













Connecticut Birth to Three System

Building Connections ~ Strengthening Families 2010

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

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THIS REPORT, PAST DATA REPORTS, AND OTHER PUBLICATIONS ARE AVAILABLE AT:

www.birth23.org/aboutb23/AnnualData.html



Kofi's Story

"I think he'll be a scientist or archeologist", says Kofi's Dad, Kwasi. "Or maybe a rock star!", says his Mom, Georgelet. Kofi loves dinosaurs and trains, and he loves to play the guitar and sing. His Grandpa came all the way from Ghana to be with him and his Grandma enjoys playing with him every day. Even the family dog, Jordan, never grows tired of playing with Kofi, letting him pull on his ears and lay on his back. "When he was little he didn't talk very much and had some feeding problems. Our doctor recommended Birth to Three and they suggested we also work with the CCMC Feeding Team." Services are coordinated across all of the providers, including Kofi's pediatrician, so that everyone is working together. "Sarah comes to our home every week and really goes above and beyond for him. She and Marney are like old friends of the whole family. They have been a part of our life for a year and a half and Kofi's improvement has been great!"

Sarah says, "They told me that in Ghana, you don't worry as much about the children because the whole community pitches in. We were like the neighbors that help raise the child. They were very accepting of our suggestions but also set limits for us so that the supports could fit into their busy lives. The teacher on the team and I made co-visits, and with their permission we spoke regularly with the hospital feeding team and developmental pediatrician. Grandma was a very important member of Kofi's team. The family talked everything through and made decisions together. They showed me the power of love and the power of respect through the unity and strength of their family and the joy they have for Kofi."

Marney is the developmental specialist on the team, and says that this family has really taught her a lot. Sometimes doctors and parents and the Birth to Three team members each see a child differently. "This family gave me a whole new perspective on being family-centered. It really has been a pleasure working with them. Kofi's Mom not only follows suggestions, but she also gives me feedback on what is working and what is not. It is a true collaboration filled with caring and respect."

Georgelet smiles and says, "They explained to us that all kids with his diagnosis are different. They helped us with that a lot." Kwasi continues, "Sarah taught us that every child is different, and every child is special. Kofi cannot talk so well, but he can read and loves books. He is an amazing kid."

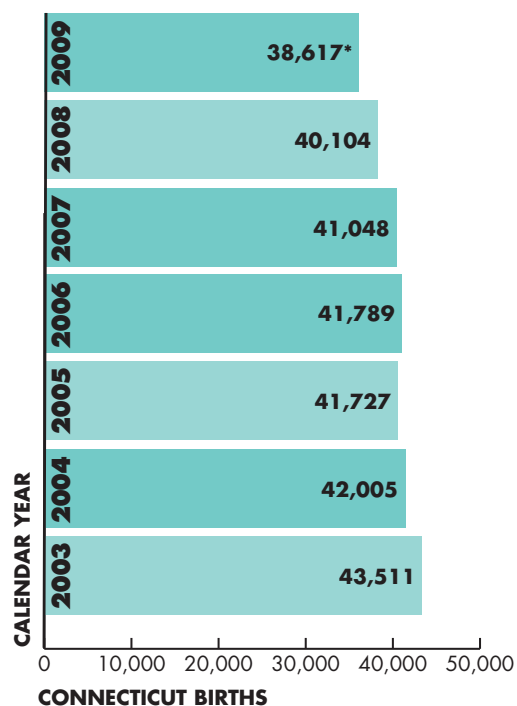
"We are blessed to have him. We just want him to grow up to be very successful."

Making the Connection: Referrals

WE RECEIVE REFERRALS BY PHONE, FAX, AND E-MAIL TO CONNECT FAMILIES WITH OUR SUPPORTS THROUGH THE CHILD DEVELOPMENT INFOLINE: 1-800-505-7000 AND WWW.BIRTH23.ORG.

