 (at 73%) to 2012 (at 81%). This measure is the core mission of the Birth to Three System: To strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities."

Trend: ▲

Is Anyone Better Off?

Performance Measure 5: Children leave Birth to Three at age level

Percentage of children leaving Birth to Three performing at age level



Story behind the baseline:

Children are assessed when they enter Birth to Three and when they leave. Providers use that assessment information plus all other information they have on a child to "rate" the child's developmental level in three areas and the final rating describes how much progress the child made since enrollment. The three skill areas are:

1. social/emotional
2. acquiring and using knowledge (includes early language and literacy)
3. using appropriate behavior

The graph above shows just the percentage of children who left Birth to Three performing at age level for each of the three areas. Although skills 1 and 3 have shown general increase, skill 2 has shown somewhat of a decrease.

Trend: ▲

Proposed Actions to Turn the Curve:

The Birth to Three System is taking the following proposed actions to turn the curve:

More intensive outreach to birthing hospital and regional neonatal intensive care units and pediatric follow-up clinics including the possibility of stationing parents of former NICU graduates to offer face-to-face support and assistance in enrolling children in Birth to Three.

New Memorandum of Understanding with DCF for referrals of children for whom there are developmental concerns.

More guidance and training for providers in eligibility determinations of children under 12 months and the most appropriate assessments to use.

More guidance, training, and technical assistance for supervisors of local Birth to Three programs as well as individual providers through an enhanced training unit in Birth to Three central office. Emphasis is on evidence-based practices in early intervention and ensuring fidelity of practice in the field.

Data Development Agenda:

Our current efforts within our real-time data system are to assist local programs in streamlining their program management through data and improve the quality of the data through auto-edits and reminders within the system. We're also developing video "Help Guides" for posting on our website.

The data development area for the next few years will be exploring the appropriate use of cross-agency data and data comparisons while ensuring the confidentiality and security of all personally identifiable information.