

**Table A**

**Connecticut Birth to Three System Evaluation Study – Year One Overview**

<b>Question</b>	<b>Methodology</b>	<b>Results</b>	<b>Conclusions</b>
<b>What is the relationship between costs and child/family services?</b>	Service profiles from IFSPs for 222 randomly selected children in 34 agencies “costed out” based on provider compensation and other agency financial data.	Average of 9 hours of direct contact plus 8 hours preparation, travel, ect., costing an average of \$673 per child per month.	Cost containment successfully accomplished since 1996. Intensity of service key factor in determining costs but preparation and travel time and provider compensation also matter.
<b>Is service intensity related to child development and family profile?</b>	Service profiles from IFSP for 512 children from 16 agencies ‘predicted’ using multiple regression based on Batelle scores, child’s age, health status, ect., and agency identification.	Child characteristics not good predictors of services received or intensity; but age somewhat better than developmental level. Agency providing service was a better predictor, especially for intensity.	Suggests that agencies have patterns of service delivery, especially in regard to intensity of services that they follow for many children. For more complete understanding need information about families (planned but not implemented).
<b>Are families benefiting from Birth to Three services?</b>	Survey sent to over 4000 families currently receiving and recently exiting Bto3 services concerning families’ experiences and perceived change in knowledge, confidence, and support. Close to 1300 received.	Parents reported increases in knowledge and confidence but little change in support. Single parents and those with lower SES report larger increases in knowledge and support from family and community.	Most families interviewed were very positive about their Birth to Three services and felt it is an important program. Participation in both studies was extensive but, as with most surveys and interviews, the families responding
<b>What are families’ experiences in Birth to Three?</b>	Follow up telephone interview of 364 families re: their opinions of referral, evaluation, service planning, and service delivery, best and worst aspects, effective practice, and family activities.	Parents expressed satisfaction with referral, assessment, IFSP process and service delivery. Some parents described only minimal participation in goal setting and service decisions. Services at home, providers’ skills and learning from the program were particularly cited as beneficial.	were likely to be educated and of higher social and economic levels than would be representative of all families in Birth to Three.
<b>What are indicators of effective practice?</b>	Stakeholders group representing 5 agencies defined indicators and measures of effective practice. Observations, interviews, and documentation used to note effective practices and their facilitators and barriers.	All the indicators of effective practice were observed but there was variation among individuals and agencies. Communication, teaming, and positive attitudes facilitated effective practice; time constraints and limits of knowledge and training were key barriers.	There is general agreement on what constitutes effective practice conceptually but defining observable measures was quite difficult. Facilitating factors should be encouraged; barriers of training and time constraints should be addressed. ‘Live with’ methodology time consuming and open to misunderstanding.