
Together from the Start



Connecticut Birth to Three System 2013

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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** •

Early Signs

EARLY INTERVENTION SUPPORTS HAVE BEEN SHOWN TO IMPROVE DEVELOPMENTAL OUTCOMES AND THE QUALITY OF LIFE FOR FAMILIES.

The Connecticut Birth to Three System works to ensure that all eligible infants are identified and that their families are offered appropriate supports at the earliest opportunity

We count on many collaborators that identify children for referral to Birth to Three. Two mandated screening initiatives for infants born in Connecticut are managed by the CT Department of Public Health:

- **Newborn Hearing:** The Connecticut Early Hearing Detection and Intervention (EHDI) program strives to assure that all babies are screened at birth, and that those with a hearing loss are quickly diagnosed and treated. Infants who are deaf or hard of hearing are eligible for Birth to Three supports. www.ct.gov/dph/cwp/view.asp?a=3138&q=387712
- **Metabolic Disorders:** The Newborn Screening program works to secure early identification of infants born with selected metabolic or genetic diseases, many of which have associated developmental delays that warrant referral to Birth to Three. www.ct.gov/dph/cwp/view.asp?A=3116&Q=389626

There are other methods in place throughout the community to screen infants and toddlers to identify those with possible needs for early intervention.

- **Developmental or behavioral delays** are often identified through primary care physicians (PCPs) that screen young children as a routine component of well-child care. Child care providers, Family Resource Center and Early Head Start staff, and others frequently include developmental screening as a vital aspect of their services and supports. Regular screenings and discussion of developmental issues with parents support referral to Birth to Three at the earliest sign of a developmental or behavioral delay.
- **Autism** – All toddlers referred to Birth to Three at 16 months or older are screened for possible autism spectrum disorders. When screening indicates a concern, a Birth to Three autism-specific program can complete the diagnostic evaluation. www.birth23.org/referrals/

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 8,336 referrals were received by the Birth to Three System in FY13 (July 1, 2012 – June 30, 2013). An additional 236 parents either were not able to be reached for their consent to evaluate or were not interested in receiving an evaluation for their child. There were another 66 calls received about children who would turn three years old in less than 45 days who were referred to their public school for a special education evaluation.

Calendar Year Births

- 2012: 36,103*
- 2001: 42,659

Data Source: CT Department of Public Health

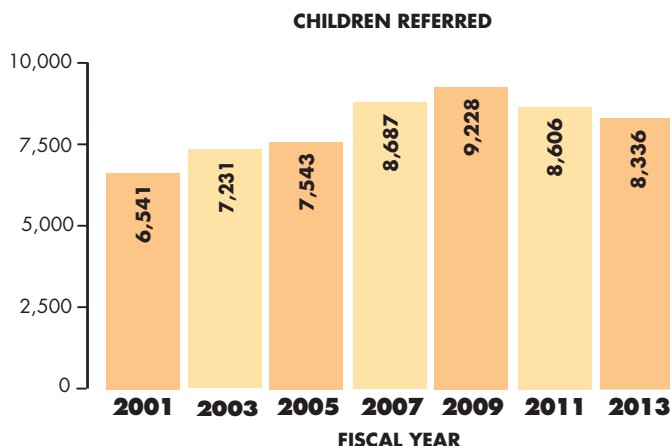
*provisional data



Children were referred from all across Connecticut, from birth until close to their 3rd birthday. The ten cities with the most new referrals in 2013 included:

CITY	NUMBER OF CHILDREN
Hartford	518
Bridgeport	481
New Haven	414
Waterbury	354
Stamford	346
New Britain	302
Danbury	277
Norwalk	258
Meriden	189
Bristol	166

See pages 22-24 for a complete list of town data.



Data Source: CT Birth to Three data system

NOTE: Some children were referred more than once.

Making the Connection: Referrals, continued

MOST FAMILIES REFERRED THEIR OWN CHILD (61%) OR THE CHILD WAS REFERRED BY A HEALTH CARE PROVIDER (31%).

