

Connecticut Birth to Three System

FY 2014 Annual Data Report



Learning From Each Other

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This report, past data reports, and other publications are available at:
www.birth23.org/aboutb23/AnnualData.html

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

The CT 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. There are several screening methods in use throughout the community that identify infants and toddlers who may need early intervention.

Developmental or behavioral delays are often identified by primary care physicians and advanced practice registered nurses who use validated screening tools at regular intervals as a component of well-child care. Child care providers, Family Resource Center and Early Head Start staff, and others frequently include developmental and behavioral screening as a vital aspect of their services and supports. Families enrolled in Ages and Stages fill out developmental questionnaires at home to learn about their children's development. The results of these screenings lead to discussions with parents on the importance of early development and support referral to Birth to Three at the earliest sign of a developmental or behavioral delay.



Screenings for autism have also become part of the standard of care for pediatric providers. Birth to Three collaborates with the "Learn the Signs, Act Early" initiative to promote education and training for early care providers. All toddlers referred to Birth to Three at age 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.

Three statewide screening initiatives managed by the CT Department of Public Health also provide early identification of children needing supports:

- **Newborn Hearing:** All babies are screened at birth and those with a possible hearing loss are quickly referred for diagnosis. Infants who are deaf or hard of hearing are eligible for specialized Birth to Three services.
- **Metabolic or Genetic Disorders:** All babies are screened at birth for a number of congenital disorders, many of which have associated developmental delays that prompt a referral to Birth to Three.
- **Lead Poisoning:** Universal lead screening is completed annually for each child from 9 months to 3 years and parents of children with lead poisoning are strongly encouraged to refer their child for Birth to Three supports.

Making the Connection: Referrals

We receive referrals by phone, fax and online to connect families with our supports through the Child Development Infoline. **1-800-505-7000 toll-free, TDD, multilingual**
www.birthe23.org/referrals for the on-line and print & fax forms

A total of 8,720 referrals were received by the Birth to Three System in Fiscal Year 2014 (July 1, 2013 – June 30, 2014). Additional parents were not able to be reached for their consent to evaluate, or were not interested in receiving an evaluation for their child. There were also 3 calls received about children who would turn three years old within 45 days who were referred to their public school for a special education evaluation.

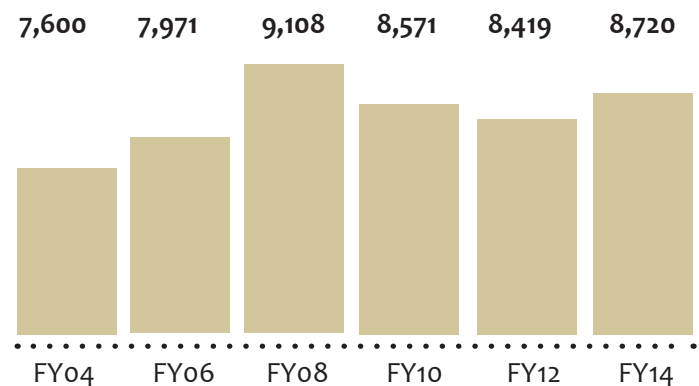
Children were referred from all across Connecticut, from birth to close to their third birthday. The ten cities with the most referrals in FY14 included:

Hartford	523
Bridgeport	485
New Haven	424
Waterbury	422
Stamford	365
New Britain	306
Norwalk	277
Danbury	261
Meriden	189
Bristol	185

See pages 20-22 for a complete list of town data.

NUMBER OF REFERRALS - FISCAL YEARS

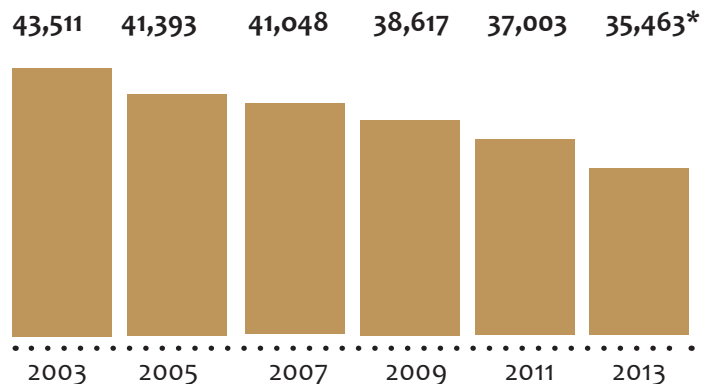
(Note: some children were referred more than once)



Source: CT Birth to Three System database

NUMBER OF CT BIRTHS - CALENDAR YEARS

(CT residents only)



Source: CT. Dept. of Public Health, Vital Records

* provisional data

“The program is a great one and I will therefore recommend it to friends and family. My service providers have been awesome. We love them all.”

