

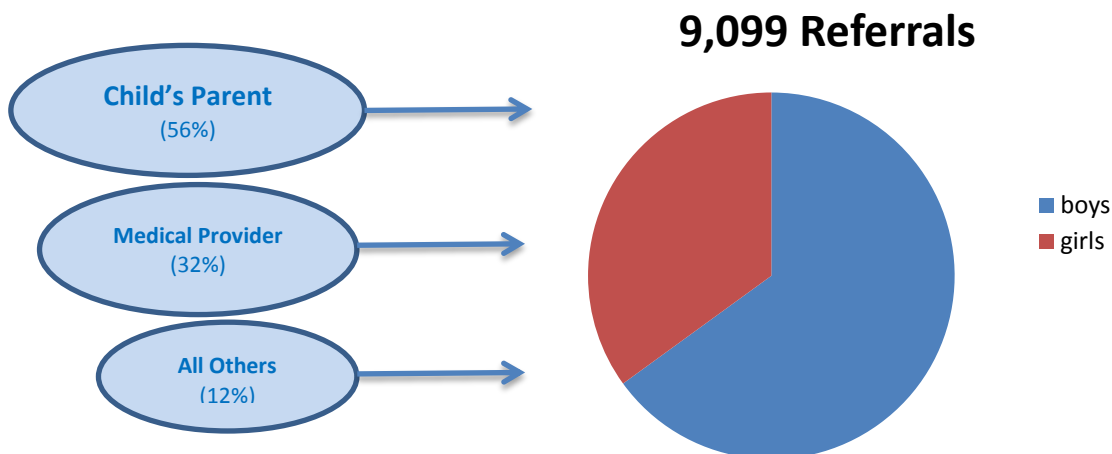


The Connecticut Birth to Three System has guided families to support their eligible child’s development and connect to their communities for more than 20 years, supporting [more than 155,000 families](#) since 1996.

Connecting Families to Supports

Families looking for help for their young children reach out every day to the Birth to Three intake office at the Child Development Infoline ([CDI](#)), a specialty unit within 2-1-1 Infoline at the United Way of Connecticut. Families can contact CDI via a toll-free line, or go to the [Birth to Three website](#) to access on-line referrals:

1-800-505-7000 toll-free, TDD, multilingual
www.birth23.org/referrals for on-line referrals and print & fax form



A total of 9,099 Birth to Three referrals were received in Fiscal Year 2016 (July 1, 2015 – June 30, 2016). Most children were referred by their own families (56%) or by their medical provider (32%). Families who did not already know about Birth to Three supports learned about them from a trusted health care provider (32%), relative, friend or co-worker, a social service, education, or child care provider. Sixty-five percent (N= 5,875) of children referred were boys. The median age at referral was 20 months.

Determining Eligibility

Two professionals visit the family’s home, the child’s early care setting or another place where the child spends time to interview the parent about their child’s needs and skills, and directly measure the child’s ability to complete activities in all areas of development:

- 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)

The comprehensive multidisciplinary [evaluation](#) of the child is completed and information about the child's daily routine, needs and abilities is compiled. When all of the developmental and health information has been considered, eligibility is determined.

Connecticut Birth to Three serves families whose children have severe disabilities or developmental delays. Of the 8,417 evaluations completed in FY16, 5,411 children (64%) were eligible due to a:

- significant developmental delay (N= 4,803, 89%), or
- diagnosed medical condition that will likely result in developmental delay (N= 608, 11%),

Parents are asked for permission to share information with their child's health care provider, which is essential for coordinating services and supports.

Eligible children who had [serious medical conditions](#) with a high likelihood of developmental delay (N=608) included:

- 151 children: premature birth (*less than 28 weeks completed gestation out of 40*) or extremely low birth weight (*less than 1000 grams, or 2.2 lbs.*)
- 127 children: autism spectrum disorders: (*known at the time of referral*)
- 70 children: deaf or hard of hearing
- 59 neurological conditions
- 54 children: brain/spinal anomalies or infections
- 45 children: Down syndrome
- 23 children: cleft palate
- 18 children: known chromosomal or metabolic disorders (*other than Down syndrome*)
- 5 children: blind or visually impaired
- *and 29 others*

Families from 164 Connecticut towns [accepted Birth to Three](#) supports in FY16; 449 families of eligible children did not accept Birth to Three supports. *see the end of this publication for town-specific data* Most families spoke English (76 %) or Spanish (17%). There were 36 additional household languages spoken by families of eligible children demonstrating effective outreach to our state's diverse communities.