Families and others who didn't already know about the Birth to Three System were encouraged to refer their child by:

SOURCE	PERCENTAGE
Primary Health Care Provider	68%
Relative, Friend, Co-Worker	10%
Social Service or Education Organization	7%
Other Health Care Provider	6%
Child Care or Preschool	6%
2-1-1 or Ages & Stages Questionnaires*	3%
Various Media	2%

*See page 7

Most children lived in homes where English (81%) or Spanish (15%) was spoken. There were 39 other household languages spoken by families of referred children.

Sixty-four percent of children referred were boys.
The median age at referral was 20 months.

AGE AT REFERRAL	PERCENTAGE	NUMBER OF CHILDREN
Birth–11 months	22%	1,825
12–23 months	39%	3,308
24–35 months	39%	3,286

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

DEVELOPMENTAL CONCERNS AT TIME OF REFERRAL	PERCENTAGE
Communication	73%
Motor (fine and gross)	27%
Adaptive	10%
Social-Emotional	10%
Health	7%
Vision or Hearing	3%
Cognitive	<1%

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



Measuring Developmental Differences

EVERY INFANT AND TODDLER WILL DEVELOP NEW SKILLS AT A SLIGHTLY DIFFERENT PACE THAN OTHERS HIS OR HER AGE.

Birth to Three evaluations help parents to know as much as possible about their child's development in these areas:

- problem solving skills (cognitive)
- understanding and expressing ideas (communication)
- self-help skills such as eating (adaptive)
- ability to move well, see, and hear (motor and physical)
- ability to express feelings and understand other people (social-emotional)

Two professionals with different types of training based on the area of developmental concern assess the child's ability to complete a variety of activities and interview the parents about their child's needs and skills. (See page 9 for a listing of different types of early intervention providers.) Parents and professionals work together to get a complete picture of the child's abilities as compared with what is typically expected at that age. All children referred at age 16 months or older are also screened for autism. The developmental evaluation includes using one or more standardized tools, and the results are discussed with the parent and provided in a written report in the parent's native language.

Parents are asked for permission to share developmental information with others, especially their health care provider. This is essential for coordinating services and supports.

For a listing and description of assessment tools commonly used for measuring infant development visit www.birth23.org/referrals/



WHEN ALL OF THE DEVELOPMENTAL INFORMATION IS CONSIDERED, ELIGIBILITY IS DETERMINED.

Children Who Were Eligible

Children were eligible for Birth to Three due to either a:

===== significant developmental delay, or

===== diagnosed medical condition with a high likelihood of resulting in developmental delay.

7,780 EVALUATIONS WERE COMPLETED

4,680 (60%) CHILDREN WERE ELIGIBLE

4,146 (89%) WERE ELIGIBLE BECAUSE OF
SIGNIFICANT DELAYS IN THEIR DEVELOPMENT.

- 3,215 (70%)** tested 2 standard deviations below average in at least one area of development
- 804 (16%)** tested 1.5 standard deviations below average in two or more areas of development
- 127 (2%)** could not be tested, but had a significant developmental delay according to informed clinical opinion

521 (11%) WERE ELIGIBLE BECAUSE THEY HAD A
DIAGNOSED MEDICAL CONDITION WITH A HIGH
LIKELIHOOD OF DEVELOPMENTAL DELAY, INCLUDING:

- premature birth (28 weeks gestation or less) or extremely low birth weight (<1,000 grams) = **148 children**
- autism spectrum disorders (known at the time of referral) = **98 children**
- brain anomalies or infections = **75 children**
- deaf or hard of hearing or blind = **69 children**
- Down syndrome = **41 children**
- cleft palate = **38 children**





ELIGIBLE CHILDREN

ETHNICITY	WHITE	BLACK	ASIAN	NATIVE AMERICAN	PACIFIC ISLANDER	MULTI-RACIAL
Hispanic	1,281	86	7	3	5	35
Percent	66 %	68 %	54 %	75 %	50 %	60 %
Non Hispanic	2,435	500	173	8	25	109
Percent	57 %	63 %	64 %	67 %	66 %	59 %

WHAT HAPPENS WHEN A CHILD IS NOT ELIGIBLE?