Most families referred their own child (57%) or the child was referred by a health care provider (31%). Families and others who did not already know about the Birth to Three System were encouraged to refer their child by their:

Primary Health Care Provider	66%
Relative, friend, co-worker	17%
Social service or Education organization	7%
Other health care provider	6%
Child care or preschool	6%
2-1-1 or Ages and Stages Questionnaires	2%
Various media	2%

Children were referred due to concerns about a variety of developmental issues:

Communication	6155	49%
Motor (fine & gross)	2668	21%
Adaptive	863	14%
Social/emotional	1146	9%
Health	763	6%
Vision	102	<1%
Hearing	156	<1%
Cognition	170	<1%

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

Age at referral	number of children	percentage
Birth – 11 months	1,944	22%
12 – 23 months	3,451	40%
24 – 35 months	3,325	38%

- The median age at referral was 20 months.
- 64% (5,327) of children referred were boys.

Most children lived in homes where English (78%) or Spanish (15%) was spoken. There were 42 other household languages spoken by families of referred children.

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 every area:

- 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), and the
- ability to express feelings and understand other people (social-emotional)

Two professionals with different types of training based on the areas of developmental concerns come to the home or the child's daycare and assess the child's ability to complete a variety of activities and interview the parents about

their child's needs and skills. (see page 13 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. Together they complete a multidisciplinary evaluation of the child over a range of activities and compile information about the child's daily routine, needs and abilities. All children referred at age 16 months or older are also screened for an autism spectrum disorder. 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 their native language. When all of the developmental and health information has been considered, eligibility is determined.

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.birthe23.org/referrals.



Children Who Were Eligible

Children were eligible for Birth to Three due to either:

- a significant developmental delay, or
- a diagnosed medical condition with a high likelihood of resulting in developmental delay.

8,016 evaluations were completed

5,034 children (63%) were eligible

4,354 children (89%) were eligible for early intervention due to significant delays in their development

- 3,576 (71%) tested 2 standard deviations below average in at least one area of development
- 778 (15%) tested 1.5 standard deviations below average in two or more areas of development
- 106 (2%) could not be tested, but had a significant developmental delay according to informed clinical opinion

574 children (11%) were eligible because they had a diagnosed medical condition with a high likelihood of resulting in developmental delay, including:

- 155 children: premature birth (28 weeks gestation or less) or extremely low birth weight (<1000 grams)
- 116 children: autism spectrum disorders — known at the time of referral
- 79 children: deaf or hard of hearing
- 53 children: brain/spinal anomalies or infections
- 47 children: Down syndrome
- 14 children: cleft palate
- 8 children: blind or visually impaired

A total of 709 children diagnosed with autism were served in FY14

Hartford	523
Bridgeport	485
New Haven	424
Waterbury	422
Stamford	365
New Britain	306
Norwalk	277
Danbury	261
Meriden	189
Bristol	185

See pages 20-22 for a complete list of town data.

Eligible Children's Race and Ethnicity as described by their parents						
Eligible Children – 5,034						
ethnicity	White	Black	Asian	Native American	Pacific Islander	Multi-Racial
Hispanic	1,354	81	3	12	20	57
Non-Hispanic	2,611	507	221	17	22	128

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 to meet their needs. Parents were put in touch with the Child Development Infoline to enroll in Ages and Stages, allowing them to track their children's development. If a parent's responses on the completed questionnaire show that their child's development may be delayed, the family may be offered another evaluation. When

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.

If a child is not eligible and their family or medical provider still has concerns after three months or more, they may re-refer the child for a new developmental evaluation. In FY14, there were 442 children who were initially not eligible, then re-referred and found eligible at a later point in the year.



Professionals Partnering with Families

Birth to Three provides developmental learning right in the family's home or child care setting during regular routines and daily activities. Worries about traffic, bundling up the toddler, exposure to inclement weather and germs, getting child care for an older child and getting home in time for a meal or nap are alleviated by bringing early intervention supports to the child and caregiver.

