

# State of Connecticut Birth to Three Feasibility Study: Final Report

Connecticut Office of Policy and Management  
December 2013



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## **ACKNOWLEDGEMENTS**

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## EXECUTIVE SUMMARY

In the spring of 2013, Connecticut Governor Daniel P. Malloy signed Executive Order Number 35 which directed a study to be implemented that would research the feasibility of transferring Connecticut's Birth to Three Program from the Department of Developmental Services (DDS) to the newly formed Office of Early Childhood (OEC) by July 1, 2014. The charge was to evaluate the potential transfer's timeline, the structure and mechanics of relevant state agencies and the Birth to Three program, the capacity for different agencies to capture Medicaid revenue if they were to house the Birth to Three program, and various other components that could affect the feasibility of the program's transfer.

The newly formed Office of Early Childhood was created in order to establish a coordinated system of early care and education and child development. Connecticut's formation of the OEC reflects a national trend to consolidate early childhood programs to promote continuity and efficiency of care as a child's family can find all programs relevant to the child's age in a single department. This union is a step toward providing one vision for all programs that serve the birth to five population, with the goal to promote better outcomes for children, improve communications, provide data sharing, assist in the transition for children, and provide professional development to the entire group of professionals who touch the lives of this population. Research shows that the early years are critical to later success in school and in life. Young children need access to health care, strong families, and positive early learning experiences from birth to five and beyond.

To conduct the feasibility analysis, PCG took a multi-step approach. In the first phase, the project team conducted best practices research and, in collaboration with the feasibility project sponsors, identified three states for peer state reviews. Each state was identified due to its past creation of a unified early childhood office. In phase two, the project team worked closely with the feasibility study sponsors to identify and contact key stakeholders in the state's Birth to Three program. In phase three of the project, the team conducted a thorough analysis of the peer state findings, Connecticut interviews focus groups, and Birth to Three data to formulate the feasibility study recommendations.

### Summary of Recommendations

The feasibility study resulted in the following principal recommendations to transfer the CT Birth to Three program to the OEC by October 1, 2014:

1. *Contracts* - There are currently 42 contracts. These contracts include 40 early intervention contracted programs, United Way, and Summit Technology. In order to ensure that all contracted services for Birth to Three transitions smoothly, each of these contracts would require an amendment.

➤ **Estimated Timeframe: 60 to 90 days**

*MOU/MOAs* - There are 11 MOU/MOAs that are current with the Birth to Three program. Of these 11, three of the services outlined have been completed or will be completed by June 2014. Three MOU/MOAs will require new agreements between OEC and SDE. The remaining five agreements would require an amended MOU/MOA between OEC and the other entity.

➤ **Estimated Timeframe: 90 to 180 days**

2. *IT Infrastructure* - The Birth to Three program currently uses the web-based data system, Service Provider Individual Data Entry Resources (SPIDER) to facilitate the tracking of Individualized

Family Service Plans (IFSPs) and associated service delivery and billing of Medicaid and commercial insurance for Birth to Three services. SPIDER is a custom-built system that is owned by the State of Connecticut, so it can reside in any department within the state and would still be accessible to all users without the loss of functionality. Three areas identified to be addressed with the move include the following: servers, Global Security Module, and the help desk.

- Servers – Currently, the Birth to Three data resides on a MS-SQL 2008 R2 server provided by DDS. DDS currently supports the cost to maintain the system on the server. This cost is approximately \$1,000 per month. To address this issue for the short term, an MOU can be produced between DDS and OEC to have DDS continue to host the data system on the current server until such time as a smooth transition can be made. The SDE is currently in the process of purchasing servers for the OEC and these would be housed in the DAS environment. There would be little or no additional cost to what is already being planned for the OEC, regardless of whether Birth to Three moves or does not.

➤ **Estimated Timeframe: 60 to 270 days**

- Global Security Module - This customized secure sign-on module was developed in-house at DDS and is the portal by which the SPIDER software is accessed through the DDS application portal that signs on to the system. The module code would need to be altered if SPIDER were moved to another server. There is also another web-based application on the cusp of being deployed called Global Reporting, a consultant report writing tool developed for DDS, also to be accessed via the DDS application portal. In order for the current single sign-on module to continue to be used, an MOU between DDS and OEC is needed.

➤ **Estimated Timeframe: 90 to 120 days**

- Birth to Three IT Help Desk - Helpdesk support is currently provided by DDS to Birth to Three. SDE currently provides a helpdesk for the support of its end users. The SDE helpdesk can be utilized to receive calls related to the Birth to Three program and route them to the appropriate Birth to Three IT staff.

➤ **Estimated Timeframe: 0 to 30 days**

3. *Deficit Coverage* - Currently, when the Birth to Three program experiences a shortfall, DDS provides the funds to cover that deficit. In fiscal year 2013, the shortfall was \$495,847. In the two fiscal years prior to that, the Birth to Three program spent within its allocated appropriation. The appropriation for the Birth to Three program decreased each year since fiscal year 2012. The amount of appropriation decrease between 2012 and 2013 was \$1,425,719. For this time period, commercial insurance revenue only increased by \$247,479, therefore this decrease in appropriation accounts for the budget shortfall. Services were provided to approximately the same number of children, as there was an increase of 10 children served from the previous year. PCG recommends that the budget appropriated to the OEC for the Birth to Three program be reflective of the past history of expenditures of this program.

➤ **Estimated Timeframe: 90 to 180 days**

4. *Physical Location* - OEC has a goal to house all of its programs within the same physical location to promote collaboration among all early childhood programs in the state. This goal cannot be

realized until 2016, as the current state facilities plan is set to move SDE and OEC into a single newly renovated building. However, programs being housed in separate locations will not be a detriment to the success of the program and OEC's vision. All programs will have the same vision and guiding principles to better serve the early childhood population, regardless of where they reside. A new MOU with DDS should be written to continue to operate the program in DDS until office space is available.

➤ **Estimated Timeframe: MOU – 90 to 180 days, Renovation - Current to 2016**

5. *Office Equipment* - DDS and Birth to Three staff members indicated that some office equipment was purchased through DDS with state funds. This includes desktop computers, laptops, scanners, fax machines, copy machines, and furniture. PCG recommends the equipment purchased for the Birth to Three staff be transferred to the OEC for continued use, as it appears these materials were purchased with state dollars. However, if transfer of these materials is not feasible, then OEC would need to develop a clear plan to procure.

➤ **Estimated Timeframe: 60 to 90 days**

6. *Medicaid* – Three areas identified to be addressed with the move regarding Medicaid include the following: capturing Medicaid billing, Medicaid reporting requirements, and the Medicaid Provider Number.

- Capturing Medicaid billing - DAS serves as the billing agent for Medicaid for the Birth to Three program, while DSS serves as the State of Connecticut's single state collection agency for Medicaid funds. DSS also performs the function of setting rates for the early intervention services billed to Medicaid. The current rates that are billed for these services would remain the same regardless of whether the Birth to Three program stays in DDS or moves to the OEC, so this is not a factor in this study. DAS currently has access to the Birth to Three data system, SPIDER, in order to capture the needed information to process Medicaid claims to CMS. PCG recommends that this process continue.

➤ **Estimated Timeframe: Ongoing**

- Medicaid reporting requirements - PCG understands that an annual cost report and certification of funds are required to support rate setting activities for the Birth to Three program. PCG has not been able to ascertain from DDS, DSS, nor Birth to Three staff whether this process takes place annually. PCG recommends that when the Birth to Three program moves to the OEC, a staff person be identified to perform this function annually.

➤ **Estimated Timeframe: Annually**

- Medicaid Provider Number - In order to bill for Medicaid services, a department must obtain a Medicaid Provider Number. Currently, the Medicaid Provider Number used for claiming purposes belongs to DDS. PCG recommends that OEC follow the enrollment process to obtain a Medicaid Provider Number assigned to it.

➤ **Estimated Timeframe: 90 to 180 days**

7. *Staffing* - In order for the Birth to Three program to continue in the same capacity, staff and salaries must be transferred to the OEC. The Birth to Three program staff has a mixed funding structure; of the 16 program staff members, eight staff salaries are DDS state-funded, seven are fully funded by Federal Part C, and one is partially funded by DDS state funds and partially funded by Federal Part C. In order for the OEC to fund the 7.5 FTE Birth to Three staff salaries that are currently funded through DDS, PCG recommends that funding be shifted to the OEC budget to cover these positions. The current amount is \$681,446, which includes longevity and salary increases (but not fringe) for FY14.

➤ **Estimated Timeframe: 90 to 180 days**

8. *Federal Application* - The U.S. Office of Special Education Programs (OSEP) requires notification of a lead agency change for the Part C program. In order for this to occur mid-year, the Governor must sign an executive communication alerting OSEP of the move. Activities such as journal voucher or mid-budget year adjustments must take place to move the funds from DDS to SDE/OEC internally within the state. In the following year, the federal application would be submitted by OEC to change the lead agency.

➤ **Estimated Timeframe: Executive communication –30 to 90 days, Federal Application process – 180 days**

9. *Other Recommendations* - Regardless of which department the Birth to Three program resides in, there are three other issues that PCG identified as areas to address: the Medicaid billing structure, Medicaid billing, and communication.

- *Medicaid Billing Structure* - Currently, the Birth to Three program is claimed in a bundled rate. DSS is in the process of writing a new state plan amendment which would require the bundled rate to change to billing in 15 minute increments. Once the billing structure moves to 15 minute increments, the Public Assistance cost allocation plan (PACap) would need to be recalculated. DDS currently has a PACap. If SDE chooses to build its own PACap, a contractor would be required to assist with this. PCG recommends that the Birth to Three program access the DDS PACap through an MOU. This would require an amendment to the DDS PACap. PCG also recommends that the Birth to Three IT staff be made aware of the potential change from bundled rates to 15 minute increments.

➤ **Estimated Timeframe: 60 to 90 days**

- *Medicaid Billing* - PCG understands that if a child in the Birth to Three program has both commercial insurance and Medicaid, the commercial insurance is accessed first. Unfortunately, the exact number of children that have both commercial insurance and Medicaid could not be identified because the data system does not possess historical information. It is estimated that 310 children who are currently eligible have both “Consent to bill Medicaid” and “Consent to bill insurance” selected in the SPIDER data system. In order to maximize Medicaid revenue and comply with the federal law that Medicaid be the payer of last resort, PCG recommends that when a child has both, commercial insurance must be billed first and Medicaid billed as a secondary payor.

➤ **Estimated Timeframe: 90 to 270 days**



- *Communication* - Many DDS and Birth to Three program staff members, state agencies, providers, parents, and advocates expressed a lack of understanding about the goals and the strategic plan of the OEC. PCG understands that in the late spring of 2012, information sessions took place between the Early Childhood Planning Team and Birth to Three stakeholders. PCG recommends that a comprehensive communication plan be written and shared with all stakeholders and implemented promptly.

➤ **Estimated Timeframe: 60 to 90 days**



## **I. INTRODUCTION**

During the spring of 2013, Connecticut Governor Daniel P. Malloy signed Executive Order Number 35 which directed a study to be implemented that would research the feasibility of transferring Connecticut's Birth to Three Program from the Department of Developmental Services (DDS) to the newly formed Office of Early Childhood (OEC) by July 1, 2014. The results of this study would be presented to the Governor and the co-chairs of the general assembly's Joint-Standing Committee on Appropriations by January 1, 2014. This study would evaluate the potential transfer's timeline, the structure and mechanics of relevant state agencies and the Birth to Three program, the capacity for different agencies to capture Medicaid revenue if they were to house the Birth to Three program, and various other components that could affect the feasibility of the program's transfer.

Public Consulting Group, Inc. (PCG), nationally recognized experts in conducting similar business analyses, was selected to perform this study and examine the system in which the Birth to Three program operates. The feasibility study was contracted under the Office of Policy and Management (OPM) however; the feasibility study sponsors/PCG project team's key contacts for this Birth to Three Program Feasibility Study included the Part C Director/Interim Assistant Director of the Office of Early Childhood, the Part C Assistant Director/Interim Director, and the Principal Budget Specialist with Early Childhood responsibilities at the State Office of Policy and Management.

Through literature review, program stakeholder interviews, financial analysis, and total process review, this study aims to make clear the steps that must be taken in order to determine if or how best the Birth to Three program can be moved to a new state agency. The following report details the findings of the study and proposes recommendations on the timeline for the program transfer, best practices for the transfer, and appropriate agency to house the program. This report is presented to the Governor and the co-chairs of the Joint-Standing Committee on Appropriations and is the result of a deliberately transparent and public process that brought together Early Intervention stakeholders from across state government and the private sector. All of these stakeholders possess a wealth of knowledge and insight and are determined to serve the children of Connecticut and ensure that those children continue to receive the same quality of care that has made the Birth to Three program one of the most reputable Early Intervention systems in the United States.

### ***Background of the Office of Early Childhood***

The newly formed Office of Early Childhood, an agency that reports directly to the Governor, is the result of the passage of Public Act no. 11-181, which set out to establish a coordinated system of early care, education, and child development; Public Act no. 13-247, which provided budget allocations for the OEC in fiscal years 2013 and 2014; and Executive Order no. 35, which was signed by Governor Malloy in June, 2013 and fully established the OEC. The formation of the OEC follows a developing trend throughout the U.S. of states seeking to consolidate their early childhood programs in order to promote continuity and efficiency of care, as a child's family can find all programs relevant to the child's age-related needs in a single department. In addition to creating a 'one-stop shop' of early childhood programs, creating this office would ease the transition from the services that a child aged birth to five may receive to the services that are offered to children in primary and secondary school. Legislation to officially codify the new agency will be introduced on the first day of the 2014 state legislative session.

The current director of the Office of Early Childhood, Dr. Myra Jones-Taylor, was appointed in 2012 by the Governor to lead a three-person team that would analyze the state of organization and access to Early

Childhood programs in Connecticut. Through a series of interviews over the following year, this team found that the overarching tone that was common between early childhood programs was one of dissatisfaction with data collection and coordination of policy. After researching viable options to remedy the results of the study, the team gave a final recommendation to the Governor to form a consolidated and coordinated Office of Early Childhood.

### ***Background of the Feasibility Study***

Although the passage of the FY 2014 state budget and the signing of Executive Order no. 35 formed the Office of Early Childhood, not all early childhood programs joined the office immediately. In particular, the Birth to Three program was originally slated to join the office in July 2014. As part of the Executive Order, a study was commissioned in order to determine if the original July 2014 join date for Birth to Three was feasible, and if not, recommend a more appropriate timeline or determine if the program transfer would be possible. Along with examining the transfer timeline, the scope of services included in the study examined many factors relevant to the operation of the Birth to Three program and the capacity for different agencies to house the program.

#### *Study Scope of Services*

- Which agency would more appropriately house the Birth to Three Program? Current agency (Department of Developmental Services), Office of Early Childhood, Department of Social Services? Stand alone?
  - Why? Benefits and costs (programmatic/financial) of keeping it in DDS or moving it to another agency.
- Which agency can provide better coordination among early childhood programs affecting this population?
- Which will be better for children and providers?
- How will OEC capture Medicaid revenue? Be responsible for quality and other reporting requirements by the feds?
- How will billing, insurance, etc. be handled?
- Is IDEA Part C a good fit with other early childhood programs within OEC?
- What is the necessary timeframe for a successful submission of the federal grant application and transition? 2014-2016?

