



Connecticut Birth to Three Annual Data Report SFY23 (July 1, 2022 – June 30, 2023)

Acknowledgments

The Birth to Three System would like to thank the following individuals for their contributions. Without their efforts, this guideline would not have been possible.

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Birth to Three System Supports

The following programs have been contracted providers of the Birth to Three system during State Fiscal Year 23 (SFY23). The number of children listed below are those with Individual Family Service Plans (IFSPs) during the 22/23 Fiscal Year and the number of towns served by each as of 6/30/23.

Program	Children	Number of Towns
Abilis	340	2
American School for the Deaf	88	<i>Statewide</i>
Beacon Services of CT	1548	82
Benchmark Infant and Toddler Services	1778	42
Building Bridges, LLC	822	23
Cheshire Public Schools - Darcey School	104	3
Children's Therapy Services	464	18
Creative Interventions	1083	62
CREC Birth to Three	337	11
CREC Soundbridge	27	<i>Statewide</i>
EASTCONN Birth to Three	340	21
Easterseal Birth to Three	122	5
EdAdvance Birth to Three	758	39
HARC - Steppingstones	517	16
Mentor South Bay	580	19
Project Interact, Inc.	188	9
Reachout, Inc.	267	3
Rehabilitation Associates of Connecticut, Inc.	2505	48
SARAH, Inc. - KIDSTEPS	1417	50
TheraCare	525	6

Connecticut’s Birth to Three system remains dedicated to the optimal development of infants and toddlers. Early identification and supporting families who have children with a diagnosis that has a high likelihood of developmental delay or children who have a significant developmental delay in one area or a moderate delay in two of the five areas of development is one of the most critical priorities. The chart below shows the percentage of children with IFSPs in Connecticut on 12/1/23 compared to the national average of all children ages 0-3.

<i>Year</i>	<i>Census 0-3</i>	<i>Eligible Children 0-3</i>	<i>Percent of Census</i>	<i>Trend</i>
12/1/2015	110,667	4726	4.30%	–
12/1/2016	110,100	4804	4.40%	↑
12/1/2017	108,539	4944	4.60%	↑
12/1/2018	107,782	5830	5.40%	↑
12/1/2019	107,782	5320	4.60%	↓
12/1/2020	106,513	5079	4.80%	↑
12/1/2021	103,827	6034	4.81%	↑
12/1/2022		5278		

Census Data for 2022 will be updated once available

Where is the support provided?

Each contracted provider who supports families throughout the State of Connecticut employs dedicated professionals who provide Early Intervention in the home or community setting where children without disabilities typically participate. In SFY23, 99% of children received services and support in their home or community setting. Natural environments, such as the home or community are where children learn, live, play, and participate in everyday activities. Research indicates that when children participate in naturally occurring learning opportunities, that are part of everyday routines, will increase the child and family outcomes. Evidence-based practices include providing supports and services by a primary provider based on the family's priority and child's needs, coaching the family to build their capacity to enhance their child's development and to provide those supports during activities and routines within the child's typical day in their natural environment.

Legislative Changes

Fiscal Enhancements

During the 2023 legislative session, the Birth to Three system was allocated an increase in state funding to continue a \$200 General Administrative Payment (GAP) Payment. This payment is a reimbursement to providers when a child is supported for less than 9 hours per month, as written on their Individualized Family Service Plan (IFSP), and one service is delivered in that month. This payment stabilizes providers in a fee-for-service payment structure.

Historically, this payment was \$100; during the pandemic, it increased to \$200. The \$200 payment has helped the system and providers continue to support families through high-quality, evidence-based practices.

Additionally, the system became increasingly equitable regarding fiscal enhancements, including reimbursement for Spanish interpretation. Reimbursement to programs for Spanish interpretation allows for equity in supporting families as programs can universally provide interpretation to families. Before this reimbursement was allocated in the state budget, the program was responsible for paying for Spanish interpretation, which placed a significant financial burden on the system's providers. The new reimbursement eliminates that burden.