Home-based supports can involve everyone in the home – brothers and sisters, grandparents and pets. Supports provided in the child's early care setting can involve friends and caring adults.

“They explain everything to us and continually give us the tools and resources we need. We are ecstatic.”

Most families enroll their eligible children, develop an Individualized Family Service Plan (IFSP) with their Birth to Three team and receive services that meet their child's unique needs and match their priorities for their child. Parents who receive direct services, such as physical therapy, pay a monthly fee on a sliding scale that is based on their income and family size, and can be adjusted if there are documented extraordinary expenses.

In FY14, there were 617 families who enrolled in Birth to Three but chose to receive only those services that are available at no cost for at least one month during the year. These include

<i>Deaf/Hard of Hearing programs</i>	<i>children served</i>
American School for the Deaf	104
CREC Soundbridge	92
NE Center for Hearing Rehabilitation	18

<i>Autism-specific programs</i>	<i>children served</i>
ABC Intervention Program	184
Academy for Young Minds	10
Beacon Services of CT	121
Creative Interventions	207
Education Connection Autism Program	68
LEARN: Partners for Autism	2
Little Learners	31
South Bay Early Childhood	86

evaluation and assessment, IFSP development, service coordination and transition supports, and procedural safeguards. Families of 396 eligible children did not accept Birth to Three supports.

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.

Family choice is important. Each family may choose their program from among those available that serve their hometown. 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 657 transfers completed in FY14.

“S. has been amazing. She talks to me with knowledge but speaks to me like a friend.”

<i>General Programs</i>	<i>children served</i>
Abilis	282
Advance Birth to Three	13
AWS Infant and Toddler Services	170
Building Bridges, LLC	343
CES - Beginnings	140
Cheshire Public Schools - Darcey School	80
Child and Family Network	48
Children's Therapy Services	229
Cornell Scott Hill Health Center	122
CREC Birth to Three	461
Early Connections	20
East Hartford Birth To Three	100
EASTCONN Birth To Three	130
Easter Seal Birth to Three	422
Family Junction	73
HARC - Steppingstones	477
Jane Bisantz & Associates, LLC	383
Kennedy-Donovan Center	94
Key Human Services, Inc.	147
LEARN: Partners for Birth to Three	255
McLaughlin & Associates, LLC	345
Oak Hill Birth to Three Program	88
Project Interact, Inc.	238
Reachout, Inc.	462
Rehabilitation Associates of Connecticut, Inc.	1160
S.E.E.D.	424
SARAH, Inc. - KIDSTEPS	643
St. Vincents Special Needs Services	66
STAR Rubino Center	104
The Kennedy Center, Inc.	83
TheraCare	939
Wheeler Clinic Birth to Three	222

Ryder's Family Story

“This family is amazing. We suggest something to Mom and Dad that we're working on and I know they follow through because Ryder's got it down when I see him next.”

“Ryder's parents both work outside the home, so his grandmothers care for him and he goes to child care two days a week. We all share information. The teachers know all of his goals and incorporate the strategies throughout their days together. His grandmas are very invested in practicing every day and Ryder is very perceptive and learns so quickly. He has an amazing imagination!”

Ryder loves trains, cars, fire trucks and anything that has wheels or moves! He is our active 2-year old who loves to laugh, be silly and draws everyone in with his contagious smile. As an infant he had persistent ear infections and fluid blocked his hearing, so we had tympanostomy tubes surgically inserted at 9 months old. At 15 months we called Birth to Three with developmental concerns because, even though Ryder's hearing tests suggested borderline normal hearing - adequate for speech and language development - he was not vocal.

Ryder was evaluated and found eligible for early intervention so we began to work with our team. By 22 months, our concerns regarding his lack of communication, social referencing and eye contact had intensified. Our pediatrician had referred us for an autism evaluation, but the earliest appointment was 6 months away. We chose to transfer to another Birth to Three program and began working with a new team. The way that Joe and Cheryl played with our son to assess his abilities really complemented Ryder's personality. We discussed why we might want an autism evaluation, and within a few short weeks it was completed by Birth to Three.