In order to answer the questions that were examined in the feasibility study scope of services, PCG developed interview research questions that would help guide discussion in order to get at the heart of the subject matter being addressed. Below are the various categories of information that the drafted research questions addressed:

#### *Research Question Topics:*



1. Background on the Office of Early Childhood
2. Perceived barriers to moving the Birth to Three program to the OEC
3. Perceived remedies to the barriers of moving the Birth to Three program
4. Regarding Early Childhood policy, how does this move fit in with the goals of the OEC and the state?
5. Costs and benefits of moving the Birth to Three program
6. What are the responsibilities that are related to Medicaid reporting and reimbursement for Birth to Three?
7. Does OEC have the resources necessary to accommodate the Birth to Three program?



## II. DEPARTMENT PROFILES

### *Profile of the Department of Developmental Services<sup>1</sup>*

The Connecticut Department of Developmental Services has the statutory responsibility for the coordination and administration of services in the state that are directed towards persons with intellectual disability and persons who have been medically diagnosed with Prader-Willi Syndrome. DDS is the agency that currently houses the Birth to Three program and is the designated Lead Agency for IDEA Part C in Connecticut. As a state agency, DDS serves approximately 20,000 individuals, with an operating budget in excess of \$1 billion; of the total operating budget, Birth to Three accounts for 4 percent.

Utilizing a system that relies on a network of contracted provider agencies and state-operated services, DDS is able to provide services to eligible populations through the funding it has been appropriated. The services that are provided by DDS include the following: day and employment programs, respite, early intervention (Birth to Three), case management, residential placement and in-home supports, family support, and programs such as transportation, clinical, and interpreter services. Also housed in DDS is the Autism Division, which facilitates programming for individuals with autism spectrum disorders who do not have an intellectual disability.

### *Profile of Part C Birth to Three Program<sup>2</sup>*

In Connecticut, the Birth to Three program is the coordinating system for early intervention services, which are determined through an Individualized Family Service Plan (IFSP) that aids families that qualify for these services. The Birth to Three program is funded by the state appropriation, commercial insurance, parent fees and federal Part C funds that are a part of the Individuals with Disabilities Education Act (IDEA). On occasion, the Birth to Three may be referred to as either Early Intervention or Part C. Part C of IDEA is an entitlement program that targets families with children between the ages of birth to three years who are developmentally delayed and provides funding that must be used for the coordination of early intervention services. In Connecticut, the current designated Lead Agency for Part C is the Department of Developmental Services, making it thereby responsible for the allocation and reporting on the Part C funds awarded by the federal government. If the Birth to Three program were to be transferred, the Lead Agency distinction for Part C would have to be reassigned to the agency that administers the Birth to Three program.

In FY 2013, the Connecticut Birth to Three System received 8,336 referrals and completed 7,750 evaluations. Of those completed evaluations, 60 percent--or 4,667--were found to be eligible. For children to be eligible for Birth to Three services, they must either have a 1) significant developmental delay, or 2) diagnosed medical condition with a high likelihood of resulting in developmental delay. Birth to Three aids children and families in coordinating a wide array of services that can treat developmental delays in early childhood. In Connecticut, health insurance policies are statutorily compelled to cover a defined set of early intervention services, which include the following: audiology, family training, family counseling, home visits, health services (that must be administered in tandem with other Early Intervention services), initial

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<sup>1</sup> Connecticut Department of Developmental Services. (2012, February). *Five Year Plan 2012-2017*. Retrieved from Connecticut Department of Developmental Services: [http://www.ct.gov/dds/lib/dds/legislative/5\\_year\\_plan\\_final\\_2\\_16\\_12\\_color.pdf](http://www.ct.gov/dds/lib/dds/legislative/5_year_plan_final_2_16_12_color.pdf)

<sup>2</sup> Data on Connecticut Birth to Three Program Pulled from stakeholder interviews and 2012 Annual Data Report, Taking First Steps Together: Connecticut Birth to Three System. (2013). *2012 Annual Data Report, Taking First Steps Together*. Retrieved from Connecticut Birth to Three System Website: <http://www.birth23.org/files/ADR/AnnualReportFY12.pdf>



evaluation, medical services only for diagnostic or evaluation purposes, nursing services, nutrition services, occupational therapy, physical therapy, psychological services, service coordination, social work services, special instruction, speech-language pathology, and vision services. Table 1 below shows the numbers of children who received each of the listed services in 2013.

Table 1: Services Delivered in FY2013

Service Delivered By	Number of Children
Speech and Language Pathologist	5,692
Special Educator	4,232
Occupational Therapist	2,898
Physical Therapist	2,767
Early Intervention Associate or Assistant	2,469
Early Intervention Specialist	873
Social Worker or Intern	630
Board Certified Behavior Analyst or Associate Analyst	599
Audiologist	351
Occupational Therapy Assistant (COTA)	181
Psychologist	201
Nutritionist	123
Nurse	101
Physical Therapy Assistant	43
Family Therapist/Professional Counselor	11
Orientation and Mobility Specialist	6
Other Early Intervention Service Provider	5

Services are contracted through an RFP process every five years, most recently rebid in 2011. Currently, 40 provider agencies are under contract with the Birth to Three program to provide Early Intervention services for eligible Connecticut children. In addition to the standard contract that the Birth to Three program has with early intervention service providers, the program has two other contracts with external resources to perform various administrative functions. United Way of Connecticut, Inc. operates a system referral call center, hosts the Birth to Three website, provides program and referral source satisfaction and other referral data to DDS, and processes payments to state and local Interagency Coordinating Councils. The Birth to Three program also has a contract with Summit Technologies to process claims to commercial insurance companies on the provider's behalf and invoice parents for the parent fees.

In FY 2013, the total cost of the Birth to Three program was \$49,546,941. The average annual cost per child served by Birth to Three for general services was \$8,324, \$24,811 for autism programs, and \$10,915 for deaf/hard of hearing programs. The total funding sources for Birth to Three in FY 2013 were as follows:



Table 2: Expenditures by Funding Source

Actual FY13 Expenditures—All Funding Sources	
<b>State Funds</b>	\$36,617,837
<b>Total Federal IDEA Funds</b>	\$6,833,033
<b>Commercial Insurance Reimbursements</b>	\$4,966,647
<b>Parent Fees</b>	\$1,129,424
<b>Total System Expenditures</b>	\$49,546,941

***Profile of the Office of Early Childhood***

The newly formed Office of Early Childhood is an independent department that reports directly to the Governor. Under the leadership of Executive Director Dr. Myra Jones-Taylor, the OEC currently consists of approximately 30 staff members with an operating budget in FY14 of \$129,583,957.<sup>3</sup> With the founding goal of consolidating and improving the coordination of Early Childhood programs and policy in the state targeting children ages birth to five, OEC currently houses programs that were formerly a part of the State Departments of Education, Social Services, and other agencies that have had direct involvement in the Early Childhood policy area. As of the writing of this report, the OEC mission statement is currently in development.

The Early Childhood programs and services that OEC coordinates are divided into four main categories: Early Care and Education, Child Care Licensing, Early Intervention, and Family Support Services. Listed below in Table 3 is a short explanation of each program that is either currently located in OEC or slated to move to OEC:

Table 3. OEC Programs

Early Care and Education	
<b>Workforce Development</b>	Early Care and Education Workforce Development in the OEC is a program that was pulled from the Connecticut Board of Regents and consists of a personnel database of early childhood professionals, training programs in child development, and professional development for Early Care and Education staff. In the database, providers can log and track hours that have been dedicated to training.
<b>Program Improvement</b>	The Early Care and Education Program Improvement division of the OEC manages National Association for the Education of Young Children (NAEYC) accreditation and the facilitation of certification and recertification for child care providers.
<b>Early Care and Education Staff</b>	The School Readiness program is a state-funded pre-kindergarten responsible for growing a network of pre-K programs that, among other objectives, would grant children access to quality programs that promote their health and safety and prepare them for formal schooling. <sup>4</sup> School Readiness resides in the OEC. The OEC also currently handles

<sup>3</sup> Connecticut General Assembly. (2013). *Public Act 13-247*. Retrieved from Connecticut General Assembly Website: <http://www.cga.ct.gov/2013/act/pa/pdf/2013PA-00247-R00HB-06706-PA.pdf>

<sup>4</sup> Connecticut School Readiness Program. (2013). *Overview of the School Readiness Program*. Retrieved from Connecticut State Department of Education Website: <http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Readiness/sroverview.pdf>



Early Care and Education	
	state funding for Head Start, which serves children ages three to five with the goal of increasing the school readiness of low income children in this age group. <sup>5</sup>
<b>Child Care Subsidy</b>	<p>A Child Care Subsidy program in Connecticut, Care 4 Kids, aims to make child care affordable and accessible to low-income families. Care 4 Kids coordinates payments to child care providers for each child who qualifies for the subsidy. Qualified programs include state- licensed day care centers; group day care home and family day care homes; public or private school before and after-school programs which are administered by the school; municipal or town programs located in a school building which are administered by the municipality; care provided in the child’s home; care provided by a relative and in the relative’s home; care in the home of a non-relative for less than three hours per day.<sup>6</sup> Care 4 Kids will be moving to OEC in July, 2014.</p> <p>A second child care program already exists within the OEC that provides subsidies for low-income children only at specific approved and licensed day care centers.</p>
Child Care Licensing	
<b>Licensing Staff</b>	Child Care Licensing staff members work to ensure that all licensed child day care programs are operating at or beyond the standards that are required by the corresponding state statutes and regulations. The staff provides technical assistance, application processing, facility monitoring, complaint investigation, and other enforcement activities for all child day care programs that are licensed with the state. <sup>7</sup> The Licensing staff is currently scheduled to move to OEC in July, 2014.
Early Intervention	
<b>Birth to Three</b>	The Birth to Three program works to coordinate and deliver, through a network of contracted providers, services to developmentally delayed children ages birth to three. The program is funded by state appropriation, IDEA Part C, parent fees and commercial insurance. The program is slated to join the OEC in July, 2014, but this move is pending the results of this study.
<b>Early Childhood Special Education</b>	Early Childhood Special Education is provided by local and regional school districts to eligible children age three to five. These services are required by federal and state law in order to give young children with disabilities a free and appropriate public education that takes into

<sup>5</sup> Connecticut Head Start. (2013, January 25). *Head Start*. Retrieved from Connecticut State Department of Education: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320766>

<sup>6</sup> Connecticut Care 4 Kids. (2013). *Provider Information*. Retrieved from Connecticut Care 4 Kids Website: <http://www.ctcare4kids.com/care-4-kids-program/provider-information/>

<sup>7</sup> Connecticut Department of Public Health. (2009, February 19). *Child Day Care Licensing Program*. Retrieved from State of Connecticut Website: [http://www.ct.gov/dph/cwp/view.asp?a=3141&Q=387158&dphNav\\_GID=1823&dphNav=](http://www.ct.gov/dph/cwp/view.asp?a=3141&Q=387158&dphNav_GID=1823&dphNav=)



	special consideration their individual needs. EC Special Education is funded by IDEA Part B, Section 619 and state funding. <sup>8</sup> This program is slated to join OEC in July, 2014.
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<b>Family Support Services</b>	
<b>Children’s Trust Fund</b>	Created by the Connecticut General Assembly in 1983, the Children’s Trust Fund has the responsibility of augmenting local efforts and programs that aid families and communities in guarding positive development for children by preventing child abuse and neglect. The Children’s Trust Fund is funded by a mix of federal, state, and private dollars, and is the Lead Agency for the allocation of the Administration for Children and Families’ Community-Based Grants for the Prevention of Child Abuse and Neglect program. <sup>9</sup> The Children’s Trust Fund also houses Connecticut’s largest home visiting program, named the Nurturing Family Network (nationally, known as Healthy Families). Part of the Nurturing Family Network is funded by the MIECHV grant. The Children’s Trust Fund also operates Help Me Grow, a resource and referral service for parents or physicians. The Children’s Trust Fund is currently under the OEC’s jurisdiction.
<b>Home Visiting</b>	A part of Connecticut’s broad home visiting programs is funded by the Maternal, Infant, and Early Childhood Home Visiting Grant (MIECHV) with the purpose of working to deliver “high quality evidenced-based home visiting” programs for children and families that live in high-risk communities, with the intention of improving health and development outcomes. <sup>10</sup> These various home visiting programs are selected at the community level. The MIECHV grant also funds some expansion of the Nurturing Family Network that is housed under the Children’s Trust Fund. This program is currently slated to move to OEC in July, 2014.

The OEC’s in-house business operations and support services will be led by a Fiscal Administrative Manager and will include an Information Technology Subject Matter Expert, an Associate Fiscal Administrative Officer, and a Staff Attorney. Although the OEC is an independent department, several ‘back-end’ processes, for administrative purposes only (APOs), will be provided by other larger agencies. Grant management, legal consultation, and budget operations will mostly be handled by the State Department of Education; additionally, contract management will be coordinated under the Department of Mental Health and Addiction Services’ new contracting unit. Although some of the back-end functionality of the OEC may not be operated within the department, the OEC is still working on maximizing the coordination and efficiency of early childhood programs in Connecticut. For a visualization of the most current proposed structure of the OEC, please review the organizational chart listed on the following page.