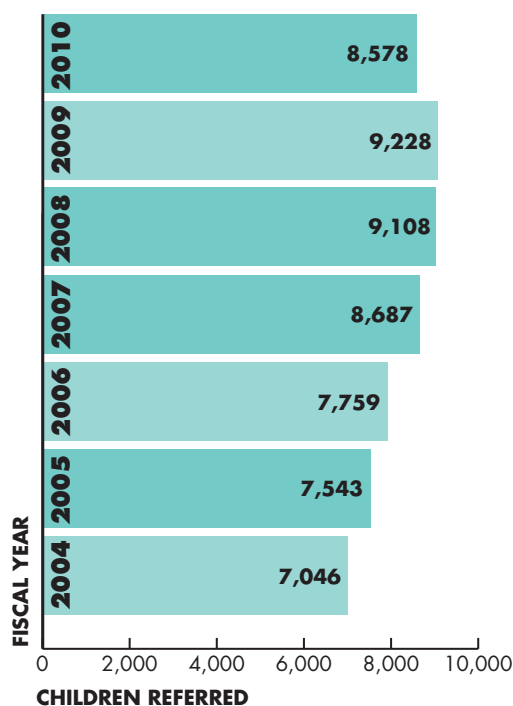
A total of 8,578 referrals were received by the Birth to Three System in Fiscal Year 2010 (July 1, 2009 – June 30, 2010). In addition, 1,039 parents either were not able to be reached for their consent to evaluate or were not interested in receiving an evaluation for their child.

Births in Connecticut have been declining for the past seven years, which has also been a national trend. Our referrals have consistently increased each year during the same period until this past year, when they decreased by 7%, in part due to the way referrals are handled.



Data Source: CT Dept. of Public Health

*provisional data



Data Source: CT Birth to Three data system

NOTE: Some children were referred more than once.



Children were referred from all across Connecticut, from birth until close to their 3rd birthday, and from homes where many languages were spoken. One third of those new referrals were from:

CITY	NUMBER OF CHILDREN
Hartford	592
Bridgeport	469
New Haven	435
Waterbury	408
Stamford	364
Norwalk	275
New Britain	250

AGE AT REFERRAL	PERCENTAGE
Birth–11 months	22%
12–23 months	41%
24–35 months	37%

AVERAGE AGE AT REFERRAL	MONTHS
Mean	19
Median	20

BOYS & GIRLS	PERCENTAGE	NUMBER OF CHILDREN
Boys	66%	5,659
Girls	34%	2,912

LANGUAGES SPOKEN	PERCENTAGE
English	83%
Spanish	12%
plus 38 other languages	



MOST FAMILIES REFERRED THEIR OWN CHILD (61%) OR THE CHILD WAS REFERRED BY A HEALTH CARE PROVIDER (32%).

Families and others who didn’t already know about the Birth to Three System heard about it from:

REFERRAL SOURCES	PERCENTAGE
Primary Health Care Provider	72%
Relative, Friend, Co-Worker	12%
Another Health Care Provider	6%
2-1-1 or Ages & Stages Questionnaires*	4%
all others	6%

*See next page

Children were referred because of concerns about a variety of developmental issues:

DEVELOPMENTAL CONCERNS AT TIME OF REFERRAL	PERCENTAGE
Communication	76%
Motor (fine and gross)	30%
Adaptive	13%
Social-Emotional	12%
Health	9%
Vision or Hearing	4%
Cognitive	>1%

NOTE: Total is greater than 100% because there is often more than one area of concern for any single child.



A MULTIDISCIPLINARY TEAM MEETS WITH THE CHILD AND FAMILY TO EVALUATE THE CHILD’S DEVELOPMENTAL STRENGTHS AND NEEDS.

All areas of development are evaluated and parents participate in the evaluation process to get a complete picture of the child. Results are shared with the family in their native language and in writing. If the parent gives permission, results can be shared with others, including the child’s health care provider.



WHAT HAPPENS WHEN A CHILD IS NOT ELIGIBLE?