Options When a Child is Not Eligible

Families of children with mild or moderate delays who were not eligible for Birth to Three or who left the Birth to Three System before their child turned three are often still rightfully concerned about their child's development. Families can enroll in the **Ages and Stages Questionnaires (ASQ)** to track their children's ongoing development and receive information about other [community resources](#) to fit their needs. If a family or medical provider still has concerns after three months or more, they may re-refer the child for an updated developmental evaluation.

Families Partnering with Professionals

Families count on Birth to Three to provide activity-based developmental learning where they live, learn and play during regular routines. Worries about exposing their babies to germs or bad weather, fighting traffic, and trying to teach new developmental skills in an unfamiliar clinic are resolved by bringing the

learning right into the family setting. To hear families' own descriptions, go to the Birth to Three website, select "Especially for Families", then "Parent Stories".

Family choice is important. Each family may choose their program from those that serve their [hometown](#). In FY16, Birth to Three administered 37 private [programs](#):

- 28 general programs that work with all children and families
- 3 programs for children who are deaf or hard of hearing: child must have a permanent hearing loss
- 6 autism-specific: child must have an autism spectrum disorder

These agencies employed approximately 1,200 practitioners who are licensed or certified in their respective disciplines and meet the personnel standards established by federal and state regulation.

Programs for Children who are Deaf/Hard of Hearing ***children served***

American School for the Deaf	93
CREC Soundbridge	76
NE Center for Hearing Rehabilitation	31

Autism-specific Programs ***children served***

ABC Intervention Program	248
Beacon Services of CT	183
Creative Interventions	222
Education Connection Autism Program	70
Little Learners	32
South Bay Early Childhood	163

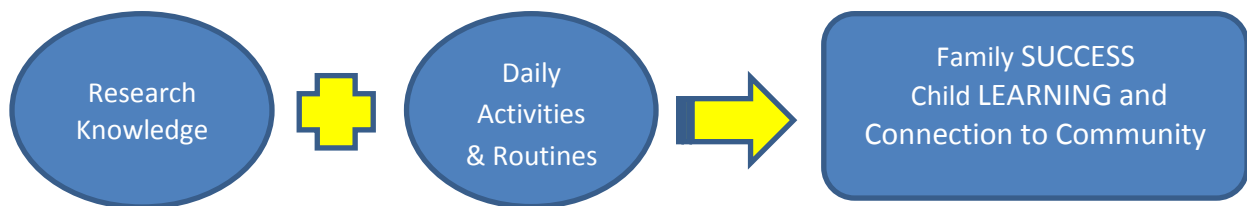
General Programs ***children served***

Abilis	261
Benchmark (AWS)	156
Building Bridges, LLC	339
CES - Beginnings	17
Cheshire Public Schools - Darcy School	95
Children's Therapy Services	244
Cornell Scott Hill Health Center	156
CREC Birth to Three	483
East Hartford Birth To Three	115
EASTCONN Birth To Three	123
Easter Seal Birth to Three	300
HARC - Steppingstones	473
Jane Bisantz & Associates, LLC	389
Kennedy Center, Inc.	99
Kennedy-Donovan Center	104

Key Human Services, Inc.	143
LEARN: Partners for Birth to Three	226
McLaughlin & Associates, LLC	354
Oak Hill Birth to Three Program	73
Project Interact, Inc.	259
Reachout, Inc.	481
Rehabilitation Associates of Connecticut, Inc.	1208
S.E.E.D.	457
SARAH, Inc. - KIDSTEPS	636
St. Vincent's Special Needs Services	84
STAR Rubino Center	110
TheraCare	1127
Wheeler Clinic Birth to Three	209

Planning for Supports

Focusing on supporting the family to increase their child’s success during everyday activities offers the best developmental and behavioral outcomes. Combining research knowledge on best practices with daily life realities, the parents and Birth to Three team decide together which services are likely to support their goals, which types of professionals will be involved, and how often the family will work with each person on their team. The Individualized Family Service Plan ([IFSP](#)) lists the services that will be used to meet their child’s and family’s unique needs and support achieving their priorities for their child.



Every family has a primary service provider as the main liaison and who provides service coordination.

The primary service provider and the family have a full team that supports them through joint home visits and regular team meetings. This “[primary provider approach](#)” has been shown to increase families’ rating of supports as being truly helpful and reports of improved family well-being when compared with frequent, multiple provider home visits. To see what an [early intervention visit](#) looks like, go to the Birth to Three website at www.birth23.org and select “View CT Birth to Three Videos” in the upper left corner.