<sup>8</sup> Connecticut State Department of Education. (2013, November 1). *Early Childhood Special Education*. Retrieved from Connecticut State Department of Education Website: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320750>

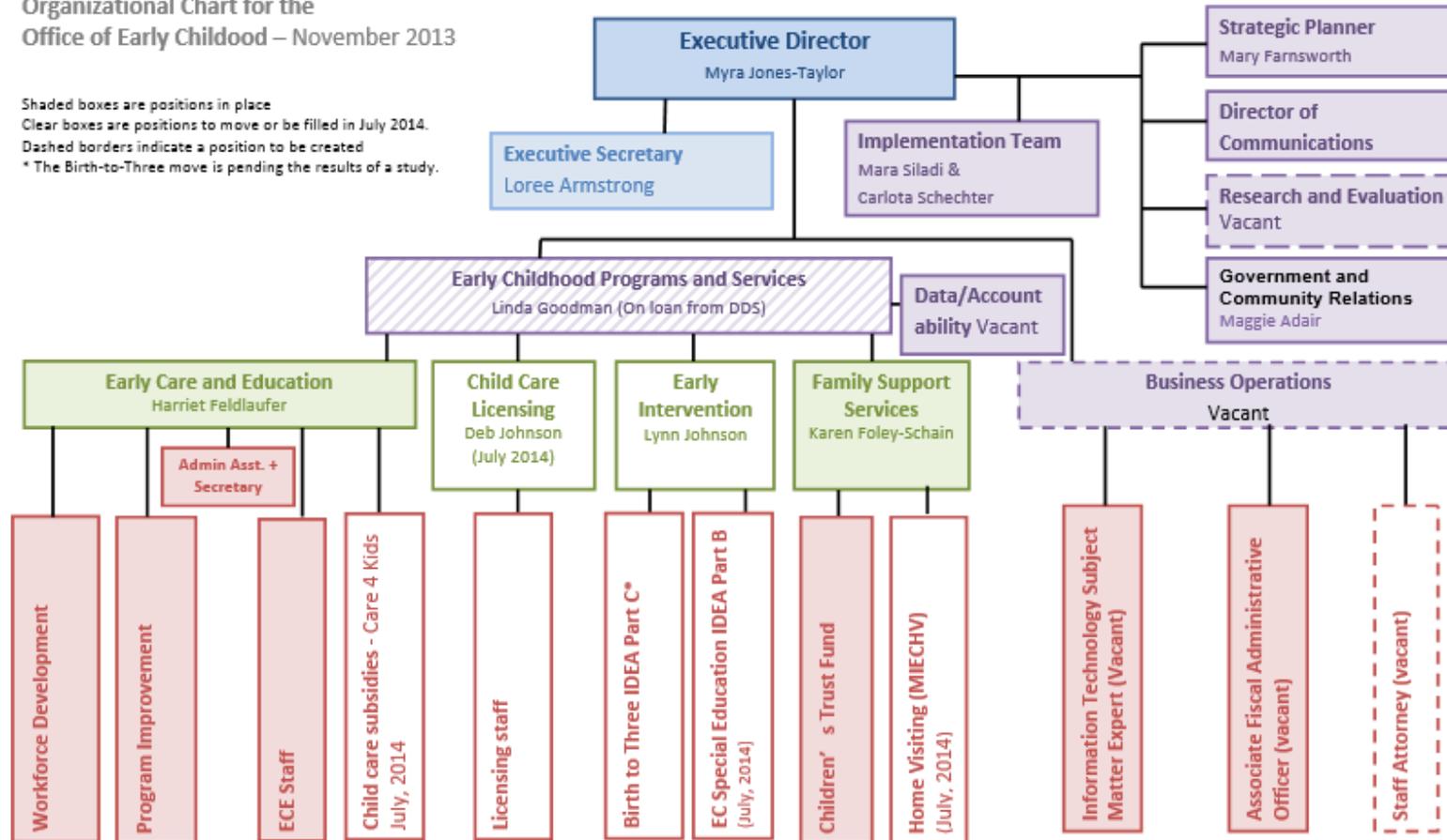
<sup>9</sup> Connecticut Children’s Trust Fund. (2011). *About Us: Children’s Trust Fund*. Retrieved from State of Connecticut Website: <http://www.ct.gov/ctf/cwp/view.asp?a=1785&q=299986>

<sup>10</sup> Connecticut Department of Public Health. (2013, October 25). *Maternal, Infant, and Early Childhood Home Visiting Program*. Retrieved from State of Connecticut Website: <http://www.ct.gov/dph/cwp/view.asp?a=3138&q=503124>

Figure 1. OEC Organizational Chart

**Organizational Chart for the  
Office of Early Childhood – November 2013**

Shaded boxes are positions in place  
Clear boxes are positions to move or be filled in July 2014.  
Dashed borders indicate a position to be created  
\* The Birth-to-Three move is pending the results of a study.



### III. PROJECT METHODOLOGY

To conduct the feasibility analysis, PCG took a multi-step approach. In the first phase, the project team conducted best practices research and identified three states for a peer states review. The three states were Colorado, Pennsylvania and Washington. Each state was identified because of its past experience in the creation of a unified early childhood office. The project team conducted research and interviewed key leadership in the creation of the early childhood office/agency/department and asked targeted questions regarding governance structure, key steps needed to create the office, and the involvement of the early intervention programs in the early childhood office. In phase two, the project team worked closely with the feasibility study sponsors to identify and contact key stakeholders in the state’s Birth to Three program. Targeted interviews and focus groups were held with stakeholders including state agency staff, parents, and providers and policy makers. PCG worked to understand the processes, individuals, and organizations involved in operating the Birth to Three program and the positions of stakeholders with opinions about the feasibility of moving the program to the OEC. In phase three of the project, the team conducted a thorough analysis of the peer state findings, the Connecticut interviews focus groups, and Birth to Three data. All three phases informed the feasibility study recommendations.

#### *Peer State Reviews*

The following table includes the list of peer states interviewed, the early childhood office/agency/department, and the contacts from each state.

Table 4. Peer State Review Interviewees

Peer State	Early Childhood Office/Agency/Department	Interview Contact Person
State of Colorado	Department of Human Services, Office of Early Childhood	Ardith Ferguson, Early Intervention Program Manager
Commonwealth of Pennsylvania	Office of Child Development and Early Learning (OCDEL)	Carl Beck, Division of Standards and Professional Development and Emily Hackleman, Eastern Division of Operations and Monitoring
State of Washington	Department of Early Learning	Karen Walker, Early Supports for Infants and Toddlers Program Manager

#### *Connecticut Interviews and Focus Groups*

The following table provides a list of the interviews and focus groups conducted, including attendees and the forum by which information was collected.

Table 5. Interview and Focus Group Attendees

Department, Agency or Group	Attendees	Forum
<b>Early Intervention Providers, Parents, and Advocates</b>		
American Academy of Pediatrics	Executive Director, Lobbyist	Interview
Early Intervention providers, parents and advocates	State Interagency Coordinating Council (ICC), Early Intervention Providers, CT Parent Advocacy Center, Department of Public Health	Focus Group
<b>State Agencies and Departments</b>		
Office of Early Childhood (OEC)	Executive Director	Interview
Department of Social Services (DSS)	Medicaid Director, Director of Reimbursement	Interview
State Department of Education (SDE)	Part B 619 Coordinator, Fiscal Administrative Manager II	Interview
Office of Policy & Management (OPM)	Principal Budget Specialist for OEC, Budget Analyst for DDS, Section Chief (Health area)	Focus Group
<b>Department of Developmental Disabilities and Birth to Three</b>		
Department of Developmental Disabilities (DDS) and Birth to Three Leadership	Commissioner, Deputy Commissioner, Government Affairs Director, Birth to Three Part C Director, Assistant Director, Associate Accountant	Focus Group
Birth to Three Program	Birth to Three program staff	Focus Group
<b>Governor's Office</b>		
Governor's Office, Governor's Cabinet	Early Childhood Policy Advisor	Interview
<b>State Representatives</b>		
	Representative Susan Johnson	Interview
	Representative Toni Walker	Email

In collaboration with the feasibility study sponsors, the project team developed an interview tool that guided the interviews and focus group. The interview tool served as a starting point for discussion in each of the interviews and focus groups. During the interviews, the PCG project team recorded participant feedback and used this information to develop its recommendations. PCG focused on conducting open and flexible interview

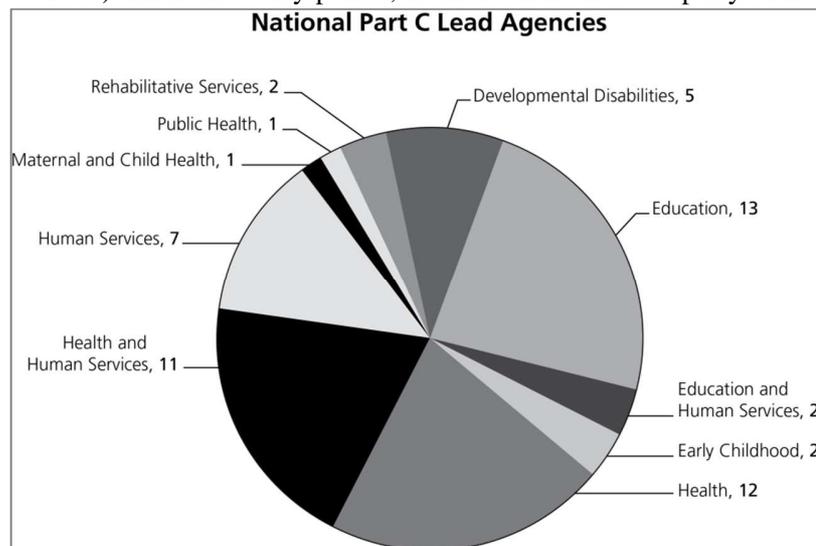


sessions, using an adaptable questioning method to ensure that discussions were free-flowing and extracted as much interviewee feedback as possible. These questions focused on the background behind the feasibility study, the current operations of the Birth to Three program, the barriers to moving Birth to Three, and resources needed to alleviate those barriers. Interview and focus group questions and follow-up interviews with various individuals were also held to clarify points and collect data regarding the program's operations over the past five years. Program data regarding caseloads, Medicaid and Commercial insurance revenue, and budget overages were collected. The data is presented in the following V. Key Findings section.

#### IV. OVERVIEW OF PART C LEAD AGENCIES

The Part C of the Individuals with Disabilities Education Act (IDEA) Program for Infants and Toddlers with Disabilities is a federal grant program that assists states in operating a comprehensive statewide program of early intervention services for infants and toddlers with disabilities ages birth through age two years and their families. Each state/jurisdiction’s governor must designate a Lead Agency to receive the federal grant and administer the program to carry out the following duties: general administration and supervision; identification and coordination of all available resources; assignment of financial responsibility to the appropriate agencies; development of procedures to ensure that services are provided in a timely manner pending resolution of any disputes; resolution of intra- and interagency disputes; and appointment of an Interagency Coordinating Council (ICC) to advise and assist the lead agency. The ICC includes parents of young children with disabilities. Currently, all states and eligible territories are participating in the Part C program. Part C federal funding is a formula grant; the funding allocated to each state is based upon census figures of the number of children age birth through two in the general population.

Lead Agencies vary across states and, in 23 states/jurisdictions, have changed over time. Ten of those Lead Agency changes occurred early in the Part C program, during the time that states were initially developing their early intervention systems (1987-1993). After that early period, no more than one state per year had a Lead Agency change. Most recently, (2009-2010) there have been two state Lead Agency changes. These changes took place in South Carolina and Washington and appear to be attempts to consolidate numerous early childhood education and school readiness programs into a single agency. A variety of sources were consulted to compile the list of Part C Lead Agencies over time. The following chart displays the various departments in which Lead Agencies reside throughout the states/jurisdictions.<sup>11</sup>



The following state reviews are examples of a few states that have joined the national movement in developing a single agency to meet the needs of the birth to five population.

<sup>11</sup> Danaher, J. (2011, March). *Nectac Notes No. 26*. Retrieved November 21, 2013, from <http://ectacenter.org/~pdfs/pubs/nnotes26.pdf>

### **Peer State Reviews**

As indicated by the number of various Lead Agencies of the Part C program nationally, there is not a clear location for states' Part C early intervention programs. However, given the movement toward consolidated early childhood services delivery systems in the states and the increased awareness and funding around the importance of early childhood education and care, a number of states have made efforts to consolidate all programs serving children ages birth to five into a single state entity that includes Part C early intervention services. The following section highlights three states with similar efforts. Information was collected through peer state best practices research and interviews with key state leaders involved in the planning and implementation of the new early childhood state program, department, or agency.

- Pennsylvania Office of Child Development and Early Learning<sup>12</sup>

In 2007, Pennsylvania developed the Office of Child Development and Early Learning (OCDEL) which combined programs that served children birth to age five. The office combined the Department of Education (DOE) and the Department of Public Welfare (DPW), putting programs served by each of these departments into one agency that shared the same vision for this population. The staff members interviewed stated that “this created a stronger voice for these children by having one administrative group for all child serving programs within the state.” The goal of this new office was to build a strong foundation for children, beginning with birth. Schools, parents, early intervention, child care, Head Start, libraries, and other community organizations collaborated with OCDEL to provide high quality early childhood programs. They also joined together to provide effective prevention strategies to address challenges faced by families with respect to school readiness and academic success.<sup>13</sup>

***“OCDEL’s philosophy is to create a birth to age five early education system that not only serves school aged children and younger, providing a bright start in life, but also becomes the first block of a student’s education continuum to life-long learning.”***

OCDEL offers a variety of early childhood programs for children from birth through school-age and their families. Pennsylvania serves more than 300,000 young children through these early childhood initiatives.<sup>14</sup> The following table displays the programs provided through OCDEL and the design of each program.

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<sup>12</sup> Beck, C. (2013, October 21). Division of Standards and Professional Development. (P. Fuqua, Interviewer)  
Hackleman, E. (2013, October 21). Eastern Division of Operations & Monitoring. (P. Fuqua, Interviewer)

<sup>13</sup> Pennsylvania Department of Public Welfare. (n.d.). Retrieved November 18, 2013, from Office of Child Development and Early Learning: <http://www.dpw.state.pa.us/dpworganization/officeofchilddevelopmentandearlylearning/>

<sup>14</sup> [http://www.pakeys.org/uploadedContent/Docs/ELinPA/OCDEL/OCDEL\\_Annual\\_Report\\_2010\\_2011.pdf](http://www.pakeys.org/uploadedContent/Docs/ELinPA/OCDEL/OCDEL_Annual_Report_2010_2011.pdf)

Table 6. Pennsylvania OCDEL Programs

Program	Design
<b>Child Care Certification</b>	Pennsylvania regulates and enforces the minimum health and safety standards for child care programs to protect the health, safety and rights of children and to reduce risks to children in these settings.
<b>Child Care Works</b>	Child Care Works makes it possible for low-income families to find reliable child care near their home or work and provides financial assistance to help them afford it. Through Child Care Works, families have access to quality early learning programs – including Keystone STARS programs – that may have been out of their reach financially.
<b>Children’s Trust Fund</b>	Pennsylvania’s Children’s Trust Fund (CTF) teaches parents and early childhood providers methods to strengthen families and build protective factors (such as parenting skills and resilience in times of stress, social connections and support network, and knowledge of child development) in an effort to prevent child abuse and neglect before it begins. Grants are awarded to community-based programs that are embedding the Strengthening Families protective factors framework developed by the Center for Study of Social Policy within their services to families and early care and education providers. <sup>58</sup> A 15-member board comprised of public and legislative members appointed by the governor administers this fund with support from OCDEL. Funds are generated from a \$10 surcharge on applications for marriage licenses and divorce complaints.
<b>Early Intervention</b>	Early Intervention offers individualized services, such as special instruction, developmental therapies and other support services, and parent education to meet the unique needs of children who have developmental delays, as well as their families. Early Intervention builds upon the natural learning occurring in those first five years.
<b>Head Start Supplemental Assistance Program</b>	HSSAP provides supplemental funding to existing Head Start programs to expand the number of children and families served by Head Start beyond the programs’ federally funded slots or to extend the length of day or program year for federally funded children currently receiving services by increasing the length of day, number of days or weeks per year.
<b>Keystone Babies</b>	Started as a pilot program in May 2010, Keystone Babies provided a quality early learning experience to at-risk infants and toddlers in Keystone STAR 3 or STAR 4 centers who were also enrolled in Child Care Works. Based on the Pennsylvania Learning Standards for infants and toddlers, Keystone Babies utilized evidence-based approaches to fill gaps in early childhood services, to extend high quality learning opportunities to Pennsylvania’s infants and toddlers, to promote all areas of child development, and to offer supportive resources to families. Keystone Babies was funded through the American Recovery and Reinvestment Act (ARRA).
<b>Keystone STARS / Early Learning Keys to Quality</b>	Keystone STARS is a quality rating and improvement system (QRIS) in early learning and school age environments that builds on the health and safety requirements of certification. Learning programs must meet research-based performance standards for: staff qualifications and professional development; learning program (child observation, curriculum, classroom environment); partnerships with family and community; and leadership and management (business practices).