Families of children who were found not eligible for Birth to Three services or those whose children left the Birth to Three System before age three were offered information about other community resources. One way to do this is participation in the **Ages and Stages Questionnaires** offered by the Department of Social Services, Help Me Grow program. Families are mailed a questionnaire every few months so they may report about their child's mastery of new skills. If scores show that the child's development is increasingly delayed, the family may be offered another evaluation. 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, 584 new families whose children were evaluated and found not eligible chose to enroll their children in the Ages and Stages Questionnaire monitoring process.

Families whose children are found not eligible may re-refer their child for a new developmental evaluation if they are still concerned about their children's development after three months or more. In FY10, 380 children were found eligible at the time of a subsequent evaluation.



Children Who Were Eligible

When a child is eligible, the family works with their service coordinator to identify their needs, concerns and priorities, and goals for their child and family.

Together they develop a plan of services and supports to help reach those goals. Services and supports change as the family's goals for themselves and their child change.

OF THE 7,973 CHILDREN WHO WERE EVALUATED, 4,642 (58%) WERE FOUND ELIGIBLE FOR EARLY INTERVENTION.

4,134 (89%) of children found eligible had developmental delays

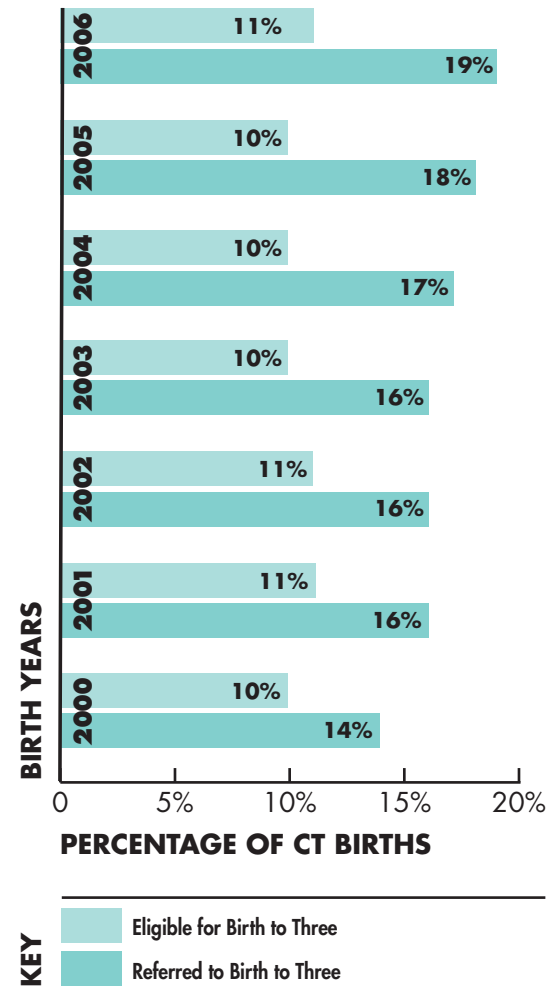
3,224 (69%) tested 2 standard deviations below average in at least one area of development

778 (17%) tested 1.5 standard deviations below average in two or more areas of development

132 (4%) could not be tested, but had a significant developmental delay according to informed clinical opinion

508 (11%) OF CHILDREN WERE ELIGIBLE BECAUSE THEY HAD A DIAGNOSED MEDICAL CONDITION THAT HAS A HIGH LIKELIHOOD OF RESULTING IN DEVELOPMENTAL DELAY.

RACE/ETHNICITY	PERCENTAGE
White, non-Hispanic	52%
Hispanic	27%
Black	11%
Asian	3%
Native American	>1%
Undetermined	7%



When we look at all the children born in a single calendar year to see how many were ever referred to Birth to Three and found eligible, we see that there are between 14% and 19% referred, and approximately 10% of all the children were found eligible.



How We Support Families: Service Delivery

FAMILY CHOICE IS IMPORTANT, so each town has at least two general programs, an autism program and three deaf/hard of hearing specific programs to choose from. Parents sometimes transfer their child from one program to another due to a relocation, parent choice of a different program, or their desire for an autism or deaf/hard of hearing specific program due to their child's diagnosis. There were 1,249 transfers across programs during FY10. Early intervention works best when parents and their Birth to Three team learn from each other. Together they decide which early intervention supports can help the child learn new skills.

