



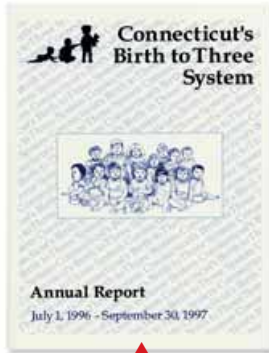
1996-2006

Celebrating

10 Years & Counting

Connecticut Birth to Three System

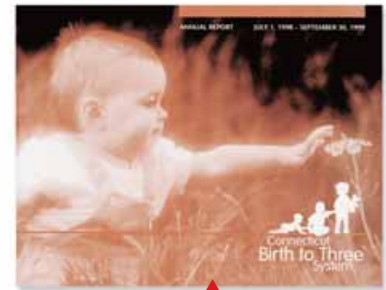
Our History in Pictures



1996 - 1997



1997 - 1998



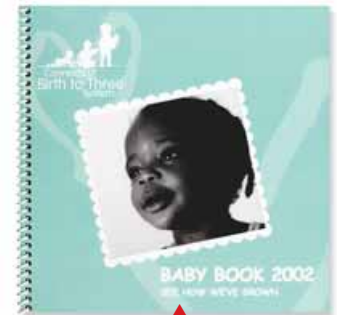
1998 - 1999



1999 - 2000



2000 - 2001



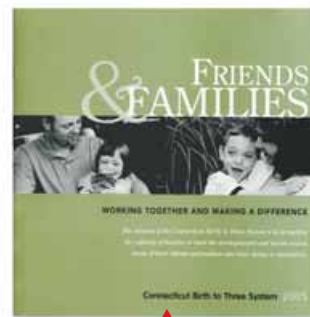
2002



2003
















2004



2005



2006

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Collaboration

Working together with Connecticut families since 1996. **Connecticut Birth to Three System**

Introduction

20 years ago, the United States Congress had the foresight to add a new section for infants and toddlers to the Individuals with Disabilities Education Act, now called Part C of the IDEA. Even before there was good research on early brain development, it was generally recognized that children with disabilities or developmental delays or those at-risk for delays need help before they reach the preschool years.

States that wanted to participate had up to seven years from passage of legislation to fully take part in this program. Since 1993, families in all 50 states have had access to a comprehensive, multidisciplinary, coordinated system of supports to improve outcomes for children and their families.

Connecticut Public Act 93-383 established the Connecticut Birth to Three System under the administration of the State Department of Education. The Act stated that the program would “sunset” in 1996 unless reauthorized by the General Assembly. The Department contracted with Infoline as the statewide referral intake office and established Birth to Three as an entitlement for eligible children in 1993.

10 years ago, Public Act 96-185 re-established the Connecticut Birth to Three System under the administration of the Department of Mental Retardation. Many administrators, families and professionals worked to develop a Mission and long-range strategic plan. Provider programs were selected and began working to support families of eligible children. Early intervention personnel were hired and trained, and Procedures and Service Guidelines were developed. A data system was created that supports utilization review, quality assurance measures, and provides accurate and timely cost and programmatic information. Public Awareness materials were developed across multiple formats and languages and are effectively used for outreach to all Connecticut residents. Advisory Councils at the state and local levels were charged with providing input to the System, a website was established and is continually evolving, and Annual Reports – like this one – were produced for sharing data with the federal government, other states' early intervention administrators, and the entire Connecticut community.

2006 today, more than thirty approved programs continue to serve families of infants and toddlers with developmental delays or disabilities across Connecticut. Birth to Three has touched the lives of over 39,000 families over the past ten years. We are counting on our families, state colleagues and elected officials, other professional agencies, and our friends to continue to guide this early intervention system in effectively supporting families during the coming decade.

Our Mission



The mission of the Connecticut Birth to Three System is to strengthen the capacity of Connecticut's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities. The System will ensure that all families have equal access to a coordinated program of comprehensive services and supports that:

- *foster collaborative partnerships* ·
 - *are family centered* ·
 - *occur in natural settings* ·
- *recognize current best practices in early intervention* ·
 - *are built upon mutual respect and choice* ·

How We Fulfill Our Mission



We receive referrals by phone, fax, and e-mail at the Child Development Infoline (1-800-505-7000 or www.birth23.org), which then connects families to specific Birth to Three programs.

The program that receives the referral meets with the child and family to evaluate the child's developmental strengths and needs. Results are shared with the family in their native language and in writing.

When a child is not eligible, the family is offered a way to monitor changes in their child's development and decide if there is a need to re-evaluate the child. Information about other community resources is shared with the family.