<b>Nurse-Family Partnership</b>	The Pennsylvania Nurse Family Partnership (NFP) is a research-based, nurse home visiting program that helps low-income, first-time parents experience healthy pregnancies, learn how to take good care of their babies, and make plans for the future.
<b>Parent-Child Home Program</b>	A home visitor models for parents how to read and play with their children to promote positive parent-child interaction, literacy development, and a language-rich home environment. PCHP reinforces the parents' role as their child's first and most important teacher and provides them with the guidance and supports to promote quality early learning opportunities for their children. Home visitors provide half-hour home visits twice a week for two years. Programs are also required to conduct developmental screenings of children and refer to Early Intervention or other services when appropriate.
<b>Pennsylvania Pre-K Counts</b>	Pennsylvania Pre-K Counts is designed to serve children affected by risk factors that can harm their development and chance for school success. Eligibility for Pennsylvania Pre-K Counts includes children who are between age three until the entry age for kindergarten and living in families earning up to 300 percent of the poverty level. Children living in low-income families are more likely to have poor nutrition, chronic health problems, and be less prepared for and have more difficulty in school.

PCG held an interview with two staff members of the OCDEL: Mr. Carl Beck, Division of Standards and Professional Development and Ms. Emily Hackleman, Eastern Division of Operations and Monitoring. They stated the creation of the OCDEL was a well-thought-out decision which took place over one to two years and that it had been initiated by a leader with a catalyst for the change, Ms. Harriet Dichter. She had a vision to create a program that would provide programs the opportunity to meet and communicate with other early childhood programs. She had the support of the stakeholders and in the end they all combined into one office and had a big move-in day. The motivation for such a move was to have transparency for the early intervention program that shared its vision. Ms. Dichter developed relationships with key players to lay the ground work and had their full support, including the SICC chair person. The focus for all was to invest dollars in high quality programs with good outcomes.

The funding for this office is combined funding from the Department of Education and the Department of Public Welfare. Previously, the Birth to Three Part C program was funded through the DPW and that remained the same. The move took funding from each entity and an MOU was created between the new office and the two departments. In order to meet the federal Office of Special Education Programs (OSEP) requirements, public hearings were held to inform stakeholders of this new program. There was a learning team developed to help embed the vision for this new program. This new office also provided combined training and technical assistance for Early Intervention programs focusing on Early Childhood.

Major successes of the OCDEL include the following:

- All programs for children ages birth to five were directed under one Deputy
- Creation of the STAR quality rating and improvement system (QRIS)
- Smoother transition for children leaving the Part C program and moving into the Part B 619 program through increased collaboration
- The development of the Early Learning Investment Commission (ELIC) in which large businesses agree to invest a number of hours in helping to promote early learning in Pennsylvania

Policy-related changes were the major changes that occurred during the creation of the new early childhood office. There were new policies written and adopted which took previous program policies and combined them into one new policy that guided the new OCDEL. When the question of what strategies were employed to avoid in a move such as Connecticut is contemplating, Ms. Hackleman and Mr. Beck answered that there was nothing that happened that would have caused them to do things differently. They both stated, “This was the best thing that could have happened for these children.” The move did not interrupt services for children and providers continued to provide the same services as before except with a better collaboration with other early childhood programs.

- Colorado Office of Early Childhood

The Colorado Office of Early Childhood is an agency housed within Colorado’s Department of Human Services that coordinates the different statewide programs that address the needs of children throughout the state, from birth to third grade. The office was created to achieve six major goals to improve the state of young children throughout Colorado:

- Provide access to necessary supports – to get all Colorado kids ready for Kindergarten and reading by third grade
- Provide community and family access to services for optimal early childhood development
- Create a coordinated system of early identification and intervention
- Increase access to quality early learning for all children
- Collaborate with partners to create a coordinated system
- Support continuous quality improvement<sup>15</sup>

*The Mission of the Office of Early Childhood is to “[Provide] resources for children, families, and early care professionals to best prepare Coloradans for future success, through access to collaborative, coordinated, quality early childhood programs and supports”*

The Colorado Office of Early Childhood houses several statewide and community-based programs that work to serve the youngest children of Colorado. A description of each major program managed by the OEC is detailed in Table 7.

Table 7. Colorado OEC Programs

Program	Design
<b>Early Intervention Colorado</b>	Early Intervention Colorado serves children from birth through two years of age who have developmental delays by providing them with supports and services to help treat those delays.

<sup>15</sup> Colorado Department of Human Services. (2013). *About Us*. Retrieved from Colorado Office of Early Childhood: <http://www.coloradoofficeofearlychildhood.com/#!/about-us/c1ze1>



Program	Design
<b>Promoting Safe and Stable Families</b>	Promoting Safe and Stable Families uses local grants through a collaborative community effort to help promote and increase the safety, permanency, and well-being of children by supporting families. Each family has an individual service plan that can fall into four different service categories: Family Support Services, Family Preservation Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services.
<b>Early Childhood Mental Health Specialists</b>	The Early Childhood Mental Health Specialists that are coordinated by the CO OEC serve the goal of increasing the availability of mental health services to children ages birth through five and providing consultation, coaching, and training to families and various early learning programs.
<b>Colorado Nurse Home Visitor Program</b>	The CO OEC facilitates the Colorado Nurse Home Visitor Program by providing grants to public or private organizations within the state in order to provide health education and counseling services by nurse home visitors to first-time, low-income women, starting during pregnancy up to the child turning age two.
<b>Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)</b>	The MIECHV grant is federally funded in order to improve and augment health and developmental outcomes for children by using evidence-based home visitation programs within at-risk communities. <i>As of October 1, 2013, the MIECHV Program was moved to the Colorado Department of Human Services.</i>
<b>Colorado Children’s Trust Fund</b>	The Colorado Children’s Trust Fund is a state and community partnership in which the program provides grants to local programs that will work to reduce child abuse and neglect for the children of Colorado and decrease the need for state intervention in child abuse prevention and education.
<b>Family Resource Center Program</b>	The Family Resource Center Program is a network of statewide family resource centers that target vulnerable families by providing parent education and programming. The CO OEC coordinates and maintains funding for these centers; the program receives community-based grants for the Prevention of Child Abuse and Neglect from the federal Administration for Children and Families.
<b>Colorado Community Response Program</b>	The CO Community Response program manages a series of community-based child abuse and prevention services which target families that have been referred to the child welfare system for alleged child abuse and neglect, but been “screened out” previously. The program uses a mix of case management, service linkages, and community supports to help provide a service continuum for families that are considered to be at-risk for child maltreatment.
<b>Child Care Quality Initiatives</b>	The Quality Initiatives program works with Colorado’s thirty Early Childhood Councils in order to invest in systems-based approaches that augment child care infrastructure on a local level.
<b>Colorado Child Care Assistance Program</b>	Using a mix of federal (through the Child Care Development Fund), state, and county dollars, including parent fees, the Child Care Assistance Program delivers child care subsidies to low-income families that are working, searching for employment, or are in training. The subsidies are also eligible to families that are enrolled in the Colorado Works Program who require child care services in order to achieve self-sufficiency.



Program	Design
<b>Child Care Licensing and Administration</b>	The Division of Early Care and Learning houses the child care licensing program that oversees and licenses approximately 9,000 child care facilities in the state.

PCG held an interview with the program manager of the Colorado Early Intervention program, Ms. Ardith Ferguson, who took part in the transition of the Early Intervention program in 2005 from its previous position in the Department of Education to the Department of Human Services, and more recently presided over the program reassignment within the Department to the Office of Early Childhood in 2012. In this interview, PCG found several parallels between those moves and what is being examined currently in Connecticut’s Birth to Three transfer.

According to Ms. Ferguson, the strongest benefits of consolidating early childhood programs, including the Early Intervention program, into one office in Colorado were the creation of a stronger voice of early childhood in the state and structural improvements to the early childhood policy area that help improve coordination and collaboration between different programs. By consolidating early childhood programs in the state, the Office of Early Childhood has been given a stronger voice, both politically and publically. Additionally, since all of these programs are based in one physical office, the structural soundness of the various early childhood programs has improved because of the increased collaboration at the state and local levels that help serve children in the state. Ms. Ferguson noted, “The state improvement plan has become much richer now than if each program were still in isolation.”

The single drawback of the consolidation of the early intervention program into the Office of Early Childhood that Ms. Ferguson could identify was a moderate delay in the implementation of the office’s infrastructure. Because the office is only a year old, it is still determining the resources and staffing it needs to be fully effective. When asked if the transfer of early intervention could have been delayed another year to avoid these issues, Ms. Ferguson responded that moving when they did was still a great decision and her office was eager to move into the larger Office of Early Childhood.

Some additional information that was provided on the Early Intervention transfer indicated that when the program moved departments in 2005, the staff only had to identify the technical name-change of the Lead Agency on the following year’s Part C application; an entirely new application was not needed immediately. Only an interagency mid-year agreement and a behind-the-scenes journal voucher were necessary for the 2005 transfer, which, according to Ms. Ferguson, caused little issue. Ms. Ferguson also noted that this transfer occurred during the middle of the state’s fiscal year, which did not pose any major reporting problems. The more recent transfer in 2012 to the Department of Human Services caused little trouble as well; although there had to be a state rule change for the program but all that entailed was a “lift, place, and revision” of the standing statutes regarding the Early Intervention program into the new legislation regarding the Office of Early Childhood.

Although the program had to keep a steady eye on the transfer of the program database and take initiative to prevent a situation where the department had to cover deficits in operating costs, the transfer is considered to have been very beneficial to the state and its children. The key to ensuring that providers and families saw minimal disruption included a strong level of transparency, keeping stakeholders informed, and ensuring the continuity of provider contracts. By ensuring that those who were affected by the program were served and a smooth regulatory transfer of the program was maintained, this transfer has been viewed as a success. The

interviewee concluded that the question of whether to transfer the program or not should be answered with a resounding “yes.”<sup>16</sup>

- Washington Department of Early Learning<sup>17</sup>

The Washington Department of Early Learning (DEL) is an independent cabinet-level state government entity that seeks to prepare the children of Washington for success and achievement throughout school and their lives. Incepted in 2006, the DEL works to ensure that the state provides outstanding early learning opportunities for all of the young children of the state in order to establish a foundation for success throughout their lives and education. The DEL has four established strategic goals:

1. Provide high-quality, safe, and healthy early care and education opportunities for all children.
2. Partner with and inform parents, families, and communities about early learning.
3. Support early learning professionals with professional development and technical assistance.
4. Promote excellence and hold the system accountable for results.

A description of each program provided by the DEL is detailed in Table 8.

***The mission of the Department of Early Learning is to “develop, implement, and coordinate system oversight to early learning policy and programs that create safe, healthy, nurturing learning experiences for all Washington children.”***

<sup>16</sup> Ferguson, A. (2013, November 22). Program Manager, Early Intervention Colorado. (Jamie Kilpatrick and Zane Wyrick, Interviewers)

<sup>17</sup> Washington Department of Early Learning. (2010). *Washington Department of Early Learning: What We Do*. Retrieved from Washington Department of Early Learning Web Site: <http://www.del.wa.gov/about/what.aspx>

Table 8. DEL Programs

Program	Design
<b>Child Care Licensing</b>	The Washington DEL manages the licensing of more than 6,000 child care centers and family home child care providers throughout the state. The department also manages Early Achievers, the state’s quality rating and improvement system that is voluntary for child care providers.
<b>Child Care Subsidy</b>	There are several programs under the child care subsidy umbrella that help to address the issues of low-income families obtaining quality child care. Various programs include Homeless Child Care, Seasonal Child Care (for families that work seasonally in agriculture), and Working Connections Child Care. All of these programs receive funding from a mix of state, parent fees, and federal (from Temporary Assistance for Needy Families and the Child Care Development Fund) sources.
<b>Early Childhood Education and Assistance Program (ECEAP)</b>	The ECEAP is a state-funded program that provides free pre-kindergarten to children of low-income families or children with developmental or risk factors that could interfere with success in school. Also included in ECEAP are health services coordination and family support services.
<b>Head Start</b>	Head Start in Washington serves similar purposes to ECEAP, although it is funded federally.
<b>Early Support for Infants and Toddlers (ESIT)</b>	ESIT is Washington’s early intervention system that is funded by IDEA, Part C. ESIT is a statewide decentralized network that relies on Local Lead Agencies for program referrals and Family Resources Coordinators to help families access needed early intervention services for their child.
<b>Home Visiting</b>	Home visiting programs in Washington offer services to expectant families and families with infants and young children. There are several models of home visiting in Washington, including the following: Nurse-Family Partnership, Parents as Teachers, Parent-Child Home Program, Early Head Start, and certain Medicaid programming. These programs receive from both state and federal (through the Maternal, Infant, and Early Childhood Home Visiting Program, or MIECHV) grants.
<b>Medicaid Treatment Child Care (MTCC)</b>	MTCC serves children birth through five years of age who are at risk of child abuse and neglect and may also be experiencing mental health and/or behavioral issues in order to provide early intervention and prevention programming. Although this program is administered by the DEL, MTCC services are provided by two community-based programs in the state: ChildHaven of King County and Catholic Family and Child Services of Yakima County.
<b>Strengthening Families Washington</b>	Strengthening Families Washington is an initiative within the DEL that works to assist families in strengthening family bonds, understanding childhood development, coping with the challenge of parenting, and developing positive discipline skills. This is one of several programs in the state that focuses on preventing child abuse and neglect by strengthening families and communities. Strengthening Families Washington is funded by the federal Community Based Child Abuse Prevention program, the Children’s Trust Fund, and private donations.



To gather more insight about the growing trend of moving states' Part C programs into consolidated departments and agencies that are focused on the early childhood field, PCG held an interview with Ms. Karen Walker, the Part C coordinator of Washington State. Ms. Walker presided over the transition of Early Support of Infants and Toddlers (ESIT), Washington's early intervention program, in 2009 from WA's Department of Social Health Services to the relatively new Department of Early Learning. Although ESIT was not transferred at the formation of DEL in 2006, Ms. Walker maintains that ESIT's move was timely and effective. She finds that the increased collaboration from other early childhood agencies is extremely beneficial to the program; ESIT shares a division of the DEL with home visiting and WA's kindergarten readiness program. Within its division and collaboration further shared with the state's prekindergarten programs, ESIT has found its position within DEL to be especially productive.

Ms. Walker describes her office's move as very beneficial. The transfer from the massive Department of Social Health Services (DSHS) to the new and focused Department of Early Learning provided newfound attention and collaboration directed at the program's needs. DEL's purpose is to support children and families and to present all programs in the department as the early learning system, and in this, Ms. Walker sees ESIT to be on the continuum of early learning programs. Within this department, ESIT uses federal Part C funds to build infrastructure for a statewide system of early intervention. Service funding for early intervention, however, flows through other state agencies which are defined in the program's interagency agreement.

The major challenges Ms. Walker identified in the move to DEL were typical growth challenges that are associated with developing and growing a new state office and that require adequate resources. In the move to a new agency, new servers for the use of the program to support its own electronic IFSPs and other data needs were required to augment the program's services. During this move, however, additional funding was accessible thanks to the federal American Recovery and Reinvestment Act of 2009; that additional cushioning was definitely helpful to the program's move. The added funds were used to cover unexpected costs and investment in a statewide infrastructure.