Most families enroll their eligible children, develop an Individualized Family Service Plan (IFSP) and receive direct services that match their child's needs and their priorities for their child. Parents pay a monthly fee on a sliding scale that considers their income and family size.

Some families choose to only receive those services that are available at no cost, including evaluation and assessment, IFSP development, service coordination, and transition supports. In FY10, there were 462 families who chose to receive services at no cost for at least one month of the year. Every family develops a plan of supports with their service coordinator.





During the year, 847 children received what are described as “intensive services”, that is more than 13 hours per month, and approximately 615 of these children had an autism spectrum disorder.

- If we look only at children who did not receive intensive services, the statewide average hours per month as listed in their Individualized Family Service Plan was 4.2 hours
- For children who received intensive services with a diagnosis on the autism spectrum, the average hours of service were 47 per month.
- For children who received intensive services with a diagnosis other than autism spectrum disorder, the average hours of service was 23 per month.



There were 45 approved programs employing approximately 950 service providers in FY10. Each program serves a specific set of towns, and parents can choose from among two or more general programs that work with resident families. There is also at least one autism-specific program serving each town, and three programs that work with families from any town in Connecticut whose children are deaf or hard of hearing.

DEAF/HARD OF HEARING SPECIFIC PROGRAMS

CHILDREN SERVED

American School for the Deaf (ASD)	75
CREC Soundbridge	68
New England Center for Hearing Rehabilitation (NECHEAR)	21



AUTISM SPECIFIC PROGRAMS

CHILDREN SERVED

ABC Intervention Program	89
Academy for Young Minds	119
Achieve Beyond	39
Beacon Services of CT	65
Creative Interventions	81
First Partners	79
Kaleidoscope	7
Little Learners	24
Partners for Autism	35
TLC Autism Program	19

GENERAL PROGRAMS

CHILDREN SERVED

Abilis (formerly Greenwich ARC)	381
Advance Birth to Three	118
Building Bridges, LLC	139
CES/Beginnings	172
Cheshire Public Schools – Darcey School	82
Child & Family Network	176
Children's Therapy Services	165
Creative Development Programs	177
CREC Birth to Three	391
Early Connections	634
EASTCONN Birth to Three	87
East Hartford Birth to Three	141
Easter Seals Rehabilitation and Healthcare	910
Education Connection – SEED	246
Family Junction	500
HARC – Steppingstones	462

GENERAL PROGRAMS

CHILDREN SERVED

Hill Heath Center	130
Jane Bisantz & Associates, LLC	296
Kennedy Center, Inc.	129
Kennedy-Donovan Center	62
Key Human Services, Inc.	107
LEARN: Partners for Birth to Three	261
McLaughlin & Associates	331
Oak Hill Birth to Three Program	97
Project Interact, Inc.	294
REACHOUT, Inc.	355
Rehabilitation Associates of Connecticut, Inc.	923
SARAH, Inc. – KIDSTEPS	310
St. Vincent's Special Needs Services	101
STAR/Rubino Center	100
TheraCare	444
Wheeler Clinic	146

BABIES LEARN BEST WHEN THEY HAVE MANY OPPORTUNITIES TO PRACTICE NEW SKILLS DURING THEIR REGULAR DAILY ACTIVITIES.

Birth to Three staff coach parents and other caregivers on new ways to teach each child in the places where they naturally live, learn and play. Family members and other caregivers use these techniques during regular activities throughout the day.

SERVICE DELIVERED IN	% OF CHILDREN
Home (includes foster homes)	95%
Community	5%
Other	>1%

The service coordinator is the primary support to the family. Other members of the team may make joint visits or provide consultation when more than one type of service is provided.