Ryder was in fact diagnosed with autism. This new information was very scary and overwhelming, and our second child was due in six short weeks. We knew it was a crucial time for Ryder, and wanted to do everything we could do to help our son. We were more than ready to fully participate in giving Ryder the intensive intervention that he needed to succeed! Soon Misti joined our team and Ryder's service hours increased. He took to her immediately and they have since formed a close bond. We started reading and doing research on autism spectrum disorders and even changed Ryder's diet, having read that this might help. With the support of our team, we also made the difficult, yet important, decision to remove certain themed vehicles that caused a fixation for Ryder in order to expand his array of interests. This really helped him branch out and experience new areas of play and because of this we saw his imagination really take off. We really made an effort to follow through with his teacher's suggestions every day and worked hard to reinforce Ryder's learning to reach his latest goals.

We have a fantastic family support system and it has been a blessing that Ryder's grandmothers are both actively involved in his progress. They delight in the Birth to Three visits and working toward new goals over time. Our Birth to Three team is extremely supportive and gives us the tools and resources to help Ryder progress and succeed. We learned how to orchestrate our living environment and how we interact with Ryder in order to give him the foundation to be successful. Being a very independent little boy, discovering how to give eye contact and ask for things he wanted was at first a hard concept for Ryder, but with daily practice we saw immediate improvement.

“Ryder’s transformation is just phenomenal. His family went about it like gangbusters and we all have an amazing partnership.”

Ryder loves arts and crafts, reading books and singing songs! He looks forward to seeing his teachers and often greets them at the door with a smile. Ryder craves physical contact and sensory seeking activities and Misti engages him in activities that meet those needs and doesn’t mind when he climbs all over her! She really brings out his creative play and helps him try new things at every home visit.

It is exciting to see what new milestones Ryder will reach each day! He now greets people appropriately and recalls past events. He has an active interest in his baby brother Brayden and his dog Lexie! Recently while taking a walk with his Grammie, he turned to us and said “Mom! All done walk!” and our mouths dropped open! He continues to surprise us all the time and always makes us smile.

We sit here looking back at what feels like forever and realize the remarkable progress that Ryder has made in less than a year. While we all work as a team, none of this would have been a reality without the knowledge and guidance provided by Birth to Three. We are so grateful for their exceptional service. They have made learning so much fun and are really in sync with one another and with us. Most importantly they are in tune with Ryder’s needs and he looks forward to seeing them. Our family works hard, but it is these wonderful people who constantly push us to the next level, challenging Ryder to grow and mature. He is truly a different child and we thank Birth to Three for that. Without their help, devotion and dedication our son would not be anywhere near where he is today.

Ryder is now almost 2 ½ and we plan to continue to work closely with these amazing people until the day he turns three. We want the best for Ryder and feel confident that he has a successful future ahead of him. We just want him to reach his potential, whatever it may be, and to continue to be the fun, joyful, and creative person he is.



Planning for Services

The Individualized Family Service Plan (IFSP) is jointly developed by the family and early intervention team. This legal document helps 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. Focusing on the developmental skills needed to make these activities successful supports families in practicing new skills throughout their daily life and gives providers better information on how to meet the family's and child's needs. Combining knowledge gained from research on best practices with the realities of daily life, the parents and providers decide together which services are needed, how often, and which types of professionals will coach the parent. The child's primary health care provider also participates in launching the plan of services.

Here are excerpts from the IFSP, Form 3-1. You may view the complete document in English, Spanish, Portuguese or Polish at: <http://www.birth23.org/providers/forms/>

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	MODERATELY DIFFICULT	PROBUDNY	YN
Wake Up	Communication Movement/Sensory Thinking/Learning Social Behaviors Self-help						
Dressing/Toileting	Communication Movement/Sensory Thinking/Learning Social Behaviors Self-help						
Mealtime	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)

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

Meeting Type: (check one) ☐ Interim ☐ Initial ☐ Review ☐ Annual

Program Name: _____ Fax Number: _____

Section 8: Early Intervention Services and Supports

What is going to happen? **Delivered by:** (Indicate who provides) **Location** **How often** **How long** **Start date** **End date**

Part C services are paid for by the Birth to Three System unless otherwise indicated here:

All services are designed to teach parents and other caregivers to use early intervention strategies throughout their daily routines with their child. Service coordination is provided to all families at least monthly and is most often part of the early intervention visit.

Check if ANY early intervention service listed above cannot be achieved satisfactorily in a natural environment and attach a justification page for each service.

Informed Consent by Parents. Please initial A OR B and sign below.