Due to the current reimbursement rate, the system still experiences a significant financial burden. Currently, Public Consulting Group (PCG) is working to analyze the rate through a rate study and cost analysis. After this study, PCG will recommend a rate encompassing the cost of Early Intervention in the state. In the upcoming legislative session, the ICC will work to determine the next steps based on the recommendations.

Equity Impacts:

During 2022, the ICC convened an equity subgroup that made following recommendations: update the mission and vision, monitor data such as what is on the IFSP versus what is delivered, and translate documents into the top 10 languages for families to promote equity across systems. With this, the system has updated and translated forms and will continue to do so over the next fiscal year. The equity subgroup recommend an increase in awareness of the Birth to Three system, which includes informing pediatricians, increasing usage of SPARKLER, and promoting cross collaborations between child care centers and other community programs such as MEICH-V programs. The upcoming fiscal year will address these areas of opportunity.

During the last SFY, with these recommendations, a subgroup immediately began work to update the mission statement and created a vision statement. These statements were informed by families, providers, community partners,

and the Office of Early Childhood staff. The mission statement has been translated into the top 10 languages with availability to translate quickly if the need arises. The updated mission and vision statements are below.

<p>Birth to Three Mission: Through the partnership with families, Connecticut’s Birth to Three system is committed to supporting infants and toddlers with delays and disabilities to develop and grow through everyday routines. The system provides equitable access to all families and connections to resources within the community.</p> <p>Birth to Three Vision: Through equal opportunities and access to equitable services, families are empowered to further support their child’s developmental skills, health related needs, and advocate for their child and family.</p>	<p>Misión de Birth to Three: Mediante la asociación con las familias, el sistema de Birth to Three (Programa para el desarrollo de los niños desde el nacimiento hasta los tres años) de Connecticut se compromete a apoyar a los bebés y niños pequeños con retrasos y discapacidades para que se desarrollen y crezcan en las rutinas diarias. El sistema proporciona acceso equitativo a todas las familias y conexiones a los recursos de la comunidad.</p> <p>Visión de Birth to Three: Mediante la igualdad de oportunidades y el acceso a servicios equitativos, se empodera a las familias para que apoyen más las habilidades de desarrollo y las necesidades relacionadas con la salud de sus hijos, y para que defiendan a sus hijos y a su familia.</p>
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Birth to Three System Updates

Family Survey Updates

The Birth to Three system worked on another initiative this year to update the yearly family survey. Dr. Bonnie Keilty assisted the state with updating the survey and aligning questions with current practices, allowing the state to measure family outcomes more effectively. Additional questions were included to capture equity throughout the system. The last time this survey was updated was over 10 years ago. Over time, research and evidence-based practices change. The logic models and some of Connecticut’s initiatives have changed and this review and update aligned Connecticut questions with current practices and initiatives.

Further, with the updates, the Birth to Three staff sent the draft surveys to the OEC Parent Cabinet for feedback. The Parent Cabinet had valuable input on the questions and resulted in changes implemented in the family survey. Additionally, the survey was translated into the top 10 languages spoken in the Birth to Three system with a plan to translate the survey quickly for any family needing it. This will allow for further equity in family voices being heard as part

of the Birth to Three system, as historically, the survey had only been translated into English and Spanish. This last data collection collected data using four translated surveys.


The state is currently participating in a national technical assistance cohort offered to states making improvements on their family survey, focusing on equity. This cohort will enable the Connecticut system to evaluate the data from the family survey with an equity lens. The goal of the participation in the cohort is to evaluate the collection methodology and determine if the state should change the survey collection methods. Additionally, the state will be updating family survey handouts, data analysis, and videos as a result of the participation. The cohort comprises different states, technical assistance providers, and families. The Parent Cabinet has been engaged in this work and has been reviewing all updated family handouts for the family survey. Members of the Parent Cabinet joined OEC staff in an in-person meeting to discuss the work with the OEC and other states who are part of the cohort. The trip was invaluable and bridged the initiatives throughout the agency and allowed for stronger collaboration between the ICC and Parent Cabinet.