SERVICE DELIVERED BY	NUMBER OF CHILDREN
Speech and Language Pathologist	5,689
Special Educator	4,728
Early Intervention Associate or Assistant	3,166
Occupational Therapist	2,597
Physical Therapist	2,500
Social Worker	558
Audiologist	466
Board Certified Behavior Analyst or Associate Analyst	440
Occupational Therapy Assistant (COTA)	109
Nutritionist	96
Physical Therapy Assistant	62
Nurse	49
Psychologist	35
Family Therapist/Professional Counselor	5



Making a Positive Difference

Families reported feeling more confident and competent

as a result of receiving Birth to Three services and supports. Families whose children were enrolled for more than six months agreed, strongly agreed, and very strongly agreed with the statement that Birth to Three helped them to:

- Help their children develop and learn (98%)
- Communicate their child's needs effectively (96%)

Children made gains in:

- use of appropriate behaviors to meet their own needs (92%)
- acquisition and use of knowledge and new skills (92%)
- positive social-emotional skills, including social relationships (89%)

This includes all children who exited in FY10 who had received at least 6 months of services.

53% of children who had received Birth to Three services and were enrolled in Kindergarten during school year 2009-2010 did not require special education.



When It's Time to Say Goodbye

MOST FAMILIES CONTINUE WITH BIRTH TO THREE SERVICES UNTIL THEIR CHILDREN TURN THREE YEARS OLD OR NO LONGER NEED EARLY INTERVENTION SERVICES AND SUPPORTS.

Service coordinators help families prepare to transition as early as possible and help them identify new community resources and how they can meet the needs of their children.

Children leave the Birth to Three System every day, moving into their school district early childhood special education programs or other community programs. The 4,779 children who exited the System in Fiscal Year 2010 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,910	61%
Parent withdrew child	782	16%
No further service needed by child	440	9%
Attempts to contact were unsuccessful	423	9%
Moved out of state	208	4%
Died	14	>1%

Of the 2,910 children who left at age three, 2,606 were referred to their school district:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Eligible for special education	2,088	80%
Referred to public school but special education eligibility not yet determined	230	9%
Not eligible for special education but referred to another program	128	5%
Not eligible for special education and not referred to another program because no further services were needed ..	162	6%

Costs of Early Intervention



The Birth to Three System expenditures for FY10 were \$53,491,358 from all sources. Revenue sources included state funds, federal funds, parent payments and commercial health insurance reimbursements. Only 3% of that total amount was spent on administration of the system, leaving 97% for direct services. Birth to Three is the payer of last resort and successfully maximized other revenue. This included a one-time retroactive billing of Medicaid that brought in \$38 million dollars in federal revenue to the State General Fund, thereby decreasing the net State contribution to Birth to Three by that amount.

ACTUAL FY10 EXPENDITURES	
State Funds	\$ 40,506,061
Total Federal Funds	\$ 4,013,230
ARRA Funds (one time)	\$ 4,559,744
Commercial Insurance Reimbursements	\$ 3,476,885
Parent Fees	\$ 865,428
Total System Expenditures	\$ 53,491,358

The average cost per child, net of commercial health insurance reimbursements for services provided by contracted programs was:

General Programs	\$ 8,750
Autism Programs	\$30,651
Deaf/Hard of Hearing Programs	\$10,419

STATE FY10 EXPENDITURES OF FEDERAL FUNDS ONLY	
Salaries and fringe benefits	\$1,363,096
For 10.5 FTE positions (administrative staff)	
Other expenses	123,130
State & Local ICCs	5,642
Public awareness	21,849
Data system	40,246
Personnel development	89,756
Supervision and monitoring	8,489
Procedural safeguards	2,360
TOTAL SYSTEM COMPONENTS	1,654,568
DIRECT SERVICES	6,988,409
TOTAL FEDERALLY FUNDED EXPENDITURES	\$8,642,977*

*\$1 million of this was IDEA Part B Child Find funding transferred from the State Department of Education
\$4.6 million was one-time ARRA funding (American Recovery and Reinvestment Act)

We Can't Do It Alone

Many people, committees, and agencies work with the Birth to Three System in supporting Connecticut's families with young children. The Governor-appointed **State Interagency Coordinating Council** is comprised of stakeholders from throughout the state who advise and assist the Birth to Three System.