Children who were not eligible may still have developmental differences that would benefit from support and ongoing measurement. Families of children who were not eligible for Birth to Three or whose children left the Birth to Three System before age three were offered information about other community resources. The **Ages and Stages Questionnaires*** allow families to track their children's development by completing a questionnaire every few months. If a parent's responses show that their child's development may be delayed, the family may be offered another evaluation. If a child is learning new developmental skills at the same pace as his peers, the family is sent a developmental status report with suggested activities to continue to help their child learn new skills.

This past fiscal year, 447 new families out of the 3,083 whose children were evaluated and found not eligible chose to enroll in the Ages and Stages Questionnaire monitoring process.

Families whose children are 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.

**Offered by Help Me Grow, a program of the Children's Trust Fund State of Connecticut*

Professionals Partnering with Families

BIRTH TO THREE IS THE ONLY STATEWIDE HOME VISITING PROGRAM FOR CHILDREN WITH SPECIAL NEEDS IN CONNECTICUT.

The stress of travelling and getting to appointments on time is alleviated when a parent knows that their early intervention team members will come to their home. Home based supports can involve everyone in the home – brothers and sisters, grandparents and pets. Worries about traffic, bundling up the toddler in a snow suit, getting child care for older children, exposure to inclement weather and germs, and getting home in time for a meal are erased by bringing early intervention supports to the child and caregiver.

Most families enroll their eligible children*, develop an individualized family service plan (IFSP) with their team and receive direct services that meet their child's unique needs and define their priorities for their child. Parents pay a monthly fee on a sliding scale that is adjusted according to their income and family size, and allows for extraordinary expenses.

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 FY13, there were 809 families who chose this option at least one month of the year.

**Of the 4,680 children who were determined to be eligible, the families of 236 did not elect to proceed to an initial IFSP meeting.*

Providing effective supports in a family's home requires updated professional knowledge, sensitivity, the ability to fold new learning strategies into daily activities and to know what truly matters to the family. To see what an early intervention visit looks like, go to www.birth23.org/videos/HV/HV.html.

"I don't know what I would have done without my Birth to Three Coordinator. Everyone I meet is wonderful and adds valuable skills to help me help my son."

"My Birth to Three team makes me feel like my child is special . . . and not just a child with special needs.."

FAMILY CHOICE IS IMPORTANT. Each family may choose their program from among those available. Parents sometimes transfer their child from one program to another due to a relocation, choice of a different program, or seeking a specialty to fit their child’s diagnosis of hearing impairment or autism spectrum disorder. There were 617 transfers completed in FY13.

In FY13, there were 43 approved programs employing approximately 1,100 service providers.

DEAF/HARD OF HEARING	CHILDREN SERVED
American School for the Deaf (ASD)	95
CREC Soundbridge	93
New England Center for Hearing Rehabilitation (NECHEAR)	12

AUTISM-SPECIFIC	CHILDREN SERVED
ABC Intervention Program	156
Academy for Young Minds	80
BEACON Services of CT	100
Creative Interventions	167
Education Connections Autism Program	38
First Partners	22
Little Learners	33
LEARN Partners for Autism	16
South Bay Early Childhood	25

GENERAL	CHILDREN SERVED
Abilis	313
Advance Birth to Three	61
AWS Infant and Toddler Services	82
Building Bridges, LLC	321
CES/Beginnings	139
Cheshire Public Schools – Darcey School	71
Child & Family Network	124
Children’s Therapy Services	200
Cornell Scott Hill Heath Center	137
Creative Development Programs	12
CREC Birth to Three	446
Early Connections	88
EASTCONN Birth to Three	119
East Hartford Birth to Three	101
Easter Seal Rehabilitation of Waterbury	613
Education Connection – SEED	335
Family Junction	248

GENERAL	CHILDREN SERVED
HARC – Steppingstones	460
Jane Bisantz & Associates, LLC	363
Kennedy Center, Inc.	102
Kennedy-Donovan Center	81
Key Human Services	152
LEARN: Partners for Birth to Three	243
McLaughlin & Associates	337
Oak Hill Birth to Three Program	105
Project Interact, Inc.	262
REACHOUT, Inc.	414
Rehabilitation Associates of Connecticut, Inc.	1001
SARAH, Inc. – KIDSTEPS	506
St. Vincent’s Special Needs Services	80
STAR/Rubino Center	114
TheraCare	684
Wheeler Clinic	194