In regards to the transfer of Part C Lead Agency status, there were no major hurdles that Ms. Walker identified that had to be met when working with OSEP. The program waited until the beginning of the state's fiscal year in order to physically move the program and DSHS notified the federal government by letter that the Governor had appointed a new Lead Agency in the Department of Early Learning for administration of Part C funding. By moving the program to the DEL, Ms. Walker believes that the state's early intervention program has been enhanced and given a stronger voice within the early childhood field. According to Ms. Walker, the benefits of this move far outweigh any costs that may arise from a similar move.<sup>18</sup>

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<sup>18</sup> Walker, K. (2013, 12 05). Program Manager of Washington's Early Supports for Infants and Toddlers. (Z. Wyrick, & T. Chen-Xu, Interviewers)

## V. KEY FINDINGS

### *Interviews and Focus Groups*

The following section summarizes key findings of interviews and focus groups by the key themes in the research questions. Findings are organized by each interview and focus group:

- Early Intervention providers, parents, and advocates; referred to as providers, parents, and advocates
- State Agencies and Departments
- Department of Developmental Disabilities and the Birth to Three Program; referred to as DDS and Birth to Three program staff
- The Governor's Office
- State Representatives

### *Birth to Three and Statewide Early Childhood Goals*

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*How does the potential move of the Birth to Three program fit into the state/governor's overall early childhood goals? Is the Part C program a good fit with other early childhood programs within OEC? Would it help with coordination of services for these children if moved to OEC?*

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- The **DDS and Birth to Three program staff, the Governor's office, and one State Representative** indicated that the potential move of the Birth to Three program fits into the Governor's overall goal to create a comprehensive birth to five year system in the state. The movement of the program would allow for an integration of Part C and B programs and reinforce the importance of early development and health of young children. The goal of the move would be to provide further coordination between early childhood programs and comprehensive supports for young children in the state. In addition, the Governor and OEC are launching an initiative for universal screening to identify children in the state who may need early intervention services.
- Nearly all **providers, parents and advocates** expressed that the goals of the establishment of the OEC could be more clearly defined or communicated to stakeholders, allowing for greater support and buy-in for the transfer of the Part C program into OEC.
- Most **providers, parents and advocates, state agencies and departments, DDS and Birth to Three program staff, the Governor's Office, and the State Representatives** agreed that currently, the Birth to Three program efficiently coordinates with other agencies and programs and effectively provides quality services to children and families. Each group recognized the potential for increased collaboration with other early childhood programs.
- **Birth to Three program staff** indicated that increased collaboration with programs that prevent child abuse and neglect and other special populations would be more beneficial than collaboration with other child care and early education programs.
- The **Birth to Three staff and Part B 619 program staff from the State Department of Education** expressed that there is currently a very collaborative working relationship between the two programs. Part C and Part B 619 staff collaborated to produce annual joint newsletters and Together We Will, an annual birth to five conference. These collaborative efforts are set to end in April 2014 unless the Office of Early Childhood decides to assume them.

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### ***Benefits of Staying in the Department of Developmental Disabilities***

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*What are the benefits of the Birth to Three program staying in the Department of Developmental Disabilities?*

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- Most **providers, parents and advocates, state agencies and departments, DDS and Birth to Three program staff, the Governor’s Office, and the State Representatives** agreed that currently, the Birth to Three program, under DDS, operates effectively in providing services to meet the needs of families with infants and toddlers with developmental and health-related needs.
- Most **Providers, parents and advocates** expressed that early intervention providers have established strong collaborative relationships with Birth to Three staff and can easily identify the appropriate contact to resolve technical, billing and other contracting issues.
- Most **providers, parents and advocates, and some state agencies and departments and DDS and Birth to Three program staff** expressed that DDS is currently and has historically provided the Birth to Three program with ample support services including but not limited to legal support, fiscal support, human resources, and office supplies; the nested agency structure in which the State Department of Education serves in the capacity of administrative purposes only (APO) for the OEC may lack the ability to provide similar or the same level of “back office support” to the program to continue to run effectively.
- A few **DDS and Birth to Three staff and providers, parents and advocates** indicated that the mission of Birth to Three (Part C early intervention) is better aligned with DDS’s goals and services (than OEC) due to the fact that DDS staff have the expertise to support families and children with disabilities; this benefit is realized most for families and children with a long-term disability.

### ***Benefits of Moving the Birth to Three Program***

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*What are the benefits of moving the Birth to Three program to the Office of Early Childhood?*

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**The Governor’s Office, a State Representatives, most DDS and Birth to Three program staff, and some state agencies and departments** identified the main benefit of moving the Birth to Three program to the OEC is the ability to provide families and children a central “one-stop-shop” for information on services and resources for children birth to five. The central location, both physically and online, would provide the potential for families and children to learn about services and resources other than the one the family originally sought out, allowing for greater awareness and parent education on the development of young children. In addition, parents could better understand differing eligibility and application requirements for other available early childhood programs.

- A few **DDS and Birth to Three program staff** expressed that many families and children currently associate a stigma with receiving services from a state department focused on people with developmental disabilities; this stigma would be removed if Birth to Three moved to OEC.
- Many **DDS and Birth to Three program staff** expressed that the move could more easily facilitate coordination with other early childhood programs (especially if all programs were co-located) including benefits of cross-training i.e. early intervention programs sharing professional expertise

through training child care and early education programs on identifying signs of developmental delays, participation in joint professional development opportunities. In addition, the move could allow for data sharing and collaboration in creating an early childhood information system and other systems to track longitudinal child outcomes.

### *Opportunities*

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*What are the current issues with the administration and delivery of the Birth to Three program? How could services be improved through this new administrative structure? Would this move hinder or help the visibility and exposure for the Birth to Three program and its services? What would you like to see changed if the Birth to Three program were moved administratively?*

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- **The Governor’s Office, a State Representative, most DDS and Birth to Three program staff, and some state agencies and departments** expressed that there were not any apparent issues with the current delivery of Birth to Three services, however, most recognized the potential for enhanced services for families and children through the coordination and referral to other early childhood services that will be housed under the OEC.
- **The Governor’s Office, a State Representative, most DDS and Birth to Three program staff, and some state agencies and departments** indicated that the Birth to Three program is a well-known program. The **Governor’s Office and the OEC** stated that the initiatives to increase screening (in the OEC) will likely increase the visibility and exposure of the Birth to Three program in the long-term.
- **Birth to Three program staff** offered a number of administrative changes that could be made to the program, including formal collaborative relationships with other early childhood programs, an integrated eligibility system that connects all early childhood programs, and a stronger connection with local communities and agencies.

### *Barriers to Moving the Birth to Three Program*

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*From your perspective what are the biggest barriers to moving the Birth to Three program?*

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- **All Providers, parents, and advocates, the Governor’s Office, a State Representative, DDS and Birth to Three program staff, and some state agencies and departments** expressed their concern that if the Birth to Three program moved it is vital to ensure there is not a lack in services to families and children. Potential barriers raised include contracts, IT infrastructure, a mechanism to cover potential deficits if the program is not located in a large agency with some account flexibility, current lack of a physical location for the program at OEC, office equipment, and a lack of a communication plan.

### *Contracts*

- Most **providers, parents and advocates, and DDS and Birth to Three staff** expressed success for the current Birth to Three’s service delivery system. The key contracted players in the delivery system

include (but are not limited to) 40 early intervention contracted programs; the United Way, which provides referral services, support for the Child Development Info line, and hosts the program’s website; and Summit Technology which provides commercial insurance billing and parent fee billing services. A barrier to moving the Birth to Three program to OEC would be ensuring that all contracted services for Birth to Three transition smoothly.

- **DDS and Birth to Three staff** identified 11 existing MOUs between DDS and other state departments and agencies that would need to be transferred or amended under OEC. Please see Appendix C. Birth to Three Memoranda of Understanding, for the full list of agreements for the Birth to Three program.

*IT Infrastructure*

- Most **providers, parents and advocates, DDS and Birth to Three staff, state agencies and departments, and OEC** acknowledged the current success of the web-based IT system “SPIDER” (Service Provider Individual Data Entry Resources) that facilitates the tracking of Individual Family Service Plans (IFSP) and associated service delivery and billing of Medicaid and commercial insurance for Birth to Three services. A barrier to moving the Birth to Three program to OEC would be ensuring that all systems continue to be accessible to all users without the loss of functionality. The **Birth to Three Accountability and Monitoring staff member who** provides IT support and development for the Birth to Three program indicated that the system is custom-built and owned by the State of Connecticut. The barriers to moving the SPIDER system include
  - a. The current DDS server hosts the SPIDER system and provides a three tiered server setup; DDS currently supports the cost to maintain the system on the server
  - b. The customized secure sign-on module, Global Security, is the portal by which certified users of SPIDER sign-on to the system. The module code would need to be altered if SPIDER were moved to another server

The figure below displays the users of SPIDER.

Figure 2. Birth to Three IT System and User Interactions



- Most **providers, parents and advocates, DDS and Birth to Three staff, state agencies and departments** indicated that SPIDER-user support would also be a barrier if the help desk support were not sustained. Currently, inquiries regarding SPIDER are routed through the general DDS helpdesk communication channels and routed to the Birth to Three helpdesk staff.

### Deficit Coverage

- Most **DDS and Birth to Three program staff and providers, parents and advocates** indicated that a benefit of the Birth to Three program staying under DDS is the ability for DDS to cover shortfalls between the Birth to Three appropriation and the actual costs. A potential barrier would be the inability of OEC to cover this deficit if the program were moved. Among the reasons for the unanticipated overruns was the difficulty in predicting the revenue from commercial insurance and parent fees. As an entitlement program, Part C early intervention services must be provided regardless of the budgeted amount. The following table provides the DDS deficit coverage for the Birth to Three program over the past five years. The budgeted amount indicates the State Part C funding used exclusively to pay contracted early intervention programs (028 expenditures) including revenue from commercial insurance.

Table 9. Birth to Three Budget, Deficit Coverage, and Children Served (Fiscal Year 2009-2013)

Fiscal Year	Budgeted Amount	Actual Amount	DDS Deficit Coverage	Children Referred	Eligible Children Served
2009	\$ 28,961,511.00	\$ 38,114,751.00	\$ 9,153,240.00	9,228	9,671
2010	\$ 30,243,415.00	\$ 36,927,147.00	\$ 6,683,732.00	8,571	9,591 ↓
2011	\$ 37,888,242.00	\$ 37,888,242.00	-	8,603	9,468 ↓
2012	\$ 36,288,242.00	\$ 36,288,242.00	-	8,419	9,333 ↓
2013	\$ 34,862,523.00	\$ 35,358,370.00	\$ 495,847.00	8,336	9,345 ↑
2014*	\$ 41,226,804.00	\$ 42,701,803.50	\$ 1,475,000.00	n/a	n/a

\*Projected

Table 10. Birth to Three Commercial Insurance

Fiscal Year	Eligible Children Served	Children with Commercial Insurance	Commercial Insurance Revenue
2009	9,671	2,275	\$ 3,383,400
2010	9,591 ↓	2,177 ↓	\$ 3,476,885 ↑
2011	9,468 ↓	1,972 ↓	\$ 3,986,381 ↑
2012	9,333 ↓	1,921 ↓	\$ 4,719,168 ↑
2013	9,345 ↑	1,855 ↓	\$ 4,966,647 ↑

In fiscal year 2011 and 2012, Birth to Three did not have a budget shortfall (and therefore DDS did not cover a deficit in the program). However, in fiscal year 2013, the budgeted amount decreased while the number of children served increased, the program still faced a budget shortfall despite the increase in commercial insurance revenue.

*DDS and Birth to Three Staff Salaries*

- **DDS and Birth to Three staff** indicated a potential barrier to moving Birth to Three Staff due to the need to transfer staff salaries to the OEC. The Birth to Three program staff has a mixed funding structure; eight of 16 staff members are DDS state funded, seven are fully funded by Federal Part C, and one is partially funded by state funds and partially funded by Federal Part C. The following table provides a list of staff positions by funding type. Please see Appendix B. Birth to Three program positions, responsibilities for a comprehensive list of the Birth to Three Program staff.

Table 11. Birth to Three Staff and Funding Sources

Funding Type	Staff Position	# of Staff
Fully DDS funded	Birth to Three Director	1
	Administrative Assistant	1
	Child Find/Public Awareness Staff	1
	Personnel and Practice Unit Staff	4
Federal Part C funded	Birth to Three Assistant Director	1
	Fiscal Unit Staff	2
	Family Liaison	1
	Accountability and Monitoring Staff	2
	IT Staff	1
	Personnel and Practice Unit Staff	1
50% DDS, 50% Federal Part C funded	Fiscal Unit Staff	1

*Physical Location*

- **The Governor’s Office and OEC** stated that the goal is to house all OEC programs within the same physical location to promote the collaboration of all early childhood programs in the state. A barrier to moving the Birth to Three program is that this goal cannot be realized until 2016; the current state facilities plan is set to move SDE and OEC into a single newly renovated building.

*Office Equipment*

- Some **DDS and Birth to Three program staff** indicated a potential barrier in moving the Birth to Three program supplies, including computers and other equipment that had been purchased using DDS funding (as opposed to Part C federal funds).

*Medicaid*

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*If Birth to Three is moved to the Office of Early Childhood, how would they be able to capture Medicaid Revenue? What are the current reporting requirements? Does OEC have the capacity to meet the reporting requirements and perform the billing, and insurance functions?*

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- **DDS and Birth to Three program staff and state agencies and departments** explained the process by which Medicaid is claimed for Birth to Three services and the collaboration of the State Department of Administrative Services (DAS) and the Department of Social Services (DSS). DAS serves as the billing agent for Medicaid, while DSS serves as the State of Connecticut's state's Medicaid authority. DSS, as the state's Medicaid agency, provides Medicaid rate setting and regulatory support. The transition of the current Medicaid procedures to OEC would serve as a potential barrier to moving the program to OEC if DAS did not continue to provide these services for the Birth to Three program under the new agency.
- **DDS and Birth to Three program staff and state agencies and departments** indicated that other current Medicaid billing requirements would not be a barrier to the move.
- **DDS and Birth to Three program staff and state agencies and departments** indicated that insurance functions are managed through a contract. Please see above for key findings on barriers regarding contracts.
- **DDS and Birth to Three program staff, state agencies and departments, and the OEC recognize that a potential challenge for the Birth to Three program in regards to Medicaid claiming, regardless of the lead agency, would be the guidance from CMS to move Birth to Three away from the current bundled rate billing structure.**

### ***Other findings***

#### ***Communication***

- Many **DDS and Birth to Three program staff, state agencies and departments, and providers, parents, and advocates** expressed concern over the lack of communication about the goals and strategic plan of the OEC. A barrier to the move of the Birth to Three program would be ensuring the buy-in of the Birth to Three program's key stakeholders, including program staff, associated state agencies and departments, and providers, parents, and advocates. The cooperation of stakeholders and the success of the move would be heavily dependent on OEC's ability to convey the vision of OEC and the benefits of the move to families and children receiving early intervention services.

## VI. RECOMMENDATIONS

### *Benefits of Office of Early Childhood*

Due to the importance of a quality early learning continuum, attempts are being made nationally to consolidate numerous early childhood education and school readiness programs into a single department/agency. A quality early learning continuum means that children have access to quality early education from birth through kindergarten that is intentional, coordinated, and helps them achieve all the skills they will need to prepare them for school. A quality early learning continuum can

- Provide a system of early education opportunities for children from birth to age five that complement and build upon each other to best prepare young children for school and life
- Address the diverse needs of families, including the needs of working parents, children at risk of school failure, English language learners, children with developmental delays or disabilities
- Maximize resources within the early education and education communities
- Provide a positive impact on children's development and school readiness

The interest in early childhood education and care continues to grow across the United States as states and communities recognize that efforts must start with ensuring a healthy pregnancy and birth, continue with a focus on the first five years and on through kindergarten and the primary grades. Research shows that the early years are critical to later success in school and in life. Young children need access to health care, strong families, and positive early learning experiences from birth to five and beyond.