STATE INTERAGENCY COORDINATING COUNCIL	
<p>Mark A. Greenstein, M.D., CHAIR DEVELOPMENTAL PEDIATRICIAN AND PROVIDER</p> <p>P.J. Ruddy, VICE CHAIR PARENT</p> <p>Kathleen Bradley, Ph.D. DEPARTMENT OF CHILDREN AND FAMILIES</p> <p>Mary Ann Dayton-Fitzgerald COMMISSION ON THE DEAF AND HEARING IMPAIRED</p> <p>Dona Ditrìo EARLY HEAD START</p> <p>Rita Esposito PROVIDER</p> <p>Richard N. Fisher INSURANCE DEPARTMENT</p> <p>Linda Goodman DEPARTMENT OF DEVELOPMENTAL SERVICES</p> <p>Jeanette Haines BOARD OF EDUCATION AND SERVICES FOR THE BLIND</p> <p>Cynthia Jackson PROVIDER</p> <p>Robert LaCamera, M.D. AMERICAN ACADEMY OF PEDIATRICS, CT CHAPTER</p> <p>Ginny Mahoney DEPARTMENT OF SOCIAL SERVICES</p> <p>Joseph McLaughlin PROVIDER</p>	<p>Elise Minor PARENT</p> <p>Senator Anthony Musto CT LEGISLATOR</p> <p>Deb Pagano PARENT</p> <p>Laurel Ross PROVIDER</p> <p>Maria Synodi (alternate for George Coleman) STATE DEPARTMENT OF EDUCATION (SDE)</p> <p>Louis Tallarita STATE DEPARTMENT OF EDUCATION, OFFICE OF CHILDREN WHO ARE HOMELESS</p> <p>Representative Jack W. Thompson CT LEGISLATOR</p> <p>Robin Tousey-Ayers DEPARTMENT OF PUBLIC HEALTH</p> <p>Melissa vanBuren (alternate for Mary Beth Bruder) UNIVERSITY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES</p> <p>Myra Watnick PROVIDER</p> <p>(vacant) OFFICE OF PROTECTION AND ADVOCACY</p>
LOCAL INTERAGENCY COORDINATING COUNCILS	
Danbury	Torrington

Special thanks to the many families, health care providers and community agencies who support our efforts, including the Connecticut Family Support Network and the Child Development Infoline staff and administration.

Numbers of Children by Town

Here are the numbers of children in each town who were referred to Birth to Three in FY2010, and the number of children in each town who were eligible at any point during the year.

TOWN	2009 BIRTHS	REFERRALS	SERVED	TOWN	2009 BIRTHS	REFERRALS	SERVED
Andover	29	<	9	Columbia	35	11	13
Ansonia	226	50	49	Cornwall	7	<	<
Ashford	29	7	8	Coventry	118	23	26
Avon	126	21	33	Cromwell	155	22	30
Barkhamsted	32	<	<	Danbury	1172	244	258
Beacon Falls	59	12	12	Darien	225	68	58
Berlin	144	30	43	Deep River	43	8	10
Bethany	34	8	9	Derby	134	30	25
Bethel	181	39	48	Durham	60	17	24
Bethlehem	25	<	<	East Granby	59	13	14
Bloomfield	183	33	38	East Haddam	75	15	20
Bolton	30	<	6	East Hampton	117	26	31
Bozrah	15	<	<	East Hartford	691	163	176
Branford	213	54	57	East Haven	264	78	75
Bridgeport	2323	469	554	East Lyme	130	24	32
Bridgewater	8	0	<	East Windsor	114	24	34
Bristol	648	164	175	Eastford	8	0	<
Brookfield	126	41	56	Easton	53	12	11
Brooklyn	69	25	26	Ellington	129	39	50
Burlington	77	17	26	Enfield	443	88	94
Canaan	10	<	<	Essex	41	14	9
Canterbury	35	8	11	Fairfield	567	128	135
Canton	86	13	19	Farmington	190	41	51
Chaplin	20	7	<	Franklin	13	<	<
Cheshire	182	44	45	Glastonbury	283	63	77
Chester	25	7	<	Goshen	21	7	6
Clinton	132	26	38	Granby	88	17	22
Colchester	164	41	44	Greenwich	545	146	163
Colebrook	8	<	<	Griswold	123	23	32

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

Numbers of Children by Town, continued

NOTE: an infant can be referred within days of being born, and can continue to be enrolled for almost three full years, if needed. So, a baby that received a service in FY10 could have been born in 2010, 2009, 2008, or 2007.