A. (initial) I give permission to carry out this IFSP as written.

B. (initial) I disagree with this IFSP as written. I do give permission for some of the services (listed below) to start. The services that may start are as follows:

If I have initiated B above and if our team cannot come to an agreement within one month, I will request mediation, file a written complaint, and/or request a hearing.

(initial) I understand my rights under this program and the proposed schedule. I have received a written copy of Parent Rights under IDEA Part C. I also understand that this is my written notice prior to starting the services listed above to meet IFSP outcomes established by our team. I agree that we have set the start date(s) above to be a reasonable amount of time from this meeting so that I may have time to consider the plan and take action if I wish to have another IFSP meeting.

(initial) I have been given a copy of the system of payments policy.

Parent Name: _____ Signature: _____ Date: _____

I have reviewed this Individualized Family Service Plan, which is based in part on an evaluation in all areas of development. I confirm the appropriateness of the diagnoses(es) as stated by the diagnostic (ICD) code and the recommendations for the treatment services as they are written.

Physician Signature: _____ Date: _____

Print Name: _____ LIC# _____ ICD9# _____ ICD10 _____

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

Service coordinators are the primary interventionist (such as a physical therapist when the IFSP includes learning motor skills as a priority) and also support the family in making good use of all the information from team members and community learning partners. Other members of the child and family's early intervention team may make joint visits or provide consultation when more than one type of service is provided.

Families and providers can use assistive technology to increase, maintain, or improve their child's ability to function in daily life. Examples can include high-tech devices such as hearing aids, or low-tech devices such as a modified spoon handle and curved, high-sided bowl to promote self-

feeding for a toddler with motor challenges. During FY14, IFSPs for 408 children listed an Assistive Technology service and 351 assistive technology devices.

Children with certain diagnoses, such as an autism spectrum disorder, often receive intensive services, which means more than 13 hours of service per month. During FY14, 1004 children had intensive services on their last IFSP. Of these children, 829 were identified as having an autism spectrum disorder.

Birth to Three Personnel

In FY14 there were 43 approved Birth to Three programs that employed approximately 1,100 service providers.

Meeting families’ needs requires that Birth to Three professionals continually 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 FY14, the Birth to Three System offered professional development opportunities focused on:

- Building Communication by Building Caregiver Responsiveness
- Embedding Early Literacy in Early Intervention
- Connecting Brain Development To Early Learning
- Mealtime Makeover: Cues, Clues and Communication
- The Effects of Trauma on Young Children
- Effective use of technology with infants and toddlers
- Sensory Processing for Infants with Special Needs
- Feeding Intervention Strategies for Infants with Special Needs

and how to administer the Devereux Early Childhood Assessment – I/T (DECA-I/T: an early childhood mental health normed, standardized tool), the Battelle Developmental Inventory 2 (BDI-2: a standardized, comprehensive developmental evaluation tool), and the Hawaii Early Learning Profile (HELP: a curriculum-based, criterion-referenced assessment tool used to measure child outcomes).

In addition, 75 professionals successfully completed an intensive course on Service Coordination. This four-day training included an overview of current federal and state early intervention laws and regulations, the policies and procedures necessary to provide effective service coordination to families, how to best engage families, build healthy relationships and value and respect each family’s unique culture and lifestyle while adapting professional knowledge and techniques for use by parents and other caregivers.

Here are the types of Birth to Three providers and the numbers of children whose IFSPs included them for some portion of FY14:

<i>Type of professional</i>	<i># of children</i>
Speech/Language Pathologist	5824
Special Educator	4112
Early Intervention Associate or Assistant	2970
Occupational Therapist	2561
Physical Therapist	2445
Board Certified Behavior Analyst or Associate Analyst	876
Early Intervention Specialist	864
Social Worker or Intern	642
Audiologist	450
Occupational Therapy Assistant (COTA)	193
Psychologist	161
Speech/Language Clinical Fellow	104
Nutritionist/Dietician	55
Nurse	44
Physical Therapy Assistant	31
Family Therapist/ Professional Counselor	15
Board Certified Associate Behavior Analyst	9
Orientation & Mobility Specialist	6
Other	29

Families are the Best Teachers

“The Birth to Three support team for my grandson was invaluable. Through the team’s efforts and our due diligence as his guardians he has made tremendous strides in his development!”

“Our service coordinator provided us with helpful coaching tips and ways to help our child.”

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 including families’ homes, child care, and other community settings. Family members and caregivers consistently use these techniques during regular activities throughout the day, turning bath time, dinner and getting dressed for bed into learning times.