Quality Practices Self-Assessment (QPSA)

For the last four years, the Connecticut Birth to Three System has sent out a questionnaire to interventionists to rate their fidelity to practices involving families, natural learning environments, coaching as a style of interaction, teaming, and disposition knowledge and values. In the summer of 2022, 666 practitioners completed the self-assessment representing each discipline working in Connecticut's Birth to Three System. Results continue to indicate that those who have completed the training provided by Rush and Shelden and received coaching rated themselves across the practices at a much higher rate than those who did not go through the training.

Below are charts that outline the trainings staff who took the QPSA participated in.

Example of how to read this chart

 Interpretation using the number 4 located in the blue circle above – 4 individuals who self-identified on the QPSA as an SLP attended 7 different trainings.

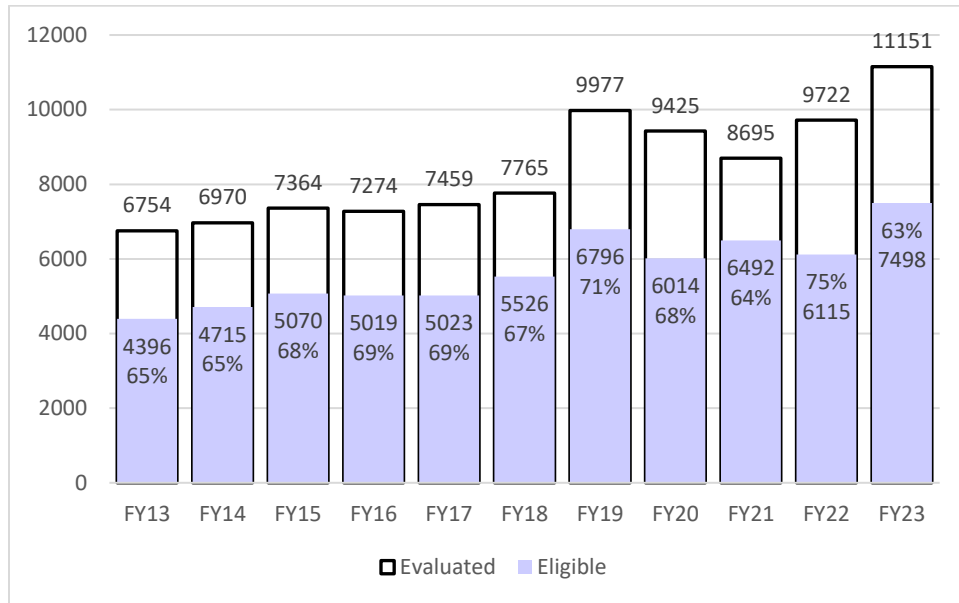
Number of Total Trainings Attended by Discipline		Count of Trainings Attended							
		1	2	3	4	5	6	7	8
Disciplines	Administration (no direct family contact)		1						
	Audiologist	2		1					
	BCABA				1				
	COTA			2	1		1		
	Developmental Therapy Assistant Para	11	14	14	11	6			
	Developmental Therapy Specialist	4	3	9	6	12	6	6	2
	LBA/BCBA	8	19	17	6	8	1	1	
	Nutritionist	2							
	OT	28	16	20	11	11	10	5	
	Other	5	2	2	2	2			
	Psychologist	1				1			
	PT	4	13	14	11	9	5	3	1
	PTA			1	1				
	SLP	20	35	36	25	31	7	4	
	Social Worker/Counselor	3	1	5	4	8	3		
Teacher/Developmental Therapist Professional	6	27	30	28	26	10	4		

Individual Trainings Attendance by Discipline		Initial 0-3 Certificate	Natural Learning Environment	Master Coach Training and TA	Rush and Shelden	TA to Rush and Shelden	Service Coord.	Reflect. Sup.	EISC/ UCONN
Disciplines	Administration (no direct family contact)	1	1						
	Audiologist	2	1		1		1		
	BCABA	1	1		1		1		
	COTA	4	4		2		4	1	1
	DTAP	39	43	3	17	9	36	2	1
	DTS	35	37	11	33	20	41	7	31
	LBA/BCBA	40	47	6	20	10	44	5	2
	Nutritionist								
	OT	67	72	13	42	26	72	7	8
	Other	8	9		4	2	9		1
	Psychologist	2	1		1		1		1
	PT	39	47	12	34	23	53	5	7
	PTA	2	2		1		2		
	SLP	118	113	10	82	49	129	10	8
	Social Worker/ Counselor	16	21	4	15	9	21	5	2
	Teacher/DTP	76	108	20	74	51	117	16	18
Totals	450	507	79	327	199	531	58	80	