Professionals Partnering with Families, continued

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

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF CHILDREN WITH IFSP
Speech and Language Pathologist	5,588	66%
Special Educator	4,264	51%
Occupational Therapist	2,985	35%
Physical Therapist	2,753	33%
Early Intervention Associate or Assistant	2,560	30%
Early Intervention Specialist	850	10%
Social Worker or Intern	654	8%
Board Certified Behavior Analyst or Associate Analyst	526	6%
Audiologist	417	5%
Occupational Therapy Assistant (COTA)	177	2%
Psychologist	164	2%
Nutritionist	134	2%
Nurse	97	1%
Physical Therapy Assistant	32	<1%
Family Therapist/Professional Counselor	15	<1%

“As a Birth to Three provider I am here not just for the child but also for the family. I can also connect them with other parents who can relate to what they are going through.”

IFSPs for 280 children included an Assistive Technology device or service to increase, maintain, or improve their ability to function in daily life.

During FY13, 912 children had an IFSP for intensive services which means more than 13 hours of service per month based on their last IFSP. Of these children, 762 were identified as having 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 the IFSP was 4.6 hours.
- For children who received intensive services, the average hours of service was 43.1 per month.

“S. is our service coordinator and PT (physical therapist). She is absolutely wonderful. She works around our schedule and is available for questions when we have them. She works well with our daughter and is wonderful to have on our team.”

Meeting families' needs requires that Birth to Three professionals continue to hone their skills and utilize updated approaches that are research based. The Birth to Three System supports professional development of early intervention staff by offering training and technical assistance on many topics. During FY13, the Birth to Three Personnel and Practice Office and the Birth to Three Family Liaison offered professional development opportunities addressing:

- autism and early communication
- early literacy
- social-emotional development
- infant mental health: supporting resilience and self-regulation
- working with limited vision
- effective use of technology with infants and toddlers
- motor skill development in the first year
- supporting families in tough times

In addition, 93 professionals successfully completed an intensive course in Service Coordination. This four-day training included an overview of current federal and state early intervention laws and regulations, training on the policies and procedures necessary to provide effective service coordination to families and how best to support families while building healthy relationships that value and respect each family's unique culture and lifestyle.



"I am pleased with my son's progress. His speech therapist is wonderful and she and my son have such a wonderful relationship. She is so easy to talk to and always makes time for me and my questions."

The Rivera Family Story



**"Sometimes it
is overwhelming
but Birth to Three
motivates me and
I can talk with
them about all
my worries."**

— Noemi

Noemi and Edwin could hardly wait to hold their new babies. But two long months passed before they could even touch them. Little Joshua and twin sister Grace were born at 23 weeks gestational age, long before they were ready to breathe on their own or open their eyes to the lights of the neonatal intensive care unit. Doctors gave lots of frightening information and every day was a challenge, both for the babies and their worried parents. "I was impressed and happy to bring Joshua home for the first time but I also felt upset as I still had Grace at the hospital", said Noemi. "I felt my goal was incomplete."

Hospital staff referred Joshua for Birth to Three supports and his parents eagerly accepted them. "Mom and Dad are phenomenal", said Eulini, their service coordinator. She began working with Joshua, Noemi and Edwin soon after he arrived home. Jennifer, the occupational therapist on the team chimed in: "We love this family! They are so involved and have awesome follow through. We talk about ideas for improving Joshua's development and Mom and Dad take charge and use those techniques all week."

When Grace came home eight months after birth, the team was already in place and Noemi and Edwin felt relieved and ready to move forward. "Sometimes it is overwhelming but Birth to Three motivates me and I can talk with them about all my worries – they never judge me, says Mom." Their service coordinator says, "Every time I walk into their home I am eager to see what they have improved on and when I walk out of their home I know they will be okay because Mom is so involved in the wellbeing of her children. They have taught me to have faith and patience and always believe things will be alright. Joshua was the cutest little peanut when I first held him and he has grown into a fun loving and energetic child. Grace has the bubbliest personality and tries so hard."