When a child is eligible, the family works with their service coordinator to choose what they want their child to work on and how their family will be involved. Together with their Birth to Three team, they develop a plan of services and supports to help reach those goals. The child's doctor is an important team member.



The family learns new ways to teach their child during regular activities throughout the day. Services and supports change as the family's goals for themselves and their child change.

Children leave the Birth to Three System every day. Some move into school district special education programs, some move to other community programs when they reach the age of three and some exit because they no longer need early intervention services.

Tyler's Story

“Tyler is an amazing little guy!”, said Karen, his Birth to Three service coordinator. But that's not what his parents were told early in his life. After more than a decade of trying to start a family, Marc and Tina learned midway through the pregnancy that Tyler had developed congenital hydrocephalus – a dangerous increase in the amount of fluid surrounding his brain – and that their baby would likely have a poor quality of life. They were presented with the option of terminating the pregnancy, but decided to go forward.

On the day Tyler was born, tests confirmed not only the hydrocephalus, but also a severely malformed brain. The Neonatal Intensive Care staff talked with Marc and Tina about getting early intervention, and Tyler was brought home eight days later. Over time, Tyler required brain surgery to drain the excess fluid from his head, as well as eye surgery to help correct congenital esotropia, a muscle imbalance.

Despite being told that Tyler would most likely not walk or talk, **he has surprised and delighted everyone, including his team of doctors**. Tina and Marc began working with their Birth To Three team when Tyler was two months old. In addition to his Mom and Dad, his team consists of a physical and occupational therapist, along with his early intervention associate. They have been invaluable in helping to maximize Tyler's potential by providing feedback on areas that need particular attention. They also suggest the types of exercises necessary to assist in overcoming low muscle tone and developmental delays.

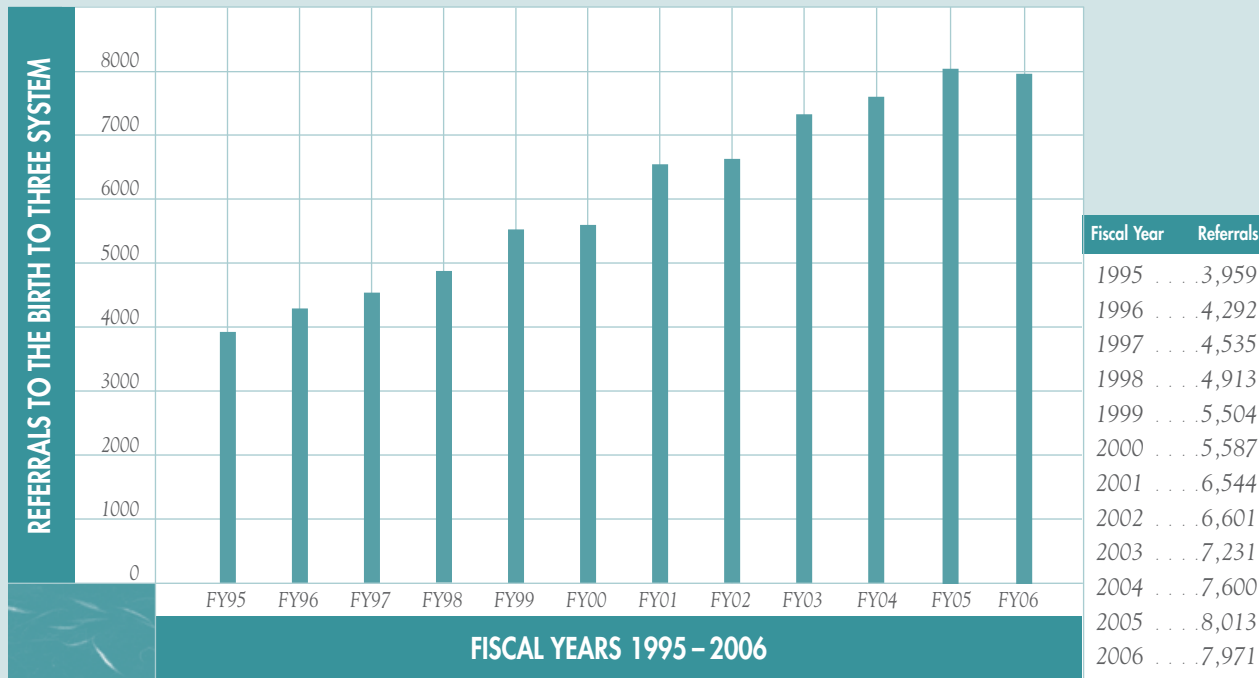
Today, Tyler can hear, see, and walk, has a great vocabulary, and has overcome many barriers on his way to becoming an active 2-1/2 year old. He is very inquisitive and playful: enjoys his books, digging in the sandbox, drawing, playing in the pool, and visiting the library.