Training Names Expanded: Online Modules - Initial 0-3 Certificate, Natural Learning Environment, Master Coach Training and TA, 6 Month Rush and Shelden - 2 Day Training, Follow-Up Technical Assistance to Rush and Shelden, Service Coordination In-Person Training, Reflective Supervision Training, Early Interventionist Specialist Course/UCONN

Birth to Three Eligibility

In SFY23, eligibility evaluations were completed for children, and the families of were determined eligible for Birth to Three support. Over the last 10 years, evaluation and eligible children have increased.



Diagnosed Conditions

The families of children were eligible for Birth to Three support based on a diagnosis. The five 10 diagnoses are:

14% Prematurity

13% Autism

12% Brain and spinal cord injuries and malformations

9% Deafness/Hard of Hearing

7% Speech Sound Disorders/Childhood Apraxia

Languages Spoken

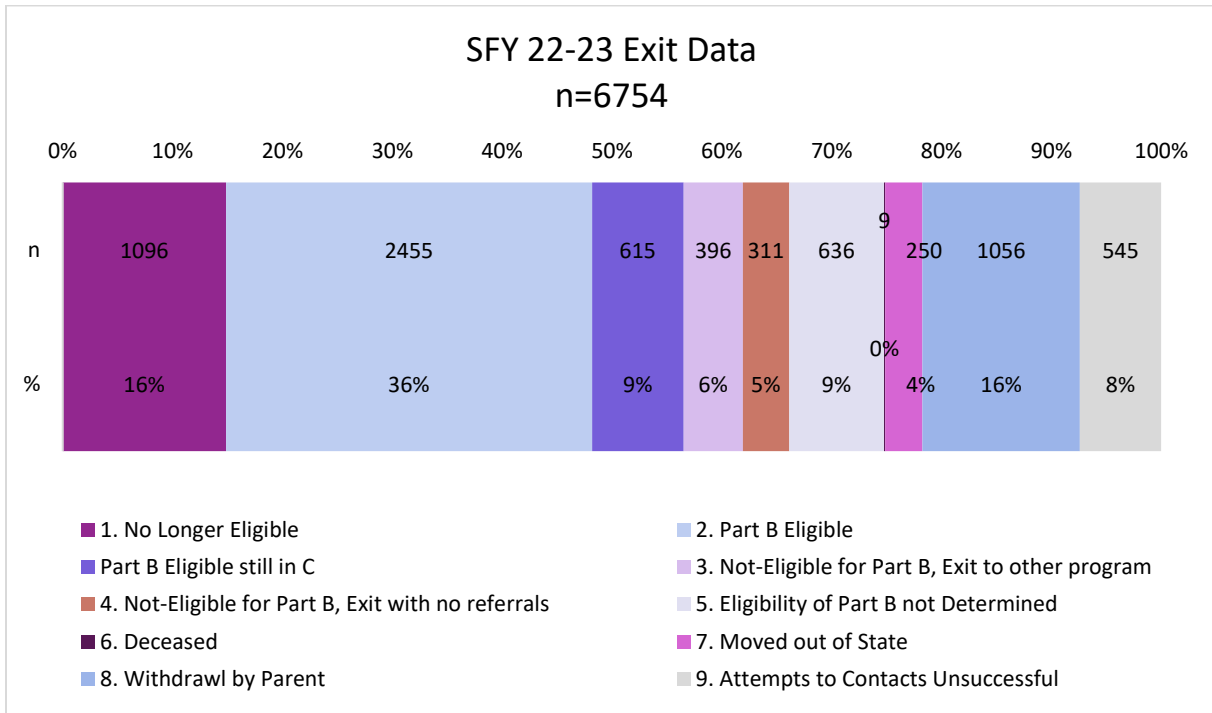
Connecticut remains committed to supporting families in their native language by using staff who speak the native language and interpreters. In SFY23, the system supported families who spoke 41 different languages. Below are the top 10 languages spoken in the household in SFY23.