Joshua and Grace just celebrated their first birthday. Noemi says, "I am impressed with what God has given me. Medicine is not always right and they pulled through so many surgeries. Edwin says, "They came into our world very small and under-developed and have come so far. We are not worried because we know they are in good hands."

"Mom and Dad are phenomenal. We love this family!"

— Birth to Three team

Planning for Service Delivery

The Individualized Family Service Plan (IFSP) is jointly developed by the family and early intervention team. The format of this document underwent dramatic change in FY13 in order to better help families describe their daily routines to their early intervention team, and identify the areas of development that they are most concerned about throughout various life activities. By focusing on what is and is not going well during the child's daily routine and identifying the developmental skills needed to make these activities successful, families better understood how new skills easily fit into their daily life and gave providers better information on how to meet the family's and child's needs.

Here are excerpts from the revised Form 3-1. You may view the complete document in English, Spanish, Portuguese and Polish at: www.birthe23.org/providers/forms/



Family's Daily Activities

Child's Name: _____ DOB: _____ Meeting Start Date: _____

Section 4: Daily Activities

Babies, toddlers and preschoolers learn through everyday experiences and activities. This page will help me and my team plan and develop outcomes.

How is it going? What's working well / not working well?	Developmental Skills Used	STRENGTH	CONCERN	EASY	SOME DIFFICULTY	DIFFICULT	PRIORITY	Y/N
Wake Up	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Dressing/Toileting	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Meatime	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Outings	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Play	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Bath time	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Bedtime/Sleeping	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							
Other	Communication							
	Movement/Sensory							
	Thinking/Learning							
	Social/ Behaviors							
	Self-help							

CTBirth23 Form 3-1 (7/1/2013)

Families are the Best Teachers

BABIES AND TODDLERS 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 live, learn and play, typically families' homes and community child care settings.

Family members and caregivers use these techniques during regular activities throughout the day, turning bath time, meal time and getting dressed for bed into learning times.

"It has been a wonderful, educational experience working with Birth to Three."

"The work (Birth to Three) has done has completely transformed the way we can now relate and work as parents. They have given us great tools to communicate with our son."



When It's Time to Say Goodbye

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

The average length of enrollment between a child's initial IFSP and exit was 12.4 months.

The 4,676 children who had an IFSP before exiting the System in FY13 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,892	62%
Parent withdrew child	689	15%
Attempts to contact were unsuccessful	485	10%
No further service needed by child	394	8%
Moved out of state	203	4%
Deceased	13	<1%

Of the 2,892 children who left at age three:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Eligible for preschool special education	2,040	71%
Eligibility for preschool special education not determined or the child was not referred	363	13%
Not eligible for preschool special education but referred to another program	276	10%
Not eligible for preschool special education and not referred to another program	213	7%

Families are connected with new community resources as the transition process unfolds.

Making a Positive Difference

CHILDREN WHO EXITED IN FY13 AND WHO HAD RECEIVED AT LEAST SIX MONTHS OF SERVICES IMPROVED ACROSS ALL THREE OUTCOMES THAT WERE MEASURED:

	CAUGHT UP OR MAINTAINED	REDUCED THE GAP
Positive Social Relationships	59%	78%
Acquisition of Knowledge and Skills	51%	84%
Appropriate Actions to Meet Their Needs	70%	88%

HERE ARE SOME PARENTS' EXPERIENCES, AS SHARED IN THE 2013 FAMILY SURVEY RESPONSES:

"Birth to Three is a wonderful program that helped my son to catch up with his development. We, the whole family, really appreciate all the help."

"Everyone that has come into my home helping out with my son has been a blessing. I appreciate each and every one of them."

"Gracias por el trabajo que hacen con mi hija. Me a ayudado mucho." [Thanks for the work with my daughter. It has helped me very much.]"

"We have learned a tremendous amount from the services offered."

"We couldn't have been happier with the services L.D. and J.R. offered. They were amazing and we feel they forever changed our son's life and our family's life for the better."

FAMILIES REPORTED FEELING MORE CONFIDENT AND COMPETENT AS A RESULT OF RECEIVING BIRTH TO THREE SERVICES AND SUPPORTS.