Within the coming months, **Tyler will transition from Birth To Three to preschool**. Although Tina and Marc feel extremely fortunate with their son's outcome, they can't help but think of the many other families that are not as fortunate. **Thankfully, support is available through programs such as Birth To Three**. “I think parents play a big part in what their children can accomplish by being there for encouragement and support, including involvement with learning experiences” says his Mom. “We want him to do the things that other kids do: running, jumping and constantly learning new things that challenge him!”.

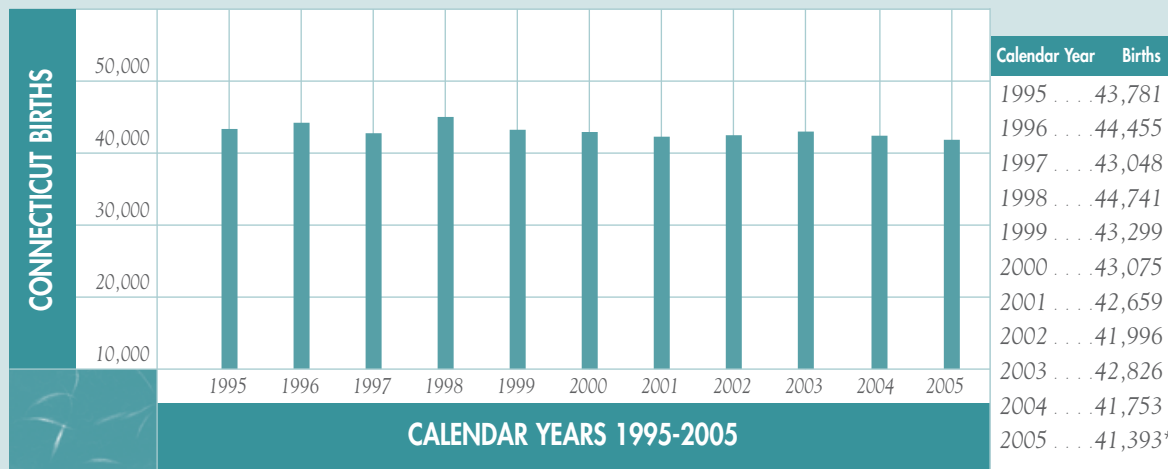
Making the Connection: Referrals

How many children are referred each year?

A total of 7,971 children were referred to the Birth to Three System in Fiscal Year 2006 (July 1, 2005 – June 30, 2006), a decrease of 4% over the previous year (see Chart 1).



Data Source: CT Birth to Three database



Data Source: CT Dept. of Public Health

*Provisional Data

Where were the children from?

New referrals were received from 167 cities and towns across Connecticut. One third of those newly referred children were from:

CITY	NUMBER OF CHILDREN
Hartford	471
Bridgeport	355
New Haven	304
Waterbury	291
Norwalk	222
New Britain	205
Danbury	202
Meriden	168
Bristol	149

See pages 15-17 of this book for a complete town-by-town chart of children that were referred and served.



Who connected families with Birth to Three?

Most families referred themselves (64%) or were referred by a health care provider (28%).

REFERRAL SOURCES	PERCENTAGE
Families, Foster Families, Relatives or Friends	64%
Health Care Providers and Hospitals	28%
State Agencies	5%
Preschool, Head Start, Child Care	1%
Social Service Agencies	1%
All Others	< 1%

How did families or other referral sources who didn't already know about the Birth to Three System find out about it?

REFERRAL SOURCES	PERCENTAGE
From Their Primary Health Care Provider	66%
From a Relative, Friend, or Co-Worker	11%
From Another Health Care Provider	6%
From Their Child Care Provider	5%
Social Service Agencies	3%
Ages & Stages Questionnaire or 2-1-1 Infoline	3%
From Their School District	2%
Preschool, Head Start, EI Program	2%
From a Speaker, Print Media, Website	2%
From an Early Intervention Provider	1%
All Others	<2%

Making the Connection: Referrals, Continued

Who were the infants and toddlers referred?

AGE AT REFERRAL	PERCENTAGE
Birth – 11 Months	27%
12 – 23 Months	38%
24 – 36 Months	35%

AVERAGE AGE AT REFERRAL	AGE
Mean	17.72 months
Median	19.00 months

BOYS & GIRLS	PERCENTAGE	NUMBER
Boys	65%	5,164
Girls	35%	2,807

What were the referred children's racial backgrounds?