TOWN	2009 BIRTHS	REFERRALS	SERVED	TOWN	2009 BIRTHS	REFERRALS	SERVED
Groton	604	128	136	Naugatuck	364	61	84
Guilford	147	30	44	New Britain	1049	250	317
Haddam	71	16	19	New Canaan	127	31	29
Hamden	638	123	129	New Fairfield	85	20	46
Hampton	12	<	<	New Hartford	48	9	10
Hartford	2201	592	643	New Haven	2055	435	425
Hartland	9	<	<	New London	364	79	79
Harwinton	26	11	22	New Milford	276	68	69
Hebron	79	20	17	Newington	250	56	60
Kent	25	<	<	Newtown	192	44	72
Killingly	195	41	60	Norfolk	13	<	<
Killingworth	30	19	15	North Branford	110	34	36
Lebanon	67	11	15	North Canaan	21	<	9
Ledyard	145	21	29	North Haven	171	34	43
Lisbon	30	10	16	North Stonington	48	<	10
Litchfield	63	<	9	Norwalk	1253	275	261
Lyme	15	<	<	Norwich	548	93	117
Madison	85	20	34	Old Lyme	42	8	13
Manchester	786	155	193	Old Saybrook	80	13	17
Mansfield	93	24	24	Orange	93	22	16
Marlborough	61	12	19	Oxford	102	16	25
Meriden	861	214	217	Plainfield	148	35	39
Middlebury	60	10	9	Plainville	175	34	44
Middlefield	19	6	11	Plymouth	93	23	29
Middletown	574	119	118	Pomfret	31	7	8
Milford	462	93	93	Portland	81	<	17
Monroe	157	32	43	Preston	30	15	7
Montville	167	37	41	Prospect	75	15	23
Morris	14	0	<	Putnam	109	22	34

TOWN	2009 BIRTHS	REFERRALS	SERVED
Redding	48	21	18
Ridgefield	186	67	54
Rocky Hill	169	25	38
Roxbury	11	0	0
Salem	30	9	6
Salisbury	20	<	<
Scotland	10	<	0
Seymour	170	26	31
Sharon	16	0	<
Shelton	357	57	84
Sherman	31	8	<
Simsbury	207	42	48
Somers	66	13	15
South Windsor	96	50	55
Southbury	382	19	31
Southington	225	88	101
Sprague	36	9	9
Stafford	127	20	26
Stamford	1876	364	367
Sterling	38	7	<
Stonington	106	26	28
Stratford	518	108	135
Suffield	105	27	24
Thomaston	64	11	20
Thompson	76	13	20
Tolland	138	29	31
Torrington	391	86	106
Trumbull	281	70	90
Union	11	<	<

TOWN	2009 BIRTHS	REFERRALS	SERVED
Vernon	341	61	80
Voluntown	23	12	9
Wallingford	432	82	73
Warren	9	<	<
Washington	17	<	6
Waterbury	1686	408	419
Waterford	137	26	37
Watertown	185	36	38
West Hartford	656	127	182
West Haven	675	149	133
Westbrook	42	14	18
Weston	69	30	30
Westport	153	77	64
Wethersfield	248	47	52
Willington	39	7	9
Wilton	140	47	37
Winchester	96	20	36
Windham	340	104	117
Windsor	285	65	73
Windsor Locks	101	22	19
Wolcott	127	25	26
Woodbridge	46	6	12
Woodbury	59	19	19
Woodstock	46	14	16
TOTAL	38,617*	8,571	9,591

Data Source: CT Dept. of Public Health
 *provisional data

The Connecticut Birth to Three System is administered by the Connecticut Department of Developmental Services

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www.birth23.org

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