Surveyed families enrolled for more than six months agreed, strongly agreed or very strongly agreed that Birth to Three helped them to:

- Help their children develop and learn (99%)
- Communicate their child's needs effectively (98%)
- Know their rights under IDEA Part C (99%)

Birth to Three is effective in helping families to facilitate their children's development.



Costs of Early Intervention

The Birth to Three expenditures for FY13 totalled \$49,546,941, a decrease of 1.3% from FY12. Revenue sources included state funds, federal funds, parent payments and commercial health insurance reimbursements. Birth to Three is the payer of last resort and successfully maximized other revenue. This included billing Medicaid, which brought in \$7.1 million in federal revenue to the State General Fund, thereby decreasing the net State contribution to Birth to Three by that amount.

ACTUAL FY13 EXPENDITURES – ALL FUNDING SOURCES	
State Funds	\$ 36,617,837
Total Federal IDEA Funds	\$ 6,833,033
Commercial Insurance Reimbursements	\$ 4,966,647
Parent Fees	\$ 1,129,424
TOTAL SYSTEM EXPENDITURES	\$49,546,941

FEDERAL FUNDS ONLY	
Salaries and fringe benefits For 8.5 FTE positions (administrative staff)	\$1,142,569
Other expenses	98,079
State & Local ICCs*	5,076**
Public Awareness & Child Find	318,150
Data system	70,638
Personnel development	111,946
Supervision and monitoring	7,272
Procedural safeguards	2,220
Total System Components	1,755,930
Direct Services	5,077,083
TOTAL FEDERAL	\$6,833,033

NOTE: \$1 million in federal funds was IDEA Part B Child Find funding transferred from the State Department of Education

*See pages 20-21

**This number reflects only 9 months of SICC expenditures.
It is further reduced by a credit of \$1,717.04 in LICC expenditures.

The average annual cost per child for 12 months of service provided by contracted programs was:

TYPE OF PROGRAM	GROSS	NET
General	\$ 9,120	\$ 8,324
Deaf/Hard of Hearing	\$12,054	\$10,915
Autism Specific	\$31,458	\$24,811

Net costs reflect commercial health insurance reimbursement.



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. The Governor-appointed **State Interagency Coordinating Council** is comprised of stakeholders from throughout the state who advise and assist the Connecticut Birth to Three System. Meetings are open to the public. Standing committees address Fiscal/Legislative, Quality Services, and Communications issues that affect the Birth to Three System. Ad hoc subcommittees include Under One and Electronic Interface issues.

STATE INTERAGENCY COORDINATING COUNCIL

<p><i>Mark A. Greenstein, M.D.</i>, CHAIR DEVELOPMENTAL PEDIATRICIAN AND CLINICAL GENETICIST</p> <p><i>Sharri Lungarini</i>, VICE CHAIR PARENT</p> <p><i>Janet Brancifort</i> DEPARTMENT OF PUBLIC HEALTH</p> <p><i>Wade Chartier</i> PARENT</p> <p><i>Mary Ann Dayton-Fitzgerald</i> COMMISSION ON THE DEAF AND HARD OF HEARING</p> <p><i>Nancy DiMauro</i> DEPARTMENT OF CHILDREN AND FAMILIES</p> <p><i>Rita Esposito</i>, CO-CHAIR, UNDER ONE PROVIDER, REACHOUT, INC.</p> <p><i>Tierney Giannotti (alternate for Mary Beth Bruder)</i> UNIVERSITY OF CONNECTICUT CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES</p> <p><i>Corinne Griffin</i>, CO-CHAIR, UNDER ONE PARENT</p> <p><i>Cynthia Jackson</i> PROVIDER, CHILDREN'S THERAPY SERVICES</p> <p><i>Lynn Skene Johnson</i> DEPARTMENT OF DEVELOPMENTAL SERVICES</p> <p><i>Rob Kelly (alternate for Senator Anthony Musto)</i> CT LEGISLATOR</p> <p><i>Robert LaCamera, M.D.</i> AMERICAN ACADEMY OF PEDIATRICS, CT CHAPTER</p>	<p><i>Erin Lamb</i> PARENT</p> <p><i>Timothy Lyons, Esq.</i> INSURANCE DEPARTMENT</p> <p><i>Ginny Mahoney</i> DEPARTMENT OF SOCIAL SERVICES</p> <p><i>Miriam Martinez</i> PARENT</p> <p><i>Joseph McLaughlin</i> PROVIDER, MCLAUGHLIN AND ASSOCIATES, LLC</p> <p><i>Lorna Quiros-Dilán</i> OFFICE OF PROTECTION AND ADVOCACY</p> <p><i>John Reilly</i> BOARD OF EDUCATION AND SERVICES FOR THE BLIND</p> <p><i>Laurel Ross</i> PROVIDER, ABILIS, INC.</p> <p><i>Maria Synodi</i> STATE DEPARTMENT OF EDUCATION</p> <p><i>Louis Tallarita</i> STATE DEPARTMENT OF EDUCATION, OFFICE OF CHILDREN WHO ARE HOMELESS</p> <p><i>Representative Jack W. Thompson</i> CT LEGISLATOR</p> <p><i>Alice Torres</i> HEAD START</p> <p><i>Myra Watnick</i> PROVIDER, REHABILITATION ASSOCIATES</p>
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Community Connections