Making a Positive Difference

Birth to Three early intervention provides infants and toddlers with an opportunity to reach their best potential. Children who exited in FY14 and had received at least six months of services improved across all three outcomes that were measured:

Child Outcome	Caught up to their Peers or Maintained	Reduced the Gap relative to their Peers
Have positive social relationships	60%	73%
Acquisition of knowledge and skills	51%	83%
Take appropriate actions to meet their needs	72%	85%

Families reported feeling more confident and competent as a result of receiving Birth to Three services and supports. Families enrolled for more than six months said 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 improve their children's development.

Here are some of the FY14 Parent Survey comments:

“Love the Birth to Three program. Hopefully, my son will be able to attend school with the rest of the kids his age.”

“S. has helped us feel more at ease with our son's diagnosis.”

“We have seen amazing progress. Birth to Three has improved our lives and changed the path for my child.”

“Gracias por todas las oportunidades para nuestros hijos.”

(Thank you for all the opportunities for our children.)

“We are so grateful that we caught this early enough to make a difference in his life”

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. Birth to Three prepares families for this transition as early as possible by helping them connect with their local school district and other resources in their local community that match their interests and needs.



“Will miss our team as my son is transitioning out of Birth to Three and into the public school system. We had a great three years.”

The average length of enrollment between a child’s initial IFSP and exit was 12.06 months. Sixty percent (2,899) of the 4,831 children who had an IFSP before exiting Birth to Three in FY14 left because they turned three years old. Other children left before age three because:

Parent withdrew their child	810	42%
Attempts to contact were unsuccessful	487	25%
No further services needed by child	391	20%
Moved out of state	221	12%
Child died	3	<1%

Of the 2,919 children who left at age three and were referred to their local school district:

Eligible for preschool special education	2,098	72%
Eligibility for public school special education not determined	359	12%
Not eligible for special education but referred to another program	263	9%
Not eligible for special education and not referred to another program	199	7%

Birth to Three prepares families for this transition as early as possible by helping them connect with their local school district and other resources in their local community.

Early Intervention Funding and Costs

Birth to Three expenditures for Fiscal Year 2014 were \$50,709,007 from all sources, including 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 resulted in \$7.05 million in federal revenue into the State General Fund, thereby decreasing the net State contribution to Birth to Three by that amount.

ACTUAL FY 2014 EXPENDITURES

All Funding Sources

State Funds	\$40,275,377
Total Federal IDEA funds	\$4,808,506
Commercial Insurance Receipts	\$4,448,742
Parent Fees	\$1,176,382
TOTAL SYSTEM EXPENDITURES	\$50,709,007

FEDERAL FUNDS ONLY

Salaries & fringe benefits	\$1,110,214
Other Expenses	\$265,675
State & Local ICCs	\$53,252
Public Awareness & Child Find	\$220,720
Personnel development	\$120,317
Supervision and monitoring	\$26,412
Procedural safeguards	\$42,754
Total System Components	\$1,839,345
Direct Services	\$2,969,162
TOTAL FEDERAL	\$4,808,506

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



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

	Gross	Net
General program	\$9,448	\$8,695
Deaf/Hard of Hearing program	\$11,269	\$10,568
Autism specific program	\$28,859	\$24,189

Children and families served by deaf/hard of hearing programs are often fitted with hearing aids, which contributes to the higher cost per child. Children and families served by autism-specific programs often receive intensive services averaging 44.6 hours per month, which contributes to the higher costs per child in these programs.

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. Their three standing committees are focused on Quality Services, Communications, and Legislative and Fiscal issues. Meetings are open to the public and agendas and minutes are posted on the Birth to Three website here: <http://www.birth23.org/aboutb23/sicc/>.

State Interagency Coordinating Council Members, as of June 30, 2014

Mark A. Greenstein, M.D.

Developmental Pediatrician and
Clinical Geneticist, Chair

Sharri Lungarini

Parent, Vice Chair

Wade Chartier

Birth to Three Parent

Janet Brancifort

Dept. of Public Health

Nancy DiMauro

Dept. of Children and Families

Corinne Griffin

Birth to Three Parent

Gerri Hanna

(alternate for Mary Beth Bruder)
University Center for Excellence

Cynthia Jackson

Provider, Children's Therapy Services

Lynn Skene Johnson

Dept. of Developmental Services

Rob Kelly

CT Legislature

Robert LaCamera, M. D.