Parent Cost Participation

The evaluation to determine eligibility is provided at no cost. If the family enrolls their child, then parents are asked for consent to bill their private insurance or Medicaid for Birth to Three services.

Parents who earn more than \$45,000 annual adjusted gross and who receive direct services, such as physical therapy, also pay a monthly fee on a sliding scale. Fees are based on family size and income, and can be adjusted if there are documented extraordinary expenses, or when there is a change in income or family size. If a parent does not want us to bill their insurance and they pay a fee, in addition to the parent fee they will have a monthly co-pay based on their annual income.

In FY16, there were 537 families who enrolled in Birth to Three but chose to receive only those supports that are available at no cost for at least one month during the year. These supports include evaluation and assessment, IFSP development, service coordination, transition supports and procedural safeguards.

Most families worked with their Birth to Three providers during weekly home visits for an average of 4 hours per month. Some families received intensive services, which means more than 13 hours of service per month. During FY16, 1,228 children had IFSPs with intensive services. Most of these children (81%) had an autism spectrum disorder, a diagnosis for which more frequent intervention sessions have been shown to produce better developmental gains. These children received an average of 44 hours per month.

The following are many of the Birth to Three professionals who supported families of eligible children during FY16:

- Speech/Language Pathologist
- Special Educator
- Occupational Therapist
- Physical Therapist
- Early Intervention Associate or Assistant
- Board Certified Behavior Analyst or Associate Analyst
- Early Intervention Specialist
- Social Worker or Intern
- Audiologist
- Psychologist
- Occupational Therapy Assistant (COTA)
- Speech/Language Clinical Fellow
- Nutritionist/Dietician
- Nurse
- Family Therapist/ Professional Counselor
- Physical Therapy Assistant
- Orientation & Mobility Specialist

Families and providers can use assistive technology to increase, maintain, or improve their child's ability to function in daily life. Examples include hearing aids, orthotic supports and communication devices. During FY16, IFSPs for 366 children listed an assistive technology service and 425 listed an assistive technology device.

Birth to Three Personnel

Meeting families' needs requires that Birth to Three professionals continually hone their skills and use 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.

Nine program teams of almost 700 staff completed the Natural Learning Environment Practices training to increase the family's confidence and competence in achieving their desired outcomes.

Sixty-six professionals successfully completed an intensive course on Birth to Three Service Coordination which included a review of federal and state early intervention laws and regulations, policies and procedures necessary to provide effective service coordination to families, build healthy relationships,

value and respect each family's unique culture and lifestyle and adapt professional knowledge and techniques for use by parents and other caregivers.

Providers support for families and children who have experienced traumatic life events was addressed in the 2nd annual Learning Community on:

- Poverty and severe socio-economic stress
- Domestic abuse
- Substance abuse
- Mental health challenges
- Parents with intellectual disabilities
- Children who are medically fragile or chronically or terminally ill

Boosting awareness, identification, understanding and knowledge of resources helps facilitate protective factors for children and families, which can lead to better socio-emotional outcomes. This is intended to reduce the number of vulnerable children entering school with an accumulation of difficulties and behavioral problems.

Meet Noreida and Amariah

(based on an interview)



“I was really worried and told her doctor, *‘Something’s not right...’*, but then I was scared when they told me she was [lead poisoned](#)”, said Noreida. “This explained why my daughter had no energy. She was irritable and really sleepy all the time. The [clinic referred me](#) to Birth to Three right away and they have really helped us.

We are very close to our family, and we talk on the phone every day. Sometimes we put the phone on speaker during our Birth to Three visits so her godmother and auntie can hear what we are doing and ask questions. Her older brothers are in school, but they are protective of her and want to know how things are going. Amariah tells everyone about her teacher, “Miss B”. We all see her expanding.

She knows so much more in just two short months.

Her teacher, Barbara, asks, “How was last week?” and gives me pointers on how I can help Amariah that I use after she’s gone. My daughter looks forward to her teacher’s visits because I think she knows she’s going to learn. We are getting ready for preschool, since she’ll turn three in a month, and I know she’ll miss her teacher. We are working on managing Amariah’s temper tantrums, having her ask for things, to hold my hand when crossing the street and learn how to take turns – things she’ll need to be successful. I would advise anybody to use Birth to Three. If you put the work into it, it really helps!