CONNECTICUT'S LOCAL INTERAGENCY COORDINATING COUNCILS (LICCS) ARE INDEPENDENT REGIONAL PARTNERSHIPS THAT WORK TO:

- Ensure that infants and toddlers with developmental delays are included as valued members of the early childhood community at planning and policy levels, and throughout everyday community activities
- Promote communication and collaboration among early childhood providers
- Share ideas and solutions in their communities

LICC PRIORITY AREAS INCLUDE:

- **Transitions** from Birth to Three to preschool special education and other early childhood programs
- **Coordination** of information and resources across public and private agencies

LICC CO-CHAIRS

DANBURY

Trish Butler
Juleen Flanigan

TORRINGTON

Janae Peluso
Anne Giordano

LOWER FAIRFIELD

Deborah List
Karen Feder

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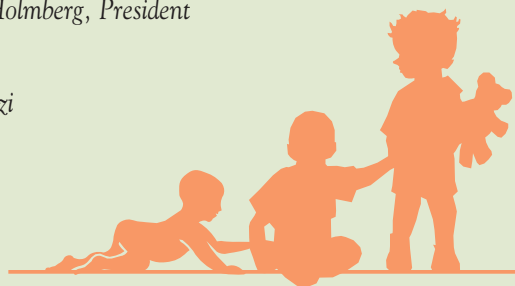
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and many more . . .



Town-by-Town Snapshot

Here are the numbers of children in each town who were referred to Birth to Three in FY2013, and the number of eligible children in each town who were eligible at any point during the year.

TOWN	2012 BIRTHS	REFERRALS	SERVED
Andover	16	10	13
Ansonia	219	49	57
Ashford	44	7	17
Avon	124	29	27
Barkhamsted	24	<	9
Beacon Falls	43	6	12
Berlin	145	31	33
Bethany	34	8	<
Bethel	148	48	48
Bethlehem	16	<	0
Bloomfield	180	35	38
Bolton	44	12	11
Bozrah	19	<	<
Branford	236	41	53
Bridgeport	2113	481	541
Bridgewater	6	0	<
Bristol	653	166	185
Brookfield	111	38	48
Brooklyn	64	20	23
Burlington	87	8	7
Canaan	11	0	<
Canterbury	46	13	9
Canton	78	13	23
Chaplin	11	7	6
Cheshire	164	45	46
Chester	25	6	6
Clinton	99	20	18
Colchester	143	44	43
Colebrook	7	<	0

TOWN	2012 BIRTHS	REFERRALS	SERVED
Columbia	39	7	9
Cornwall	5	<	<
Coventry	110	21	28
Cromwell	155	30	33
Danbury	1071	277	281
Darien	179	55	41
Deep River	34	<	13
Derby	127	24	28
Durham	47	8	10
East Granby	44	13	17
East Haddam	66	6	13
East Hampton	108	25	35
East Hartford	690	143	203
East Haven	241	65	62
East Lyme	120	28	29
East Windsor	130	22	34
Eastford	11	<	<
Easton	42	11	9
Ellington	137	24	32
Enfield	375	98	130
Essex	26	<	11
Fairfield	465	110	100
Farmington	202	44	47
Franklin	13	<	<
Glastonbury	229	53	58
Goshen	19	6	<
Granby	80	20	21
Greenwich	620	157	145
Griswold	112	35	33

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 FY13 could have been born in 2013, 2012, 2011 or 2010.