RACE	PERCENTAGE	NUMBER
Caucasian	59.2%	4,719
Hispanic	17.5%	1,397
Black	10.5%	836
Asian	2.9%	232
Undetermined	2.5%	202
Native American	0.3%	25

What were the reasons that children were referred?

People who referred children to the Birth to Three System expressed concerns about a variety of developmental issues. For the 7,971 children referred in FY06, these were the concerns expressed:

CONCERN	PERCENTAGE
Communication	69.4%
Motor (fine & gross)	28.2%
Adaptive	12.6%
Social / Emotional	8.4%
Health	5.6%
Vision	1.1%
Hearing	0.9%
Cognitive	0.5%

(Total percentages exceed 100 because there can be more than one concern for any single child.)

What were the top household languages for referred children?

LANGUAGE	PERCENTAGE	NUMBER
English	78.4%	6,732
Spanish	10.5%	902
Portuguese	0.6%	55
<i>plus 38 other languages</i>		

What does the System offer for children who are referred but are not eligible for Birth to Three services?

All parents of children who are found not eligible for Birth to Three services or whose children leave the Birth to Three System before age three are offered a program for tracking their child's ongoing development. **Ages and Stages Questionnaires** are mailed to the family a few times a year so they may report about their child's mastery of new skills. If scores show that a child's development is increasingly delayed, the family is offered another eligibility evaluation by Birth to Three. If the child's development appears to be on track, the family is sent a developmental status report with suggested activities to continue to help their child learn new skills.

This past fiscal year, 676 new families whose children were evaluated chose to enroll their children in the Ages and Stages Questionnaire monitoring process. An additional 207 were enrolled through the **Help Me Grow** program (which assists families of children that are at-risk) and 17 from neonatal intensive care units.

By June 30, 2006 **Child Development Infoline** was actively following 2,163 children, a 12% increase from the previous fiscal year. The overall return rate on the written questionnaires mailed to families was 34%.

Families of some children who are found not eligible are offered **Follow-Along** visits to directly monitor their children's development.

- ☀ infants less than six months adjusted age whose birthweight was between 750 – 999 grams
- ☀ children whose receptive language was fine, but whose expressive language was tested as being at least 2 standard deviations below the mean and who were reported as having a biological risk factor for speech development
- ☀ infants and toddlers with a confirmed diagnosis that has some likelihood of later developmental delay who already exhibited a 1.5 standard deviation delay in at least one area of development.

These quarterly visits to a child's home provide ongoing developmental surveillance as well as support and information for the family on how to stimulate their child's development and connections to community resources and activities.



How We Make a Difference: Service Delivery

How many children received services over the course of the year?

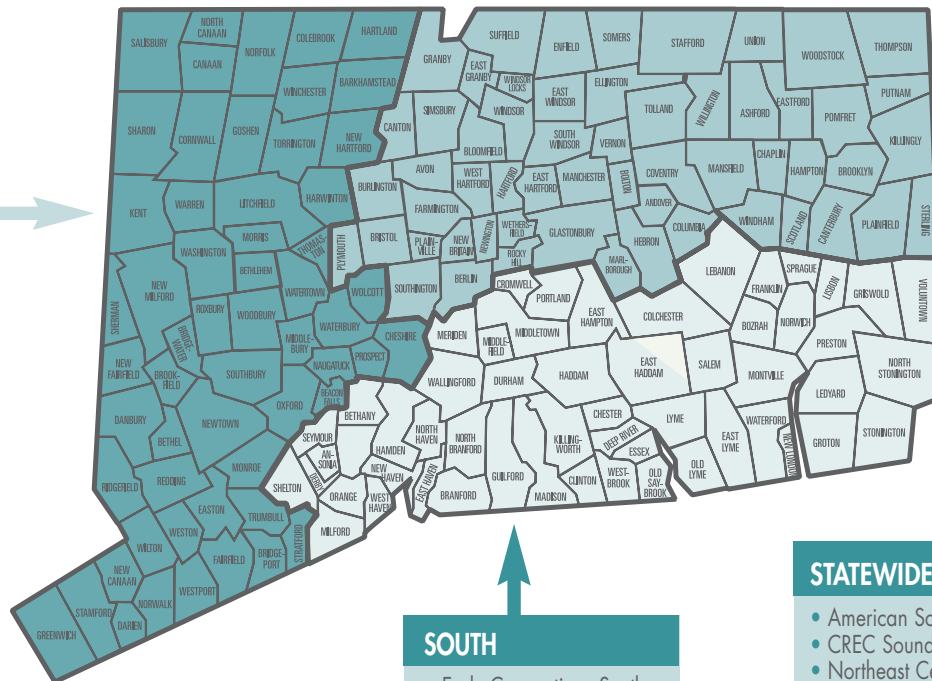
During fiscal year 2006 (July 1, 2005 – June 30, 2006), 33 approved programs employing approximately 750 service providers worked with 4,255 newly eligible children and their families.