Historically, early childhood education has grown through numerous funding streams which addressed various policy goals and populations. Some examples include the following: Head Start, child care, and state pre-kindergarten, as well as health and family support services. Effort has been made in recent years to 'connect the dots' to develop more unified and comprehensive early education systems. In order to 'connect the dots' across a state, the following features can help with the design:

- Supportive governance structure
- Public-private partnerships
- Professional development
- Quality rating systems
- Pre-kindergarten funding
- Infant and toddler initiatives

In Connecticut, federal funding for Early Childhood has been received by four different agencies: Department of Social Services, Department of Education, Department of Public Health, and the Department of Developmental Services.

### *Supportive Governance*

A comprehensive birth-to-five system needs a sound governance structure that ensures that all the parts complement rather than conflict with each other. This structure must account for both *horizontal alignment* across systems that serve the same age children (e.g. child care, Head Start, state pre-kindergarten programs and early intervention services) and *vertical alignment* to provide continuity and coordination for children as



they participate in services birth to age five. It will require cooperation, relationship building, coordinated planning, and a shared vision among the early childhood education leadership in a state.

#### *Public–Private Partnerships*

Public–private partnerships can help support planning and connect a variety of stakeholders in support of early care and education. This partnership can also involve local community leaders and private funds in support of a birth to five system. A single-state early childhood agency or program gives states the ability to market a single message for the importance of early childhood education and care in public-private partnerships.

#### *Professional Development*

The demand for highly qualified teachers across program auspices—child care, public schools, state pre-kindergarten, Head Start/Early Head Start—creates the opportunity to strengthen professional development for the early care and education workforce and improve services for children birth to five and beyond. Over the past decade, states have taken significant steps to create a more integrated professional development system.

#### *Quality Rating Systems/Quality Rating Improvement Systems*

Quality rating systems/quality rating improvement systems (QRS/QRIS) give states a structure that can guide quality, accountability, and financing of early care and education and out-of-school time programs serving children birth to age 12. Policies that support QRS/QRIS may be aligned with licensing standards and state or national program standards, such as accreditation. QRS/QRIS are also linked to the child care subsidy system in some states so that higher ratings of quality are tied to higher rates of payments. In Tennessee, the evaluation results of the QRS show improvements in child care quality, more children receiving higher quality care, parents have the information to make informed child care choices, caregivers have the information about what they are doing well and ways to improve.<sup>19</sup>

#### *Pre-kindergarten Funding*

State pre-kindergarten programs have grown considerably in the last two decades. There were only 10 state programs in 1980; now there are at least 38 states with one or more pre-kindergarten initiatives that serve preschool aged children, which is often limited to four-year-olds. One estimate shows that these programs serve about 800,000 children at a cost of over \$2.8 billion in state funds. State pre-kindergarten programs look different in every state with respect to program and teacher standards, level of comprehensive services provided, and length of day and year. Most of these children are served in public school settings, while 29 states allow private providers and Head Start programs to deliver pre-kindergarten as well.

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<sup>19</sup> University of Tennessee College of Social Work, Office of Research and Public Service. (2004). *Who cares for Tennessee's children? A review of Tennessee's child care evaluation report card program*. Knoxville, TN: Author. Retrieved November 21, 2013, from <http://www.sworps.utk.edu/PDFs/3-2-04STARSSimplex.pdf>

### *Infant and Toddler Initiatives*

A range of policies and initiatives to address the needs of infants, toddlers, and their families are being developed by states. Three prominent initiatives and programs are paid family leave, Early Head Start (EHS), and Infant Toddler Specialist Networks. The *Family and Medical Leave Act*, enacted in 1993, allows parents the time and support to be with their newborn babies. States can implement programs and policies that make it possible for new parents to provide and care for their new babies, including at-home infant care, flexible sick days, and paid parental leave. Some states are using EHS to advance policy goals related to infant well-being, parent employment, and improved child care resources. Kansas took a significant step forward by investing in the expansion of EHS, building onto the success of the federal Head Start program in the late 1990s. Through an innovative partnership between the state and federal governments, the Kansas Early Head Start (KEHS) expansion project provides early, continuous, and intensive child development and family support services meeting federal Head Start Program Performance Standards to low-income pregnant women and families with infants and toddlers throughout the state. This project provides a model for other states seeking to expand services for at-risk children birth to three. Some states are using Infant–Toddler Specialist Networks to improve the quality of child care and the healthy development of infants and toddlers. Infant–Toddler Specialists provide support through a range of approaches including coaching, mentoring and consultation, training, technical assistance, and other collaborative learning opportunities. Infant–Toddler Specialists support caregivers in all settings and serve as a resource to connect caregivers and programs to health, mental health, family support, and other services.

New opportunities for states have been created by the union of the science of early childhood development with the momentum of school readiness efforts. State leaders are working to create new governance structures, develop public–private partnerships, and create standards-based programs and services to meet the developmental needs of babies, toddlers, and preschool and elementary age children. Public investment in the early years is essential in order to create a 21st century early education system. States must work to build an infrastructure for quality service delivery which will assure equity for children of low-income and culturally diverse families and a set of services that fit the realities of working parents. This can occur with focused leadership, public will, and a vision of early childhood development that spans the early years, for children birth to five and beyond.<sup>20</sup>

### *Early Childhood in Connecticut*

In creating the OEC in Connecticut, the state has joined the national movement to provide focused resources on early childhood and create a comprehensive early childhood system. The state is combining programs from five different state agencies to form this new agency. This union is a step toward providing

*Vision:*

***“A coordinated system of programs and policies aimed at promoting optimal growth and development of all children in Connecticut during the early childhood period (birth to age five).”***

<sup>20</sup> *Birth to 5 and Beyond: A Growing Movement in Early Education*. (2006, July). Retrieved November 21, 2013, from Zero to Three: <http://www.zerotothree.org/public-policy/building-early-childhood-systems/birth-to-5-and-beyond.pdf>

one vision for all programs that serve the birth to five population, which can result in better outcomes for children, improve communications, provide better data sharing, assist in the transition for children, and provide professional development to the entire group of professionals who touch the lives of this population.

### ***Solutions and Next Steps***

Connecticut can choose to make a unified early childhood system a reality by including the Birth to Three program in the Office of Early Childhood. In previous sections of the report, PCG has laid out the background and key findings of the current state of the OEC, the Birth the Three program, and presented key findings and potential barriers from key early childhood stakeholders. A national movement is underway to single state agencies/departments that are best suited to meet the needs of children and work collaboratively with private providers to serve the birth to five population.

Upon assessment of the Birth to Three program, the project team believes it is feasible to move the program and that the OEC can effectively administer it. The collaboration of the early childhood programs in the state provides a 'one-stop shop' for children age birth to five and their families. Furthermore, incorporating the Birth to Three program into the OEC continues to connect the dots in developing a more unified and comprehensive early education system. In order to effectively and efficiently move the Birth to Three program from DDS to OEC without disrupting the delivery of services to children and families, the project team recommends a list of next steps and timeline to move the program and alleviate any potential barriers to the move. Table 12 displays the solutions and next steps that must take place during this transition. Following this table is a more detailed solution and timeline for each matter identified.

Table 12. Solutions and Next Steps

	Issue	Solution	Timeline	Resources
<b>1</b>	<b>Contracts</b>			
1.a	Programs	Create a template for amending the existing 40 contracts and route to the appropriate state offices for approval.	60 to 90 days	Contract staff at SDE/OEC, B23 Fiscal Staff and OAG.
1.b	Programs	Execution of amended program contracts.	60 to 90 days	Contract staff at SDE/OEC, B23 Fiscal Staff, OAG, the Contractor, and OPM.
1.c	Summit Technology	Amend the existing contract that provides Commercial Insurance and family fee billing.	60 to 90 days	Contract staff at SDE/OEC, B23 Fiscal Staff, OAG, the Contractor, and OPM.
1.d	United Way	Amend the existing contract to provide the services provided under this contract.	60 to 90 days	Contract staff at SDE/OEC, B23 Fiscal Staff, OAG, the Contractor, and OPM.
<b>2</b>	<b>Current MOUs/MOAs</b>			
2.a	Department of Developmental	MOA between OEC and SDE.	90 – 180 days	Contract staff at SDE and OEC



	Issue	Solution	Timeline	Resources
	Services and State Board of Education			
2.b	Department of Developmental Services and Department of Revenue Services	Amend the existing MOU reflecting OEC.	90 – 180 days	Contract staff at SDE/OEC, and DRS
2.c	State Board of Education and Department of Developmental Services	MOA between OEC and SDE.	90 – 180 days	Contract staff at SDE and OEC
2.d	Department of Developmental Services and the Board of Education and Services for the Blind	Amend the existing MOU reflecting SDE/OEC	90 – 180 days	Contract staff at SDE/OEC
2.e	Birth to Three System and Connecticut Early Head Start Programs and the Administration for Children and Families Region 1	Amend the existing MOU reflecting SDE/OEC	90 – 180 days	Contract staff at SDE/OEC and Administration for Children and Families Region 1
2.f	Connecticut Department of Children and Families and Department of Developmental Services	Amend the existing MOU reflecting SDE/OEC	90 – 180 days	Contract staff at SDE/OEC and DCF
2.g	Department of Developmental Services and Department of Public Health	Amend the existing MOU reflecting SDE/OEC	90 – 180 days	Contract staff at SDE/OEC and DPH
2.h	Department of Developmental Services and State Board of Education	MOU between OEC and SDE.	90 – 180 days	Contract staff at SDE and OEC
<b>3</b>	<b>IT Infrastructure</b>			
3.a	Servers	Short term - MOU between DDS and OEC for the SPIDER data	60 - 90 days	DDS, OEC, B23 IT staff, and SDE



	Issue	Solution	Timeline	Resources
		system to be hosted on the DDS server. This cost is approximately \$1,000 per month.		
		Long term – SDE is in the process of purchasing servers for the OEC.	180 – 270 days	SDE and OEC
3.b	Global Security Module	MOU between DDS and OEC to continue using this single sign-on module.	90 – 120 days	OEC/SDE, DDS, and B23 IT staff
3.c	SPIDER Help Desk	SDE currently provides a help desk so they would receive calls related to B23 technical issues and route them to the appropriated B23 IT staff.	0 – 30 days	SDE Help Desk, DDS Help Desk, B23 IT Staff, and OEC administrative staff
<b>4</b>	<b>Deficit Coverage</b>			
4.a	DDS currently provides funds when the Birth to Three program runs in the deficit	Legislature should set a budget based on the past history of spending in the Birth to 3 program	90 – 180 days	OEC, Legislature, and Governor
<b>5</b>	<b>Physical Location</b>			
5.a	Currently there is not office space to accommodate all programs combining into the OEC	Space has been secured for this new office and is in the process of being renovated. Once the renovation is complete all early childhood programs would move into the new location.	MOU: 90 – 180 days, Renovation: Current - 2016	OEC, DDS, B23 staff, and SDE
<b>6</b>	<b>Office Equipment</b>			
6.a	Computer and office equipment were purchased with DDS state funds	Computer and office equipment that was purchased with state funds that was provided to the Birth to Three staff should be considered for transfer to the OEC for continued use, as it appears these materials were purchased with state dollars. However, if transfer of these materials is not feasible, then OEC would need to develop a clear plan to procure.	60 to 90 days	DDS and OEC/SDE
<b>7</b>	<b>Medicaid</b>			
7.a	Capture Medicaid Billing	DAS would continue the current procedure in processing Medicaid claims	Ongoing	DAS, OEC, and B23
7.b	Medicaid Reporting Requirements	Annual submission of cost report and certification of funds	Annually	B23, DDS, and OEC



	Issue	Solution	Timeline	Resources
7.c	Medicaid Provider Number	OEC must follow enrollment process to receive a Medicaid provider number.	90 – 180 days	OEC
<b>8</b>	<b>Staffing</b>			
8.a	Birth to Three Staff	The funding allocated in the DDS line item budget for eight Birth to Three staff members must be shifted to the OEC budget.	90 – 180 days	Legislature, Governor, OEC, and B23
<b>9</b>	<b>Federal Application</b>			
9.a	Executive Communication	The governor must sign an executive communication alerting OSEP of the move.	30 – 90 days	Governor and OEC
9.b	Process Federal Application	OEC prepares draft of federal application	January 2015	OEC
9.c		Draft of federal application posted for public comment.	February 2015	OEC
9.d		Application public comment period	60 days	OEC
9.e		Submit application to OSEP	April 2015	OEC
9.f		Application letter of award received	June 2015	OEC

*Contracts*

One of the issues identified in this feasibility study is the contracts that are currently in place between DDS on behalf of the Birth to Three program and contractors. There are currently 42 contracts and 11 MOU/MOAs. These contracts include 40 early intervention contracted programs, United Way, and Summit Technology. In order to ensure that all contracted services for Birth to Three are transitioned smoothly, each of these contracts would require an amendment.

In order to amend the existing 40 early intervention contracts, a template should be created that can be applied to each contract. This would require the approval of the Agency, the Contractor, the Office of Policy Management (OPM), and the Office of the Attorney General (OAG). The current contract with United Way can be addressed with an amendment which would also require the approval of the Agency, the Contractor, OPM, and OAG. The contract with Summit Technology requires that the contract be amended only in writing and signed by both parties and approved by the OAG.

There are 11 MOU/MOAs that guide the operation of the Birth to Three program which are outlined in Appendix C. Out of these 11, three of the services outlined have been completed or will be completed by June 2014. Three MOU/MOAs will require new agreements between OEC and SDE. The remaining five agreements would require an amended MOU/MOA between OEC and the other entity. The MOU and involved parties are listed in Table 13 below.



Table 13. MOU/MOAs Needed

Involved Parties	Costs	Date of MOU
Department of Developmental Services and Department of Revenue Services	N/A	1/25/2010
Department of Developmental Services and the Board of Education and Services for the Blind	N/A	2011-Present
Birth to Three System and Connecticut Early Head Start Programs and the Administration for Children and Families Region 1	N/A	2005-Present
Connecticut Department of Children and Families and Department of Developmental Services	N/A	January 2013-Present
Department of Developmental Services and Department of Public Health	N/A	3/31/2009-Present
Department of Developmental Services and State Board of Education	\$375,000 over a period of five years (\$75,000/year)	2010-2015
Department of Developmental Services and State Board of Education	Dependent on determination from State Legislature	4/17/13-Present
Department of Developmental Services and State Board of Education	N/A	7/1/12 – 6/30/17

*IT Infrastructure*

The IT infrastructure was a second issue identified in the feasibility study interviews. The Birth to Three program currently uses the web-based data system, SPIDER, to facilitate the tracking of IFSPs and associated service delivery and billing of Medicaid and commercial insurance for Birth to Three services. Focus group and interview participants were concerned about the accessibility of the data system if the Birth to Three program were to move to the OEC. The data system is a custom-built system that is owned by the State of Connecticut. Since this is a state-owned system, it can reside in any department within the state and therefore, the system would still be accessible to all users without the loss of functionality. However, there are three areas that need to be addressed with a move: servers, Global Security module, and the help desk.