Language in Home	Count of Children
English	9190
Spanish	1866
Portuguese	170
Creole	64
Arabic	46
Urdu	40
Albanian	31
Mandarin	31
Bengali	31
Hindi	24

Exit Data

During SFY23 6754 Children Exited Birth to Three

**ECSE – Early Childhood Special Education*



Birth Cohort Data

Birth cohort data looks at data for all children born during a given calendar year. It provides insight into how early intervention touches the lives of 13% of the families in Connecticut. This report reflects the 2019 birth cohort, or all children born between 1/1/19 and 12/31/19 who turned three in the calendar year 2022.

Child Development Infoline Contacts (10302 = 30% children born in 2019)

Part C Referrals (8974 = 87% of calls)

Evaluations (8356 = 93% of referrals)

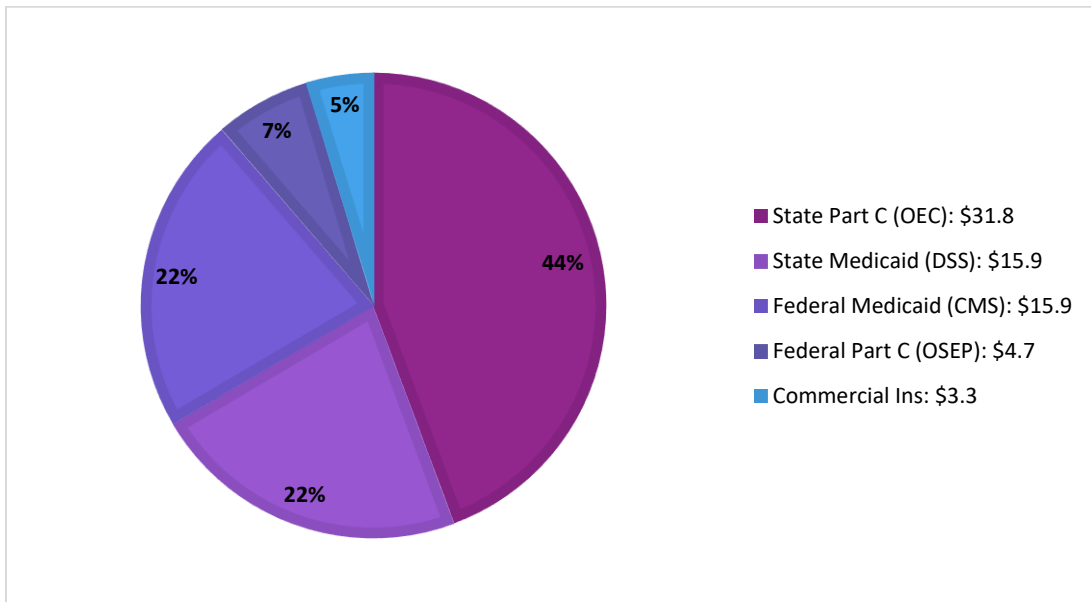
Eligible (6334 = 75% of evaluations)

Enrolled (6044 = 95% of determined eligible)

Early Childhood Special Education Eligible (2438)

Fiscal Data

FY23 Actuals 71.9



Town-by-Town Data

A town-by-town breakdown of children who received support throughout SFY23 can be found below. Suppressed data provided for towns with five or fewer children to protect confidentiality.