NORTH

- CT Children's Medical Center
- Capitol Region Education Council
- Early Connections North
- East Hartford Public Schools
- Easter Seals of CT/RI
- HARC Steppingstones
- Jane Bisantz & Associates
- Key Service Systems
- KIDSTEPS-SARAH
- Klingberg Family Center
- McLaughlin & Associates
- Project Interact, Inc

WEST

- Ahlbin Centers for Rehabilitation Medicine
- ARC Greenwich
- Cheshire Public Schools
- Child & Family Network
- Children's Therapy Services
- Cooperative Educational Services - Beginnings
- Danbury Public Schools
- Early Connections West
- Easter Seals of CT/RI
- Easter Seals Rehabilitation of Waterbury
- Education Connection
- Family Junction
- Kennedy Center
- Project Interact, Inc.
- Rehabilitation Associates
- St. Vincent's Special Needs Services
- STAR/Rubino Center
- Therapy Solutions Center



SOUTH

- Early Connections South
- Easter Seals of CT/RI
- Family Junction
- Hill Health Center
- KIDSTEPS-SARAH
- LEARN
- REACHOUT, Inc.
- Rehabilitation Associates

STATEWIDE PROGRAMS

- American School for the Deaf
- CREC Soundbridge
- Northeast Center for Hearing Rehabilitation



Why are children eligible for the Birth to Three System?

Of the 4,255 Connecticut children who were found eligible for Birth to Three services in fiscal year 2006:

93% OF CHILDREN HAD DEVELOPMENTAL DELAYS

- 73%** tested 2 standard deviations below average in at least one area of development
- 18%** tested 1.5 standard deviations below average in two or more areas of development
- 2%** could not be tested, but had a significant developmental delay according to informed clinical opinion

7% OF CHILDREN HAD DIAGNOSED CONDITIONS LIKELY TO RESULT IN DEVELOPMENTAL DELAY WHICH MADE THEM AUTOMATICALLY ELIGIBLE FOR ENROLLMENT, SUCH AS:

Extremely low birth weight	55
Down syndrome	53
Cleft Palate	27
Hearing loss	17*
Stroke	14
Lead Intoxication	13
Spina Bifida	11
Hydrocephaly	10
Autism Spectrum Disorder	10**

* 41 infants younger than three months were referred as a direct result of universal newborn hearing screening.

**These 10 children had already been diagnosed at the time of referral, however other referred children obtained this diagnosis after enrollment.

How We Make a Difference: Service Delivery, Continued

Who supported enrolled children and their families?

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF CHILDREN
Speech and Language Pathologist	5,318	60%
Special Educator	3,944	44%
Occupational Therapist	2,610	29%
Physical Therapist	2,578	29%
Early Intervention Associate or Assistant	2,031	23%
Social Worker	474	5%
Audiologist	342	4%
Nutritionist	180	2%
Occupational Therapy Assistant (COTA)	67	<1%
Nurse	45	<1%
Board Certified Behavior Analyst or Associate Analyst	44	<1%
Family Therapist / Professional Counselor	28	<1%
Physical Therapy Assistant	19	<1%
Psychologist	15	<1%
Orientation and Mobility Specialist	14	<1%
Vision Specialist	6	<1%
Physician	2	<1%

Where were services delivered?

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF CHILDREN
Home (includes foster homes)	7,656	94%
Program Designed for Typically Developing Children	441	5%
Service Provider Office	12	<0.5%
Hospital (inpatient)	9	<0.5%
Program Designed for Children with Developmental Delays or Disabilities	1	<0.5%
Residential Facility	1	<0.5%
Other	18	<0.5%

How Are We Doing?

Our quality assurance team looks at a wide range of service delivery features, especially the Individualized Family Service Plans (IFSPs). We measure how soon the plan is developed, and whether the services on the IFSP are actually delivered as planned. IDEA requires that the IFSP be developed within 45 days of referral to Birth to Three, so that families are not waiting to begin receiving supports and services for longer than is necessary. During FY06, this goal was achieved 95% of the time. Timely delivery of services matched the IFSPs 97% of the time, with extraordinary family reasons and staff vacancies or illness accounting for most of the remainder.