TOWN	2012 BIRTHS	REFERRALS	SERVED
Groton	629	129	143
Guilford	129	32	36
Haddam	60	15	18
Hamden	610	122	134
Hampton	10	<	<
Hartford	1971	518	648
Hartland	10	<	<
Harwinton	35	11	14
Hebron	62	13	18
Kent	24	<	6
Killingly	191	48	61
Killingworth	38	10	12
Lebanon	62	10	15
Ledyard	127	27	28
Lisbon	27	<	7
Litchfield	43	12	12
Lyme	11	10	5
Madison	84	29	29
Manchester	748	157	190
Mansfield	76	13	20
Marlborough	47	8	8
Meriden	786	189	213
Middlebury	53	10	11
Middlefield	19	<	<
Middletown	553	109	119
Milford	440	80	99
Monroe	126	27	38
Montville	175	28	44
Morris	16	<	7

TOWN	2012 BIRTHS	REFERRALS	SERVED
Naugatuck	359	65	81
New Britain	1044	302	331
New Canaan	128	40	33
New Fairfield	90	28	41
New Hartford	50	8	6
New Haven	1906	414	442
New London	335	85	108
New Milford	236	48	71
Newington	250	55	64
Newtown	169	32	41
Norfolk	7	<	0
North Branford	101	20	24
North Canaan	23	<	0
North Haven	184	44	38
North Stonington	45	6	10
Norwalk	1156	258	251
Norwich	520	103	128
Old Lyme	51	<	7
Old Saybrook	59	15	15
Orange	93	11	16
Oxford	87	20	15
Plainfield	164	45	50
Plainville	164	46	47
Plymouth	100	29	35
Pomfret	26	<	<
Portland	100	27	23
Preston	37	9	7
Prospect	78	20	20
Putnam	124	31	23

Town-by-Town Snapshot, continued

TOWN	2012 BIRTHS	REFERRALS	SERVED
Redding	43	12	12
Ridgefield	145	41	34
Rocky Hill	180	36	46
Roxbury	6	0	<
Salem	38	<	<
Salisbury	15	<	0
Scotland	14	0	<
Seymour	145	27	36
Sharon	12	<	<
Shelton	305	53	64
Sherman	21	<	<
Simsbury	163	41	43
Somers	57	17	23
South Windsor	220	55	59
Southbury	98	23	21
Southington	319	89	90
Sprague	35	12	11
Stafford	94	16	21
Stamford	1772	346	389
Sterling	30	9	10
Stonington	105	21	19
Stratford	512	115	129
Suffield	69	23	22
Thomaston	54	10	23
Thompson	78	28	23
Tolland	116	24	27
Torrington	372	96	103
Trumbull	267	56	59
Union	3	<	<

TOWN	2012 BIRTHS	REFERRALS	SERVED
Vernon	350	76	94
Voluntown	22	<	6
Wallingford	353	82	95
Warren	7	<	<
Washington	16	<	<
Waterbury	1522	354	421
Waterford	142	31	18
Watertown	163	31	34
West Hartford	584	127	151
West Haven	663	156	157
Westbrook	40	9	16
Weston	57	26	22
Westport	175	44	53
Wethersfield	267	64	60
Willington	48	14	16
Wilton	104	32	35
Winchester	93	18	20
Windham	302	106	124
Windsor	262	50	62
Windsor Locks	113	41	27
Wolcott	112	24	27
Woodbridge	58	16	7
Woodbury	66	10	11
Woodstock	41	6	7
TOTAL	36,103¹	8,333²	9,345²

Data Sources: ¹CT Dept. of Public Health

²CT Birth to Three System database

FY13

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