Town	Number of Providers	Referred	Evaluated	Eligible	Served
ANDOVER	2	7	7	7	9
ANSONIA	2	90	69	62	102
ASHFORD	2	8	<6	6	12
AVON	3	43	35	29	57
BARKHAMSTED	2	7	6	<6	6
BEACON FALLS	3	17	17	11	24
BERLIN	2	48	44	32	54
BETHANY	2	17	17	10	16
BETHEL	4	77	67	49	84
BETHLEHEM	1	<6	<6	<6	<6
BLOOMFIELD	3	53	46	41	81
BOLTON	2	21	18	15	17

Town	Number of Providers	Referred	Evaluated	Eligible	Served
BOZRAH	3	6	<6	<6	7
BRANFORD	3	53	44	29	55
BRIDGEPORT	4	710	583	553	833
BRIDGEWATER	2	<6	<6	<6	<6
BRISTOL	4	253	205	164	275
BROOKFIELD	3	43	33	32	48
BROOKLYN	2	24	22	22	33
BURLINGTON	3	29	26	19	30
CANAAN	1	6	<6	<6	<6
CANTERBURY	2	12	10	11	15
CANTON	1	25	19	12	25
CHAPLIN	2	6	6	<6	10
CHESHIRE	3	67	62	40	79
CHESTER	2	<6	<6	<6	8
CLINTON	2	44	38	20	39
COLCHESTER	3	50	43	25	53
COLEBROOK	1	<6	<6	<6	<6
COLUMBIA	2	10	7	13	17
CORNWALL	1	<6	<6	<6	<6
COVENTRY	3	35	31	30	46
CROMWELL	3	32	31	18	30
DANBURY	5	371	314	231	386
DARIEN	3	60	51	42	75
DEEP RIVER	2	6	<6	6	8
DERBY	2	46	40	34	55
DURHAM	2	20	18	14	23
EAST GRANBY	2	21	18	11	16
EAST HADDAM	3	22	17	12	21
EAST HAMPTON	3	20	16	16	38
EAST HARTFORD	5	197	165	149	273
EAST HAVEN	3	73	63	70	110
EAST LYME	5	34	25	24	49
EAST WINDSOR	4	27	26	19	34
EASTFORD	2	<6	<6	<6	6
EASTON	2	21	21	17	23
ELLINGTON	3	40	33	29	46
ENFIELD	6	129	106	88	148
ESSEX	2	6	6	8	10
FAIRFIELD	3	153	136	104	193
FARMINGTON	3	48	42	24	48

Town	Number of Providers	Referred	Evaluated	Eligible	Served
FRANKLIN	2	6	<6	<6	<6
GLASTONBURY	3	92	80	68	120
GOSHEN	1	<6	<6	<6	<6
GRANBY	3	24	20	14	21
GREENWICH	3	218	176	117	194
GRISWOLD	3	26	18	21	40
GROTON	3	136	120	66	144
GUILFORD	2	42	35	34	59
HADDAM	3	13	11	8	17
HAMDEN	5	175	147	135	218
HAMPTON	2	8	6	6	6
HARTFORD	7	676	535	424	723
HARTLAND	2	<6	<6	<6	<6
HARWINTON	3	21	19	16	22
HEBRON	2	14	11	13	24
KENT	1	<6	<6	<6	<6
KILLINGLY	3	59	51	32	56
KILLINGWORTH	2	13	12	14	20
LEBANON	2	26	21	13	25
LEDYARD	4	46	41	29	57
LISBON	3	11	10	6	15
LITCHFIELD	3	22	22	11	17
LYME	2	<6	<6	<6	<6
MADISON	2	41	38	37	51
MANCHESTER	5	233	198	164	258
MANSFIELD	2	21	16	16	30
MARLBOROUGH	2	21	15	17	29
MERIDEN	5	257	219	222	352
MIDDLEBURY	2	21	19	18	23
MIDDLEFIELD	3	<6	<6	<6	8
MIDDLETOWN	4	113	96	96	161
MILFORD	4	133	120	89	142
MONROE	3	63	61	44	73
MONTVILLE	4	49	43	38	61
MORRIS	1	<6	<6	<6	<6
NAUGATUCK	4	114	98	75	137
NEW BRITAIN	6	346	279	268	437
NEW CANAAN	2	52	46	27	50
NEW FAIRFIELD	2	37	35	36	56
NEW HARTFORD	3	13	12	7	15