What Families Say About How We Are Doing

The FY06 Parent Survey revealed that early intervention makes a positive difference for eligible children and their families.

83% of families responded that early intervention has helped their family to help their child learn new skills. They reported that early intervention has helped their family to effectively communicate their child's needs.

73% of families report that early intervention has helped them to know their rights under the law.



When It's Time to Say Goodbye



When and why do children leave the Birth to Three System?

Most families continue with Birth to Three until their children turn three years old or no longer need our services and supports. Families are connected with new community resources as the transition process unfolds. The 4,526 children who exited the System in Fiscal Year 2006 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,635	58%
Parent withdrew child	703	15%
No further service needed by child	613	13%
Unable to locate	369	8%
Moved out of state	195	4%

OF THE 703 WHO WITHDREW THEIR ELIGIBLE CHILD, 181 WITHDREW PRIOR TO THEIR INITIAL IFSP MEETING

Of the 2,635 children who left at age three:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Eligible for special education	1,865	71%
Not eligible for special education but referred to another program	250	9%
Not eligible for special education and not referred to another program	183	7%
Referred to public school but special education eligibility not determined by 3rd birthday	337	13%

Numbers of Children by Town

Here are the numbers of children in each town who were referred to Birth to Three for the first time in FY2006, and the number of eligible children in each town who received early intervention services during any portion of the fiscal year.

TOWN	CHILDREN REFERRED	CHILDREN SERVED	TOWN	CHILDREN REFERRED	CHILDREN SERVED
Andover	7	11	Columbia	12	8
Ansonia	43	56	Cornwall	<	
Ashford	<	<	Coventry	24	26
Avon	32	38	Cromwell	26	23
Barkhamsted	<		Danbury	202	226
Beacon Falls	8	7	Darien	53	51
Berlin	26	35	Deep River	<	8
Bethany	10	8	Derby	27	36
Bethel	49	53	Durham	16	22
Bethlehem	<		East Granby	12	7
Bloomfield	31	19	East Haddam	19	16
Bolton	<		East Hampton	29	23
Bozrah	6	10	East Hartford	122	165
Branford	37	51	East Haven	41	45
Bridgeport	355	433	East Lyme	36	31
Bridgewater	<		East Windsor	23	28
Bristol	149	138	Eastford	<	
Brookfield	32	41	Easton	15	18
Brooklyn	16	21	Ellington	35	40
Burlington	16	23	Enfield	110	109
Canaan	6	11	Essex	<	12
Canterbury	15	10	Fairfield	138	156
Canton	34	20	Farmington	44	40
Chaplin	6	<	Franklin	<	
Cheshire	47	51	Glastonbury	82	73
Chester	7	8	Goshen	<	6
Clinton	28	25	Granby	30	24
Colchester	40	60	Greenwich	128	145
Colebrook	<		Griswold	24	23

The numbers for towns with 5 or fewer have been redacted to protect privacy.

Numbers of Children by Town, Continued

TOWN	CHILDREN REFERRED	CHILDREN SERVED	TOWN	CHILDREN REFERRED	CHILDREN SERVED
Groton	132	126	Naugatuck	52	58
Guilford	51	47	New Britain	205	222
Haddam	14	11	New Canaan	46	35
Hamden	110	123	New Fairfield	53	61
Hampton	<	7	New Hartford	22	20
Hartford	471	464	New Haven	304	309
Hartland	<	6	New London	68	76
Harwinton	16	20	New Milford	72	70
Hebron	28	33	Newington	53	54
Kent	10	7	Newtown	53	81
Killingly	39	40	Norfolk	<	
Killingworth	18	15	North Branford	29	26
Lebanon	29	27	North Canaan	<	0
Ledyard	34	37	North Haven	48	53
Lisbon	17	15	North Stonington	<	
Litchfield	7	10	Norwalk	222	197
Lyme	<		Norwich	110	101
Madison	33	41	Old Lyme	10	13
Manchester	106	150	Old Saybrook	11	19
Mansfield	16	30	Orange	23	27
Marlborough	15	12	Oxford	27	36
Meriden	168	178	Plainfield	37	38
Middlebury	16	22	Plainville	33	31
Middlefield	10	<	Plymouth	17	25
Middletown	90	97	Pomfret	18	23
Milford	99	117	Portland	14	16
Monroe	43	54	Preston	17	9
Montville	37	34	Prospect	11	22
Morris	<		Putnam	26	33