- Servers

Currently the Birth to Three data resides on a MS-SQL 2008 R2 server provided by DDS. DDS currently supports the cost to maintain the system on the server. This cost is approximately \$1,000 per month. To address this issue in the short term, a MOU can be produced between DDS and OEC to allow DDS to host the data system on the current server until such time as a smooth transition can be made. This process would take 60 to 90 days for approval. The SDE is currently in the process of purchasing servers for the

OEC and they would be housed in the DAS environment. There would be little or no additional cost to what is already being planned for the OEC regardless of a Birth to Three move.

- Global Security Module

Global Security, the customized secure sign-on module that was developed in-house at DDS, is the portal by which the SPIDER software is accessed through the DDS application portal. The module code would need to be altered if SPIDER were moved to another server. There is also another web-based application on the cusp of being deployed called Global Reporting, a consultant report writing tool developed for DDS, also to be accessed via the DDS application portal.

There are currently three SSIS packages that provide data feeds to DAS, SDE and the contracted insurance and family fee processor providers. In order for the current single sign-on module to continue to be used, an MOU between DDS and OEC is needed. The Birth to Three IT staff person is currently communicating with SDE IT staff to determine if they should utilize SIM/SAM rather than the current Global Security. A move to a different module would require building out a new code, which could take six months to one year.

- Birth to Three IT Help Desk

Helpdesk support is currently provided by DDS. At this time, inquiries regarding SPIDER are routed through the general DDS helpdesk communication channels and routed to the Birth to Three staff. SDE presently provides a helpdesk for the support of their end users. The SDE helpdesk can be utilized to receive calls related to the Birth to Three program and route them to the appropriate Birth to Three IT staff.

### *Deficit Coverage*

The focus group and interview participants identified concern about the move to an agency with a smaller budget and less ability to cover from existing appropriations for program shortfalls. In the past, when the Birth to Three program experienced a shortfall, DDS provided the funds to cover that deficit. In fiscal year 2013, the shortfall was \$495,847. In the two fiscal years prior to that, the Birth to Three program spent within its allocated appropriation. The focus groups explained that shortfalls result from a number of reasons, among them, the inability to precisely project the revenue from commercial insurance and parent fees. They stated that as an entitlement program, Part C early intervention services must be provided regardless of the budgeted amount.

The number of children with commercial insurance has declined each year for the past five years, but the revenue from commercial insurance has increased each year over a five year period. As Table 14 below indicates, the appropriation for the Birth to Three program has decreased each year since fiscal year 2012. These appropriation changes were the result of changes to policy for the Birth to Three program. For example, during one year, the fee structure changed and during another year, there was a mandate for insurance which anticipated additional insurance revenue. The amount of appropriation decrease between 2012 and 2013 was \$1,425,719. For this time period, commercial insurance revenue only increased by \$247,479, therefore this decrease in appropriation accounts for a budget shortfall. Services were provided to approximately the same number of children, as there was an increase of 10 children served from the previous year. PCG recommends



that the budget appropriated to the OEC for the Birth to Three program be reflective of the past history of expenditures of this program. Table 14 reflects the financial data related to appropriations and actual expenditures, including deficits, children served, and commercial insurance revenue.

Table 14. Birth to Three Program Financial Data

Fiscal Year	Budgeted Amount	Actual Amount	DDS Deficit Coverage	Eligible Children Served	Commercial Insurance Revenue
2009	\$ 28,961,511	\$ 38,114,751	\$ 9,153,240	9,671	\$ 3,383,400
2010	\$ 30,243,415	\$ 36,927,147	\$ 6,683,732	9,591	\$ 3,476,885
2011	\$ 37,888,242	\$ 37,888,242	-	9,468	\$ 3,986,381
2012	\$ 36,288,242	\$ 36,288,242	-	9,333	\$ 4,719,168
2013	\$ 34,862,523	\$ 35,358,370	\$ 495,847	9,345	\$ 4,966,647
2014	\$ 37,286,804		\$ 1,475,000 projected		

\*\*\* In FY08, federal salaries were re-coded to state funding in order to use Part C funds to pay bills (\$3M deficit) \$1,008,756 in unpaid FY08 invoices from May 2009 were carried over to be paid in July, 2009 (FY09). In FY10 and FY11, new Medicaid rates were billed. After CMS reviewed, rates were adjusted downward. CMS is recouping.

#### *Physical Location*

The OEC has a goal to house all OEC programs within the same physical location to promote the collaboration of all early childhood programs in the state. This goal cannot be realized until 2016 as the current state facilities plan is set to move SDE and OEC into a single newly renovated building. The OEC is currently exploring other funding sources with DAS and OPM to support an interim location to house all OEC programs in the near future. Programs being housed in separate locations will not be a detriment to the success of the program. All programs will have the same vision and guiding principles to better serve the early childhood population, regardless of where they reside. A new MOU with DDS should be written to continue to operate the program in DDS until office space is available.

#### *Office Equipment*

A matter identified during this study was the issue of office equipment. DDS and Birth to Three staff members indicated that most office equipment was purchased through DDS with state funds. This includes desktop computers, laptops, scanners, fax machines, copy machines, and furniture. PCG recommends the equipment purchased for the Birth to Three staff be transferred to the OEC for continued use, as it appears these materials were purchased with state dollars. However, if transfer of these materials is not feasible, then OEC would need to develop a clear plan to procure.

#### *Medicaid*

The Birth to Three program staff articulated that the process by which Medicaid is claimed for Birth to Three services in the state includes the collaboration of DAS and DSS. DAS serves as the billing agent for Medicaid, while DSS serves as the State of Connecticut's Medicaid authority. DSS also performs rate setting functions. The current rates that are billed for these services would be the same regardless of whether the Birth to Three



program stayed in DDS or moved to the OEC, so this is not a factor in this study. DAS currently has access to the Birth to Three data system, SPIDER, in order to capture the needed information in processing Medicaid claims to CMS. The current Birth to Three program fiscal staff should continue with the current procedures. PCG recommends that the current process for capturing Medicaid revenue continue in the future.

Medicaid reporting requirements are also an issue identified in this study. PCG understands that by the way Birth to Three Medicaid rates are structured, an annual cost report and certification of funds are required. PCG has not been able to ascertain from DDS nor from the Birth to Three staff whether this process takes place annually. PCG recommends that when the Birth to Three program moves to the OEC, a staff person be identified to perform this function annually.

In order to bill for Medicaid services, a department must obtain a Medicaid Provider Number. Currently the Medicaid provider number used for claiming purposes belongs to DDS. PCG recommends that OEC follow the enrollment process to obtain a Medicaid provider number assigned to it. This process will take 90 – 180 days for completion.

#### *Staffing*

In order for the Birth to Three program to continue in the same capacity there is a need to transfer staff and salaries to the OEC. The Birth to Three program staff has various funding sources; of the 16 program staff, eight staff salaries are state funded, seven are fully funded by Federal Part C, and one is partially funded by state and federal funds. These state employees should continue in their same individual bargaining units upon the move to the OEC and their retirement and benefit packages must not be affected. In order for the OEC to fund the 7.5 FTE Birth to Three staff salaries that are currently funded through DDS, PCG recommends that funding be shifted to the OEC budget to cover these positions. The current amount is \$681,446, which includes longevity and salary increases (but not fringe) for FY14.

#### *Federal Application*

The U.S. Office of Special Education Programs (OSEP) requires notification of a lead agency change for the Part C program. In order for this to occur mid-year, the Governor must sign an executive communication alerting OSEP of the move. Activities such as journal voucher or mid-budget year adjustments must take place to move the funds from DDS to SDE/OEC internally within the state. In the following year, the federal application would be submitted by OEC to change the lead agency. The following process must be followed by the OEC regarding submitting the application:

1. Draft federal application in January 2015
2. Post application for public comment in February 2015
3. Application public comment period – February 2015 – April 2015
4. Submit application to OSEP in April 2015
5. Application letter of award received by OEC in June 2015

#### *Other Recommendations*

Regardless of where the Birth to Three program resides, there are three other issues that PCG identified as areas to address: the Medicaid billing structure, Medicaid billing, and communication.



- *Medicaid Billing Structure*

Currently, for the Birth to Three program the Medicaid billing structure is claimed at a bundled rate. In order to continue claiming using a bundled rate, the Medicaid reporting requirements must be met. These requirements include annual cost reporting and certification of funds. To continue with this rate structure, a time study on private non-profit contractors will also be required unless the contractors are only serving children age birth to three. The bundled rate billing structure is not reflective of CMS standards. DSS is in the process of writing a new state plan which would require the bundled rate to change to a cash plan billing in 15 minute increments. Once the billing structure moves to a cash plan, the Public Assistance cost allocation plan (PACap) must be accessed. Currently, DDS has a PACap. If OEC chose to build out its own PACap, this would require OEC to work with a contractor for development.

PCG recommends that the Birth to Three program access the DDS PACap through an MOU. This would require an amendment to the DDS PACap which would take 60 to 90 days. PCG also recommends that the Birth to Three IT staff be made aware of the potential change from bundled rates to 15 minute increments.

- *Medicaid Billing*

PCG understands that currently, if a child in the Birth to Three program has both commercial insurance and Medicaid, only commercial insurance is being accessed. Unfortunately, the exact number of children that have both commercial insurance and Medicaid could not be identified as the data system reflects current point in time billing information. An estimated 310 children who are currently eligible have both “Consent to bill Medicaid” and “Consent to bill insurance” selected in the SPIDER data system. In order to maximize Medicaid revenue, PCG recommends that when a child has both, commercial insurance be billed first and Medicaid be billed as a secondary payor.

- *Communication*

Many DDS and Birth to Three program staff members, state agencies and departments and provider, parents, and advocates expressed the lack of communication about the goals and the strategic plan of the OEC. PCG understands that in the late spring of 2012, information sessions took place between the Early Childhood Planning Team and Birth to Three stakeholders. These stakeholders included Commissioners who sit on the interagency workgroup, early care and education providers, parents, staff, and providers of early childhood programs. PCG recommends that a comprehensive communication plan be written and shared with all stakeholders and be implemented soon. The success of this move will rely heavily on this plan and will also require a commitment from and a partnership among the OEC and the Birth to Three program staff and stakeholders. They must join forces to advocate for and implement the solutions that will be needed for this move, which will lead to superiority in the state’s early childhood programs.

### *Cost*

As a component of the analysis, PCG was asked to analyze the costs associated with moving the Birth to Three program into the OEC. The additional costs that were identified during our focus group and interview sessions pertain solely to the IT infrastructure and staffing and are displayed in Table 13.



Table 13. Fiscal Estimates for moving Birth to Three Program

Item	Cost	Notes
Server Cost	\$1,000/month	Cost for the DDS to host the B23 data system on the current server.
Single sign-on Module Consultant	\$50,000 - \$100,000/one year	The potential cost to hire a consultant to help edit the global security code, if necessary.
Single sign-on Module	\$150,000 - \$200,000	Estimated cost for moving SPIDER if a new set-up is necessary
B23 State Salaries	\$681,446	Current state funded DDS salaries of B23 staff.

***Implementation Timeline***

PCG recommends that the Birth to Three program be completely moved into the OEC beginning October 1, 2014. This would allow for time to transition the lead agency from DDS to OEC. In order for this to occur mid-year, the Governor must sign an executive communication alerting the U.S. Office of Special Education Programs (OSEP) of the move. Activities such as journal voucher or mid-budget year adjustments must take place to move the funds from DDS to SDE/OEC within the state. The following year, the federal application would be submitted by OEC to change the lead agency.

The timeline below reflects items that must take place in order for this move to occur. The following Gantt chart displays the items and timeline by which each issue would be completed. Please note that the chart includes all issue, solutions, timeline and resources presented in Table 12. Solutions and Next Steps.



Figure 3. Implementation Timeline

Step	Parties responsible	Start Date	End Date	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	2016	
<b>1</b>	<b>Contracts</b>																			
1.a.	Program's Contracts Template	SDE/OEC, B23 Fiscal Staff, OAG	4/1/2013	6/30/2013																
1.b-d	Execution of Program's Contract Amendments	SDE/OEC, B23 Fiscal Staff, OAG, the Contractor, OPM	7/1/2014	9/30/2014																
<b>2</b>	<b>Current MOUs/MOAs</b>																			
2.a.-h	Amendments to MOUs and MOAs to OEC	SDE, OEC, DRS, ACF, DPH	4/1/2014	9/30/2014																
<b>3</b>	<b>IT Infrastructure</b>																			
3.a.	Servers: Short-term MOU	DDS, OEC, B23 IT staff, SDE	7/1/2014	9/30/2014																
	Servers: Long-term SDE Server	SDE, OEC	4/1/2014	12/13/2014																
3.b.	MOU for Global Security Module	OEC/SDE, DDS, and B23 IT staff	6/1/2014	9/30/2014																
3.c.	SPIDER Help Desk	SDE & DDS Help Desk, B23 IT Staff, OEC	9/1/2014	9/30/2014																
<b>4</b>	<b>Deficit Coverage</b>																			
4.a.	Budget based on past history of spending in Birth to 3 program	OEC, Legislature, Governor	4/1/2014	9/30/2014																
<b>5</b>	<b>Physical Location</b>																			
5.a.	MOU for temporary space. Long-term space in 2016	OEC, DDS, B23 staff, SDE	4/1/2014	2016																
<b>6</b>	<b>Office Equipment</b>																			
6.a.	Transfer of computer and office equipment or development of plan to procure.	DDS, OEC/SDE	7/1/2014	9/30/2014																
<b>7</b>	<b>Medicaid</b>																			





## **VII. Appendices**

- A. Historical Birth to Three Funding
- B. Birth to Three Program Positions and Responsibilities
- C. Birth to Three Memoranda of Understanding
- D. Provider Agencies Contracted with the Birth to Three Program



**Appendix A. Historical Birth to Three Funding**

The table that details the funding history of the Birth to Three program.