Town	Number of Providers	Referred	Evaluated	Eligible	Served
NEW HAVEN	4	496	399	353	600
NEW LONDON	3	101	74	66	125
NEW MILFORD	2	63	54	44	74
NEWINGTON	4	83	70	53	100
NEWTOWN	3	69	61	53	96
NORFOLK	1	<6	<6	<6	<6
NORTH BRANFORD	2	33	27	25	43
	1	<6	<6	<6	<6
NORTH HAVEN	3	69	65	44	84
NORTH STONINGTON	3	11	11	6	13
NORWALK	3	372	312	236	396
NORWICH	3	147	125	101	169
OLD LYME	3	19	16	15	24
OLD SAYBROOK	3	22	21	15	16
ORANGE	2	33	29	25	37
OXFORD	2	35	31	27	44
PLAINFIELD	3	42	38	28	51
PLAINVILLE	3	38	35	30	52
PLYMOUTH	2	29	27	27	45
POMFRET	3	11	9	11	12
PORTLAND	3	13	12	18	37
PRESTON	2	<6	<6	<6	7
PROSPECT	3	32	23	10	23
PUTNAM	4	39	32	17	36
REDDING	2	23	20	9	14
RIDGEFIELD	3	82	69	46	76
ROCKY HILL	3	55	47	33	65
ROXBURY	1	<6	<6	<6	<6
SALEM	2	10	9	7	12
SALISBURY	1	6	<6	<6	<6
SCOTLAND	2	<6	<6	<6	<6
SEYMOUR	2	55	49	40	63
SHARON	1	<6	<6	<6	<6
SHELTON	4	139	119	110	161
SHERMAN	2	<6	<6	6	10
SIMSBURY	3	75	69	43	83
SOMERS	3	26	25	20	32
SOUTH WINDSOR	4	68	56	47	90

Town	Number of Providers	Referred	Evaluated	Eligible	Served
SOUTHBURY	2	39	34	19	38
SOUTHINGTON	3	137	123	90	135
SPRAGUE	2	10	7	6	13
STAFFORD	2	35	30	28	42
STAMFORD	4	490	416	368	574
STERLING	2	12	9	8	11
STONINGTON	2	29	27	11	21
STRATFORD	4	168	146	127	218
SUFFIELD	3	39	33	26	53
THOMASTON	2	31	27	14	25
THOMPSON	3	23	21	16	28
TOLLAND	3	42	37	27	47
TORRINGTON	3	125	101	80	133
TRUMBULL	3	121	103	77	137
UNION	2	<6	<6	<6	<6
VERNON	4	98	81	66	119
VOLUNTOWN	2	<6	<6	<6	9
WALLINGFORD	4	128	110	93	151
WARREN	1	<6	<6	<6	<6
WASHINGTON	2	<6	<6	<6	<6
WATERBURY	4	606	498	444	736
WATERFORD	2	38	34	28	50
WATERTOWN	3	64	57	55	77
WEST HARTFORD	6	171	150	99	197
WEST HAVEN	4	184	143	131	223
WESTBROOK	2	10	9	6	15
WESTON	3	32	30	37	47
WESTPORT	3	87	79	49	88
WETHERSFIELD	4	80	71	52	81
WILLINGTON	2	18	16	14	18
WILTON	2	54	48	36	57
WINCHESTER	1	27	25	24	33
WINDHAM	3	88	79	72	137
WINDSOR	4	70	58	50	101
WINDSOR LOCKS	3	28	26	22	34
WOLCOTT	2	36	33	32	48
WOODBIDGE	2	27	24	17	24
WOODBURY	2	31	27	15	28
WOODSTOCK	3	13	11	7	21

Note: Children can be referred to the Birth to Three system at birth and remain in the system until age three. Therefore, the number of eligible children and IFSP can be larger than children referred to Birth to Three in the fiscal year.

Note: Number of providers includes providers who are Comprehensive Providers, and Programs with Autism Designations. If a program is in one town supporting as a comprehensive program and a program with an autism designation they are counted once. The data above does not include the 3 Deaf and Hard of Hearing(D/HoH) programs as they are supporting all 169 towns in the State of Connecticut.

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2-1-1 (Voice/TTY)

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