TOWN	CHILDREN REFERRED	CHILDREN SERVED
Redding	18	17
Ridgefield	71	65
Rocky Hill	29	32
Roxbury	6	<
Salem	6	7
Salisbury	<	<
Scotland	<	■
Seymour	27	38
Sharon	<	■
Shelton	71	59
Sherman	9	12
Simsbury	30	44
Somers	26	21
South Windsor	37	68
Southbury	42	53
Southington	82	84
Sprague	<	■
Stafford	26	26
Stamford	306	329
Sterling	10	10
Stonington	25	32
Stratford	104	129
Suffield	25	24
Thomaston	13	16
Thompson	28	23
Tolland	35	42
Torrington	86	86
Trumbull	89	105
Union	0	0

TOWN	CHILDREN REFERRED	CHILDREN SERVED
Vernon	70	84
Voluntown	<	■
Wallingford	62	81
Warren	<	■
Washington	7	<
Waterbury	291	354
Waterford	42	31
Watertown	28	36
West Hartford	146	142
West Haven	113	117
Westbrook	<	11
Weston	22	23
Westport	62	59
Wethersfield	46	49
Willington	10	13
Wilton	66	49
Winchester	14	21
Windham	88	72
Windsor	69	70
Windsor Locks	25	20
Wolcott	34	33
Woodbridge	21	19
Woodbury	14	19
Woodstock	16	11
TOTAL	7,971	8,586

We Can't Do It Alone: Our Collaborators

MANY PEOPLE, COMMITTEES AND AGENCIES WORK WITH THE BIRTH TO THREE SYSTEM IN SUPPORTING CONNECTICUT'S FAMILIES WITH YOUNG CHILDREN. HERE ARE SOME OF OUR CLOSEST ALLIES:

STATE INTERAGENCY COORDINATING COUNCIL

Lolli Ross
CHAIR, GREENWICH ARC, PROVIDER

Timothy Bowles
DEPARTMENT OF SOCIAL SERVICES

Anita Cella
PARENT

Elizabeth Daly
OFFICE OF PROTECTION AND ADVOCACY

Dona Ditrio
NEW OPPORTUNITIES WATERBURY, EARLY HEAD START

Rita Esposito
REACHOUT, INC., PROVIDER

Linda Goodman
DEPARTMENT OF MENTAL RETARDATION

Mark A. Greenstein, M.D.
PHYSICIAN, PROVIDER

Clara Gutierrez
PARENT

Jeanette Haines
BOARD OF EDUCATION AND SERVICES FOR THE BLIND

Moirá Herbert
STATE INSURANCE DEPARTMENT

Cindy Jackson
CHILDREN'S THERAPY SERVICES, PROVIDER

Robert LaCamera, M.D.
AMERICAN ACADEMY OF PEDIATRICS, CT

Deborah List
PARENT

Jeannie Mazzaferro, Ph.D.,
VICE CHAIR, PARENT

Joseph McLaughlin
MCLAUGHLIN & ASSOCIATES, LLC, PROVIDER

Elise Minor
PARENT

DeAnna Paugus Lia
DEPARTMENT OF CHILDREN AND FAMILIES

Maura Provencher
PARENT

Maria Synodi
DEPARTMENT OF EDUCATION

Louis Tallarita
STATE DEPARTMENT OF EDUCATION,
OFFICE OF HOMELESS CHILDREN

Elayne Thomas
PARENT

Rep. Jack W. Thompson
CT STATE LEGISLATOR

Robin Tousey-Ayers
DEPARTMENT OF PUBLIC HEALTH

Melissa vanBuren
ALTERNATE, UCONN CENTER FOR EXCELLENCE

Myra Watnick
REHABILITATION ASSOCIATES, PROVIDER

Diane Wixted
COMMISSION ON THE DEAF AND HEARING IMPAIRED

COMMITTEES & COUNCILS

Medical Advisory Committee

Public Awareness Committee

Comprehensive System of Personnel Development Council

Child Development Infoline & Providers Council

Kareena DuPlessis, Child Development Infoline

Marisa Platania, Child Development Infoline

Nancy Canata, CREC

Rita Esposito, REACHOUT, Inc.

Jan Lehrman, LEARN Partners in Birth to Three

Martha McDonald, Project Interact, Inc.