American Academy of Pediatrics

Erin Lamb

Birth to Three Parent

Timothy Lyons, Esq.

Dept. of Insurance

Ginny Mahoney

Dept. of Social Services

Joseph McLaughlin

Provider, McLaughlin and
Associates

Lorna Quiros-Dilán

Office of Protection and Advocacy

John Reilly

DORS - Board of Education
and Services for the Blind

Laurel Ross

Provider, Abilis

Maria Synodi

State Dept. of Education

Louis Tallarita

State Dept. of Education –
Children who are Homeless

Elisabeth Teller

Provider, SARAH, Inc., KIDSTEPS

Alice Torres

Early Head Start

Myra Watnick

Provider, Rehabilitation Associates

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 Chairs

- Danbury – **Trish Butler**
- Torrington – **Anne Giordano**
- Lower Fairfield – **Karen Feder**

Special THANKS to the many families, health care and early learning providers, community and State agencies who support our efforts, including:

- Child Development Infoline, United Way of CT, Kareena DuPlessis, Director
- Medical Advisor, Dr. Ann Milanese of Connecticut Children's Medical Center
- The CT Association for Infant Mental Health, Margaret C. Holmberg, President
- Connecticut Children's Medical Center Neonatal Intensive Care Unit, Dr. Victor Herson, Director
- The Connecticut Parent Advocacy Center, Nancy Prescott, Director
- The Connecticut Office of Early Childhood, Myra Jones-Taylor, Commissioner
- CT Department of Public Health, Jewel Mullens, Commissioner
 - Early Hearing Detection and Intervention, Amy Mirizzi and John Lamb
 - CT Immunization Registry and Tracking System, Nancy Sharova and Ramona Anderson
 - Healthy Homes Lead Prevention Initiative, Francesca Provenzano, Krista Veneziano & Jimmy Davila

And MANY more!

Town -By- Town Snapshot

Here are the numbers of referrals from each Connecticut town from July 1, 2013 through June 30, 2014 and the number of children in each town who were eligible at any point during the year. Provisional birth data from the CT Department of Public Health for calendar year 2013 are also provided as a context for consideration of the Birth to Three numbers.

NOTE: An infant can be referred within days of being born and can continue to be eligible until their third birthday – almost three full years. Since this table is only a one-year snapshot, many towns will have more children served than were referred because they were referred in a previous fiscal year. A child that was eligible in FY14 could have been born in 2014, 2013, 2012 or 2011.

Town	Referred	Served	2013 Births	Town	Referred	Served	2013
ANDOVER	<	11	17	COLEBROOK	<	<	6
ANSONIA	42	54	201	COLUMBIA	<	9	32
ASHFORD	8	15	45	CORNWALL	<	<	4
AVON	27	29	116	COVENTRY	22	33	95
BARKHAMSTED	<	<	19	CROMWELL	24	40	138
BEACON FALLS	6	7	48	DANBURY	261	321	1080
BERLIN	38	47	151	DARIEN	60	47	174
BETHANY	16	9	43	DEEP RIVER	8	7	27
BETHEL	40	54	139	DERBY	27	29	152
BETHLEHEM	<	<	27	DURHAM	12	14	58
BLOOMFIELD	31	36	143	EAST GRANBY	14	19	54
BOLTON	10	14	39	EAST HADDAM	13	15	68
BOZRAH	<	6	22	EAST HAMPTON	35	41	120
BRANFORD	42	46	247	EAST HARTFORD	175	226	659
BRIDGEPORT	485	554	2056	EAST HAVEN	69	71	255
BRIDGEWATER	0	<	3	EAST LYME	26	36	136
BRISTOL	185	201	628	EAST WINDSOR	26	33	114
BROOKFIELD	21	38	109	EASTFORD	<		18
BROOKLYN	17	18	60	EASTON	10	5	41
BURLINGTON	18	12	62	ELLINGTON	30	30	146
CANAAN	<		12	ENFIELD	112	112	321
CANTERBURY	9	11	41	ESSEX	<	9	29
CANTON	18	17	75	FAIRFIELD	120	104	491
CHAPLIN	<		18	FARMINGTON	46	36	162
CHESHIRE	41	50	183	FRANKLIN	<	<	12
CHESTER	<		27	GLASTONBURY	61	64	242
CLINTON	14	17	95	GOSHEN	<	<	15
COLCHESTER	43	44	115	GRANBY	17	25	58