Fiscal Year	COLA	Referred	% Increase from previous year	Eligible Served	% Increase from previous year	Part C Federal Grant	Net Insurance	028 expenditures	Medicaid to General Fund
1997		4,535		5,303		\$3,378,163	\$ 166,998	\$11,426,194	-
1998	0	4,913	8.3%	5,631	6.2%	\$3,378,163	\$1,486,332	\$12,087,088	-
1999	2.85%	5,504	12.0%	6,619	17.0%	\$3,775,344	\$1,852,011	\$12,652,684	\$6,785,485
2000	3.00%	5,587	1.0%	7,043	6.0%	\$3,831,379	\$2,502,565	\$14,737,714	\$2,832,280
2001	1.50%	6,544	17.0%	8,011	13.7%	\$3,992,165	\$2,846,781	\$18,022,743	\$3,184,505
2002	3.50%	6,601	.8%	8,791	9.7%	\$4,083,368	\$3,661,670	\$21,203,232	\$3,649,987
2003	1.50% 11/1	7,231	9.5%	9,403	7.0%	\$4,478,645	\$3,964,501	\$24,724,895	\$3,279,915
2004	0	7,600	5.1%	9,463	.7%	\$4,663,593	\$3,216,280	\$23,719,564	\$2,460,000
2005	1.50% 10/1	8,013	5.4%	8,893	( 6% )	\$4,599,471 (+\$8529 xtra)	\$3,230,026	\$21,793,095	\$4,407,625
2006	4% 10/1 +retro 4% COLA 7/1	7,971	-0.5%	8,586	( 3.5% )	\$4,293,541	\$3,248,049	\$23,582,677 approps	\$4,336,775
2007	2% 10/1 new rates1/1	8,687	9%	8,591	.6%	\$4,307,723	\$3,360,752	\$24,925,417 approps	\$4,357,080
2008	3% 7/1	9,108	4.8%	9,112	6.1%	\$3,914,074	\$3,425,130	\$27,693,599 Approps+COLA	\$4,352,885
2009*	0%	9,228	1.3%	9,671	6.1%	\$4,081,315	\$3,383,400	\$28,961,511 +\$8,753,240	\$4,221,473



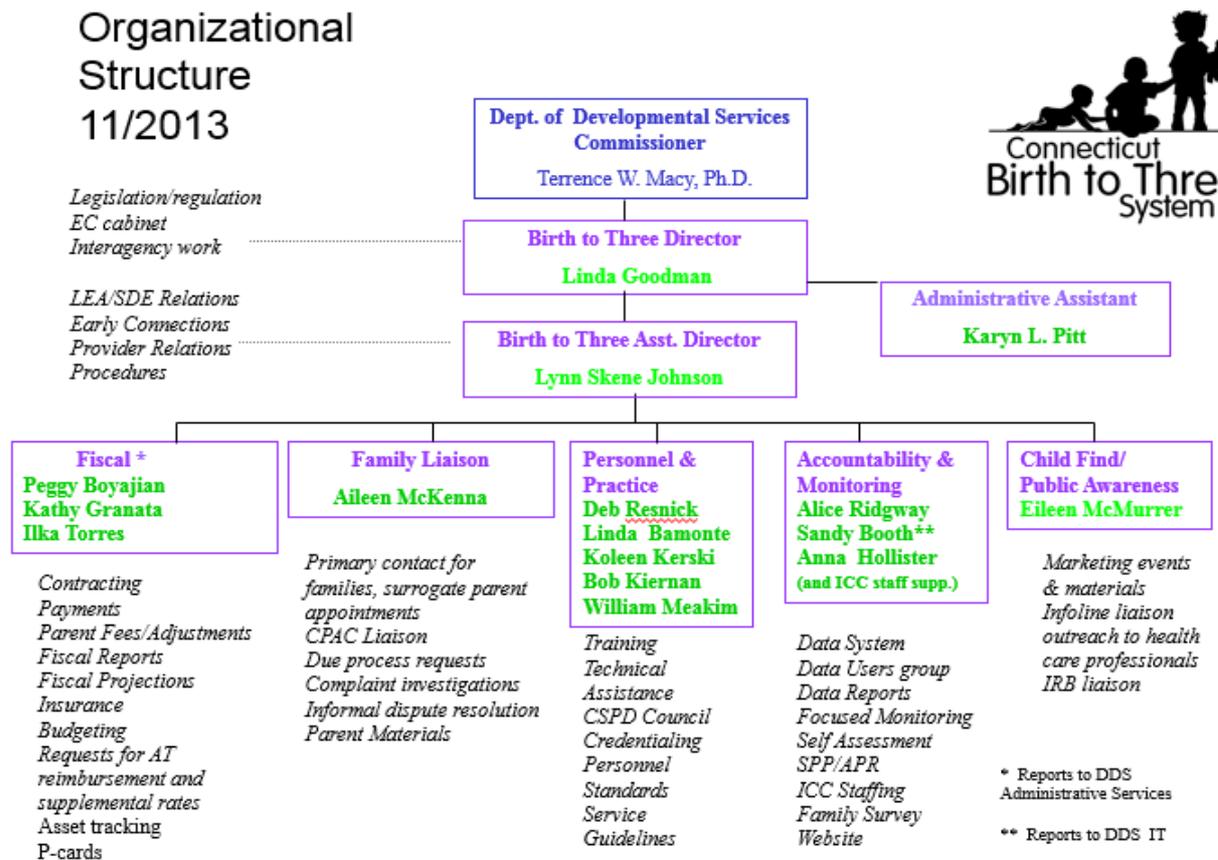
Fiscal Year	COLA	Referred	% Increase from previous year	Eligible Served	% Increase from previous year	Part C Federal Grant	Net Insurance	028 expenditures	Medicaid to General Fund
								+\$ 400,000 \$38,114,751 w/FAC	
<b>2010</b>	0%	8,571	(7%)	9,591	( .8%)	\$4,115,034 +\$4,559,747 ARRA stimulus	\$3,476,885	\$30,243,415 +\$6,683,732 4/1 \$36,927,147 w/FAC	\$9,695,058 Retro collection of rate increases
<b>2011</b>	0%	8,603	.4%	9,468	( 1.3%)	\$4,103,582	\$3,986,381	\$37,888,242	\$9,651,913
<b>2012</b>	0%	8,419	(2%)	9,333	( 1.4%)	\$4,018,052	\$4,719,168	\$36,288,242	\$6,230,795*
<b>2013</b>	1% 1/1/13					\$4,052,879	\$4,966,647	\$34,862,523 +495,847 FAC \$35,358,370	\$7,050,483

\* In FY08, federal salaries were re-coded to state funding in order to use Part C funds to pay bills (\$3M deficit) \$1,008,756 in unpaid FY08 invoices from May 2009 were carried over to be paid in July, 2009 (FY09)

\*\*In FY10 and FY11, new Medicaid rates were billed. After CMS reviewed, rates were adjusted downward. CMS is recouping.

**Appendix B. Birth to Three Program Positions and Responsibilities**

Below is listed a chart that describes the various staff positions within Birth to Three and details their respective responsibilities.



***Appendix C. Birth to Three Memoranda of Understanding***

Please find below a table that describes the various interagency Memoranda of Understanding that are held with the Birth to Three program or the Department of Developmental Services in regards to Birth to Three.

**Memoranda of Understanding Relating to the Connecticut Birth to Three System:**

Involved Parties	Description	Costs	Date of MOU
CT Birth to Three and Charter Oak State College	Charter Oak State College developed an agreement with the Birth to Three System to develop an Early Care and Education Pathways Exam in Evaluation and Assessment of Infants and Toddlers.	\$30,000,000	10/6/2011
Department of Developmental Services and State Board of Education	The purpose of this MOA was for DDS to transfer funds to the State Board of Education in order to support professional development activities and the Comprehensive System of Personnel Development Council that is administered by the State Education Resource Center. Because DDS is the IDEA Part C Lead Agency, it is responsible for workforce development of early intervention personnel, so this MOU requires that DDS and the State Board of Education will work collaboratively to accomplish this task.	\$375,000 over a period of five years (\$75,000/year)	2010-2015
Department of Developmental Services and Department of Revenue Services	This MOU outlines the procedures utilized to protect Birth to Three clients' confidential information. The MOU describes how Birth to Three will test federal adjusted gross income that is reported by families on a sample basis, by detailing region, family name, social security number, and the family's monthly contribution rate for Birth to Three services. This sample allows reviewers to compare information reported by families between DRS and DDS, and indicate whether contributions are being properly met.	N/A	1/25/2010



Involved Parties	Description	Costs	Date of MOU
Department of Developmental Services and Office of Early Childhood	This MOU defines the relationship between DDS and OEC in order to aid in the completion of the feasibility study required by Executive Order #35 and to identify a framework for collaboration between OEC and DDS during FY14. Also assigned the Director of the Birth to Three System to the OEC to aid the agency during its first year of operation, required Birth to Three staff to participate in culture building activities initiated by OEC, and required both agencies to collaborate on the feasibility study.	N/A	7/24/2013-1/31/2014
State Board of Education and Department of Developmental Services	This Memo of Agreement's purpose is to facilitate the transfer of funding from the State Board of Education to DDS in order to aid the State Board of Education in fulfilling its obligations under IDEA, Part B for "Child Find," which would assist in the identification, location, and evaluation of children with disabilities who are between the ages of birth to three.	\$2,000,000	7/1/2011-7/30/2013
Department of Developmental Services and the Board of Education and Services for the Blind	<p>This Memo of Agreement outlines how DDS and the Birth to Three System will coordinate with the Board of Education and Services for the Blind to serve children under the age of three with visual impairments. Provisions include:</p> <ol style="list-style-type: none"> <li>1. The BESB will be able to recommend one of its staff to represent the BESB on the State Interagency Coordinating Council.</li> <li>2. BESB and DDS will collaborate to expand public awareness of the Birth to Three System by the distribution of relevant materials and information.</li> <li>3. DDS and BESB will collaborate so that when all families with children under the age of three are referred to the BESB's Children's Services Program, they are also made aware of the Birth to Three System</li> <li>4. Birth to Three will refer parents to the BESB's Child Services Program if their child is identified as having a visual impairment.</li> </ol>	N/A	2011-Present



Involved Parties	Description	Costs	Date of MOU
	<p>5. Children enrolled in Birth to Three who are also eligible for BESB services, BESB will provide necessary vision services.</p> <p style="padding-left: 40px;">a. These services will be identified on the child's IFSP</p>		
Department of Developmental Services and the Children's Trust Fund	<p>As the Lead Agency of IDEA, Part C, DDS agreed with the Children's Trust Fund to collaborate on implementing a study that would address the efficacy of screening of children that are referred to Birth to Three.</p> <p>Requirements:</p> <ol style="list-style-type: none"> <li>1. Child Development Infoline staff recruited parent participants for the study</li> <li>2. The Maternity and Infant Outreach Program implemented the home visit screening protocol that was developed by DDS</li> <li>3. DDS developed and trained intake staff at the Child Development Infoline. CTF provided training and materials to the MIOP that would standardize the distribution and use of screening tools. DDS provided training and relevant materials to MIOP regarding the home visiting protocol for the screening study.</li> </ol>	\$18,000	2/15/2008-7/15/2008
Birth to Three System and Connecticut Early Head Start Programs and the Administration for Children and Families Region 1	<p>This MOA sets a series of provisions and guidelines for collaboration between the Early Head Start Programs in Connecticut, ACF, and Birth to Three with the intention of preserving continuity of care and efficient use of public resources. Areas of collaboration include: parent involvement, confidentiality, outreach, referral, evaluation and assessment, service coordination, service planning, inservice training, and problem solving.</p>	N/A	2005-Present
Connecticut Department of Children and Families and Department of Developmental Services	<p>This MOU sets out to define the different roles that are assigned to DDS and DCF in regards to the referral of children under the age of three to early intervention services.</p> <p>Roles of DDS:</p> <ol style="list-style-type: none"> <li>1. Ensure Coordination with Child Protection and Child Welfare Programs</li> <li>2. Accept Referrals for Evaluation of At Risk Infants and Toddlers</li> </ol>	N/A	January 2013-Present



Involved Parties	Description	Costs	Date of MOU
	<p>3. Provide for Timely, Comprehensive, Multidisciplinary Eligibility Evaluations and Assessments</p> <p>4. Provide for Development of an Individualized Family Service Plan</p> <p>5. Provide for the Delivery of Early Intervention Services</p> <p>Roles of DCF:</p> <ol style="list-style-type: none"> <li>1. DCF Referral Process</li> <li>2. DCF will refer any child between zero to three to the Birth to Three program if they have:               <ol style="list-style-type: none"> <li>a. Undergone abuse or neglect that has caused a developmental concern or qualifying diagnosis</li> <li>b. Been affected by illegal substance abuse or are undergoing withdrawal symptoms that result from prenatal drug exposure</li> </ol> </li> </ol> <p>Collaborative Roles:</p> <ol style="list-style-type: none"> <li>1. Coordinated Interagency Training</li> <li>2. Defining Parental Consent</li> <li>3. Surrogate Parents</li> <li>4. Reporting</li> <li>5. Transition and Referral to Special Education</li> <li>6. State and Interagency Coordinating Council</li> </ol>		
<p>Department of Developmental Services and Department of Public Health</p>	<p>This MOU establishes a combined process between DDS and DPH in order to expand early detection and intervention of infants with developmental delays.</p> <p>Terms and Conditions:</p> <ol style="list-style-type: none"> <li>1. DPH will ensure that informational brochures that are distributed in birthing facilities will include the Birth to Three referral number</li> <li>2. DPH will maintain a database of all newborns screened and refer appropriate children to the Birth to Three System</li> <li>3. DPH will track infants with positive hearing screening results in order to ensure that a full audiological evaluation is obtained.</li> </ol>	<p style="text-align: center;">N/A</p>	<p>3/31/2009-Present</p>



Involved Parties	Description	Costs	Date of MOU
	<ol style="list-style-type: none"> <li>4. DDS will ensure that Birth to Three programs submit information on child hearing impairment to the DPH</li> <li>5. DPH will share information on infants born in Connecticut that weigh less 1,000 grams and/or born at 28 weeks gestation or less with the Birth to Three System</li> <li>6. DDS Birth to Three will mail information based on data gathered from DPH to parents of infants who are eligible based on gestational age or birthweight</li> <li>7. DDS Birth to Three will ensure that all pediatric audiologists are informed about how to refer infants with a diagnosed hearing loss to Birth to Three</li> <li>8. Birth to Three will ensure that all referred children with hearing loss will receive intervention, including assistive technology.</li> </ol>		
<p>Department of Developmental Services and State Board of Education</p>	<p>The State Department of Education is the Lead Agency for IDEA Part B and DDS is the Lead Agency for Part C. This Agreement is meant to ensure that there are coordinated services between Part C and Part B for children of the birth to age three with disabilities in the areas of transition, child find, public awareness, professional development, and general supervision.</p>	<p>Dependent on determination from State Legislature</p>	<p>4/17/13-Present</p>

**Appendix D. Provider Agencies Contracted with the Birth to Three Program**

The table shown below lists each of the early intervention provider agencies that are contracted with the Birth to Three program.

<b>Birth to Three Contracted Provider Agencies</b>			
<b>Provider Agency</b>	<b>EI Services</b>	<b>Deaf Services</b>	<b>Autism Services</b>
<b>Abilis (Little Learners)*</b>	✓		✓
<b>Advance</b>	✓		
<b>American School for the Deaf</b>		✓	
<b>Anthony Wayne</b>	✓		
<b>BEACON of Connecticut</b>			✓
<b>Building Bridges</b>	✓		
<b>CES</b>	✓		
<b>Cheshire Public Schools</b>	✓		
<b>Child &amp; Family Network</b>	✓		
<b>Children's Therapy</b>	✓		
<b>Cornell Scott Hill Health</b>	✓		
<b>Creative Intervention</b>			✓
<b>CREC &amp; CREC Soundbridge</b>	✓	✓	
<b>East Hartford Public Schools</b>	✓		
<b>EASTCONN</b>	✓		
<b>Easter Seal of Waterbury</b>	✓		
<b>S.E.E.D. (Education Connection Autism Program)*</b>	✓		✓
<b>Family Junction</b>	✓		
<b>HARC</b>	✓		
<b>Jane Bisantz</b>	✓		
<b>KDC</b>	✓		
<b>Kennedy Center</b>	✓		
<b>Key</b>	✓		
<b>LEARN</b>	✓		
<b>McLaughlin</b>	✓		
<b>NECHEAR</b>		✓	
<b>Oak Hill</b>	✓		
<b>Project Interact</b>	✓		
<b>Reachout</b>	✓		
<b>Rehab. Associates (ABC Inter.)*</b>	✓		✓



<b>Birth to Three Contracted Provider Agencies</b>			
<b>Provider Agency</b>	<b>EI Services</b>	<b>Deaf Services</b>	<b>Autism Services</b>
<b>SARAH</b>	✓		
<b>South Bay Mental Health</b>			✓
<b>St. Vincent's</b>	✓		
<b>Star</b>	✓		
<b>TheraCare</b>	✓		
<b>Wheeler</b>	✓		