Donna Notti, Cheshire Birth to Three

Jill Young, Early Connections West

Local Interagency Coordinating Councils:

Danbury: Heather Rivers and Melvette Hill

Greater Hartford: Michele Myleniec and Nancy Kleiner

Lower Fairfield: Beth Reagle and Lolli Ross

Meriden & Wallingford: Pat Sullivan and Cathy Morin

Middlesex County: Cindy Cohen

Torrington: Carole McGuire and Dianne Martin

Waterbury: Cindy Jackson and Judie Mulvey

COMMUNITY NETWORKS

The Connecticut Family Support Network

Jennifer Carroll, Statewide Coordinator

- *Mona Tremblay, Northeast*
- *April Dipollina, Southeast*
- *Sheila Harris, North Central*
- *Tesha Imperati, South Central*
- *Alice B. Buttwell, Northwest*
- *Lisa Sheppard, Southwest*

Help Me Grow Child Development Liaisons

Joanna Bogin, Statewide Coordinator

- *Brenda Lammie, North*
- *Laura Baird, West*
- *Karen Fleming, South*
- *Luz Rivera, East*

CONNECTICUT STATE AGENCIES

Children's Trust Fund

Commission on Children

Commission on the Deaf and Hearing Impaired

Department of Children and Families

Department of Education

Department of Social Services

Department of Public Health

Insurance Department

Office of Protection and Advocacy

Board of Education and Services for the Blind

University of Connecticut – Center for Excellence

With special thanks to:

CT Chapter, American Academy of Pediatrics

Robert Zavoski, M.D., President

Early Hearing Detection and Intervention Task Force

Donna Maselli, R.N., Chair



*. . . and many families
and healthcare providers
throughout Connecticut.*

Costs of Early Intervention



Our Budget and Expenses

The Birth to Three budget for Fiscal Year 2006 was \$33,952,728 from state and federal sources, with total system expenditures (including parent payments and health insurance) of \$37,845,845.

ACTUAL EXPENDITURES BY FUNDING SOURCE		
FUNDING SOURCE	DOLLARS	COMPARE TO FY05
Total State Funds	\$29,134,007	up 8%
Total Federal Funds	4,818,721	down 5%
Commercial Insurance Funds	3,248,049	up 1%
Parent Fees	345,068	down 9%
TOTAL SYSTEM EXPENDITURES	\$37,845,845	

Medicaid claims resulted in \$4.3 million in revenue to the State General Fund, DECREASING the net state contribution to Birth to Three to \$35,484,470.

PROJECTED FUNDING FOR FY07	
Total State Funds	\$30,476,747
Total Federal Funds	5,307,723
Commercial Insurance	3,350,000
Parent Fees	650,000
TOTAL PROJECTED FUNDS	\$39,784,470

COSTS PER CHILD

Average statewide gross annual cost per child was \$8,032

After commercial insurance reimbursements, the net average cost per child was \$7,229

*The Connecticut Birth to Three System is administered by
the Connecticut Department of Mental Retardation*

Peter H. O'Meara, COMMISSIONER

Kathryn duPree, DEPUTY COMMISSIONER

*During FY06, the Birth to Three System chose to centralize operations.
Here is our staff effective November 1, 2006.*

DIRECTOR

Linda Goodman

Lana Raymond

SECRETARY

POLICY and PRACTICE OFFICE

Deb Resnick

Lynn Skene Johnson

QUALITY ASSURANCE

Alice Ridgway

and Focused Monitoring

*Team Parents**

SERVICE and SUPPORT OFFICE

Tom Coakley, MANAGER

Molly Cole, MANAGER

Tina Cox, SECRETARY

PUBLIC AWARENESS

Eileen McMurrer

INFORMATION SYSTEMS

Sandy Booth

FISCAL OFFICE

Peg Boyajian, ASSOCIATE ACCOUNTANT

Kathy Granata, FISCAL ADMINISTRATION OFFICER

Pat Edwards, FISCAL CLERK

MEDICAL ADVISOR

Ann Milanese, M.D.

DEVELOPMENTAL PEDIATRICIAN

FORMER FY06 OFFICE STAFF

Tammy Garris, MANAGER

Pietro Rosato, ACCOUNTANT

Ray Horvath, FISCAL COORDINATOR

Brigitta Rainey, SECRETARY

**FM Team Members include:*

Pam Kelly

Caroline Smit

Joyce Uhelsky



www.birth23.org

CENTRAL OFFICE

460 Capitol Avenue
Hartford, CT 06106

**INFORMATION
& REFERRALS**

1-800-505-7000
Multilingual (Voice/TDD)

**SERVICE &
SUPPORT OFFICE**

1-866-888-4188

CENTRAL DIRECTORY

2-1-1 (Voice/TTY)

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To receive a copy of this 2006 Data Report, please contact:
Connecticut Birth to Three System, 460 Capitol Avenue, Hartford, CT 06106
860-418-6035 or email to dmrct.birthtothree@po.state.ct.us

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