Town	Referred	Served	2013 Births
GREENWICH	181	143	549
GRISWOLD	35	43	115
GROTON	132	151	583
GUILFORD	32	33	120
HADDAM	9	19	61
HAMDEN	126	127	577
HAMPTON	<	<	9
HARTFORD	523	645	1915
HARTLAND	<	<	11
HARWINTON	8	15	40
HEBRON	13	16	65
KENT	<		14
KILLINGLY	67	70	192
KILLINGWORTH	13	7	28
LEBANON	12	16	51
LEDYARD	29	32	152
LISBON	8	8	20
LITCHFIELD	14	15	50
LYME	<	7	11
MADISON	22	28	81
MANCHESTER	172	210	760
MANSFIELD	13	14	85
MARLBOROUGH	<	7	41
MERIDEN	189	229	761
MIDDLEBURY	12	10	52
MIDDLEFIELD	<	<	34
MIDDLETOWN	122	134	537
MILFORD	106	123	421
MONROE	42	41	152
MONTVILLE	38	45	146
MORRIS	<	6	14
NAUGATUCK	77	83	364
NEW BRITAIN	306	349	1032
NEW CANAAN	44	38	125
NEW FAIRFIELD	25	31	74
NEW HARTFORD	7	8	43
NEW HAVEN	424	433	1874
NEW LONDON	81	112	382

Town	Referred	Served	2013 Births
NEW MILFORD	60	73	249
NEWINGTON	41	59	242
NEWTOWN	45	45	164
NORFOLK	<	<	12
NORTH BRANFORD	18	17	85
NORTH CANAAN	<	<	9
NORTH HAVEN	39	36	174
NORTH STONINGTON	<	7	35
NORWALK	277	268	1119
NORWICH	137	145	488
OLD LYME	<	7	29
OLD SAYBROOK	7	18	47
ORANGE	9	7	100
OXFORD	24	20	86
PLAINFIELD	46	54	149
PLAINVILLE	40	57	164
PLYMOUTH	32	28	90
POMFRET	<	7	23
PORTLAND	14	26	63
PRESTON	8	9	33
PROSPECT	23	17	69
PUTNAM	32	40	115
REDDING	16	16	39
RIDGEFIELD	50	40	166
ROCKY HILL	27	41	180
ROXBURY	<	<	10
SALEM	<	<	25
SALISBURY	<	<	17
SCOTLAND	<	<	15
SEYMOUR	37	41	168
SHARON	<	<	12
SHELTON	68	69	342
SHERMAN	<	<	15
SIMSBURY	52	42	163
SOMERS	12	19	41
SOUTH WINDSOR	60	70	203
SOUTHBURY	29	28	100
SOUTHINGTON	76	93	331

Town	Referred	Served	2013 Births
SPRAGUE	10	14	35
STAFFORD	24	23	81
STAMFORD	365	402	1797
STERLING	14	16	26
STONINGTON	34	26	85
STRATFORD	99	118	524
SUFFIELD	21	23	98
THOMASTON	16	18	58
THOMPSON	22	28	57
TOLLAND	37	23	94
TORRINGTON	85	95	364
TRUMBULL	73	61	285
UNION	<	<	<
VERNON	69	89	329
VOLUNTOWN	6	8	17
WALLINGFORD	84	97	387
WARREN	0	<	5
WASHINGTON	<	<	19
WATERBURY	422	438	1594
WATERFORD	37	36	135
WATERTOWN	32	34	164
WEST HARTFORD	141	152	622
WEST HAVEN	151	172	635
WESTBROOK	<	12	33
WESTON	19	25	51
WESTPORT	53	48	161
WETHERSFIELD	55	52	249
WILLINGTON	10	12	35
WILTON	41	40	114
WINCHESTER	13	15	94
WINDHAM	93	116	284
WINDSOR	59	64	273
WINDSOR LOCKS	29	37	124
WOLCOTT	27	29	98
WOODBIDGE	17	16	55
WOODBURY	8	9	57
WOODSTOCK	9	6	58
TOTALS	8,720	9,686	35,463



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

The Connecticut Birth to Three System is a State of Connecticut program
The Honorable Dannel P. Malloy, Governor - Nancy Wyman, Lieutenant Governor
www.ct.gov

Administered by the Connecticut Department of Developmental Services

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