Making a Positive Difference

Birth to Three early intervention supports provide infants and toddlers with an opportunity to reach their best potential. Children who exited in FY16 and had received at least six months of services improved across all three outcomes that were measured:

- Positive social relationships
- Acquisition of knowledge and skills
- Take appropriate actions to meet their needs

Each year, parents are surveyed to learn how working with Birth to Three has affected their family. In FY16, 2,159 families were asked about their experiences and 1519 replied (70%). A majority of 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:

- Communicate their child’s needs
- Help their child develop and learn
- Know their rights

For the 10th year in a row, Connecticut was reviewed by the federal Office of Special Education Programs and designated as “meeting requirements” – the [highest rating](#) possible.

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 the services and supports. The average length of enrollment between a child’s initial IFSP and exit was slightly less than one year (11.67 months). 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 goals and needs. Families left Birth to Three in FY16 because:

<u>Reason</u>	<u># of children</u>	<u>% of all exits (5302)</u>
Child turned three years old	3298	62%
Parent withdrew their child	956	18%
Attempts to contact were unsuccessful	472	9%
No further services needed by child	346	7%
Moved out of state	222	4%
Deceased	8	<1%

Of the 3,298 children who left at age three and were referred to their local school district:

Reason	# of children	% of exits at age 3
Eligible for preschool special education	2355	71%
Eligibility for public school special education not determined	350	11%
Not eligible for special education but referred to another program	398	12%
Not eligible for special education and not referred to another program because the family did not report any ongoing needs	195	6%

Early Intervention Funding Sources

The Birth to Three expenditures for Fiscal Year 2016 totaled \$55,550,467 from all sources, including state funds, federal funds, parent payments, commercial health insurance reimbursements and Medicaid reimbursements. Birth to Three is the payer of last resort and successfully maximized other revenue. This included billing Medicaid, which resulted in **\$12 million in federal revenue**.

FY 2016 Revenue- All Funding Sources	
State Funds ¹	\$46,332,575
Total Federal IDEA ² funds	\$4,547,439
Commercial Insurance Receipts	\$3,429,431
Parent Fees	\$1,241,022
Total System Expenditures	\$55,550,467

¹\$14.5 million transferred from CT Department of Social Services pending changes related to Medicaid billing

²\$1 million transferred from CT Department of Education, IDEA Part B Child Find funds

Administrative Expenditures	
Salaries & Fringe Benefits	\$2,278,562
Other Expenses	\$26,457
State & Local Interagency Coordinating Councils	\$11,406
Public Awareness & Child Find	\$259,204
Personnel Development	\$79,576
Supervision and Monitoring	\$270
Procedural Safeguards	\$708
Family Support	\$73,679
Medical Advisor	\$18,000
Data Systems	\$3,771
Total System Components	\$2,751,633

Services	
Direct Services	\$42,281,152
Assistive Technology and Devices	\$386,353
Supplemental Payments for Intensive Services	\$10,131,329
TOTAL SERVICE PAYMENTS	\$52,798,834

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

	Gross	Net (after insurance reimbursements)
General program	\$9,381	\$8,922
Deaf/hard of hearing specialty	\$11,423	\$11,132
Autism specialty program	\$28,247	\$24,575

Children and families served by hearing specialty programs (200 children in FY16) are often fitted with hearing aids to enhance the child's available hearing for communication and social-emotional development, which leads to higher costs per child. Families with children who have autism (1,130 children in FY16) often have IFSPs that include intensive services averaging 44 hours per month, which contributes to the higher costs per child in those programs.

Town-By-Town Snapshot of births, referrals and children served

Here are the numbers of referrals from each Connecticut town from July 1, 2015 through June 30, 2016 and the number of children in each town who were served at any point during the year. Provisional birth data from the Connecticut Department of Public Health for calendar year 2015 are also provided as a context.

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 in FY16 because children were referred during a previous fiscal year. Data are not provided for any town with five or fewer children referred or served to protect confidentiality.

Town Name	Children Referred	Children Served	Children Born in 2015 (DPH data)
ANDOVER	≤5	≤5	22
ANSONIA	53	73	209
ASHFORD	11	20	39
AVON	31	34	141
BARKHAMSTED	≤5	7	30
BEACON FALLS	11	12	41
BERLIN	35	47	125
BETHANY	8	7	42
BETHEL	36	46	172
BETHLEHEM	≤5	6	23
BLOOMFIELD	26	27	153
BOLTON	≤5	≤5	37
BOZRAH	≤5	6	21
BRANFORD	34	47	219
BRIDGEPORT	489	584	2040
BRIDGEWATER	≤5	≤5	≤5
BRISTOL	186	227	640
BROOKFIELD	33	44	136

BROOKLYN	21	30	47
BURLINGTON	18	18	67
CANAAN	≤5	9	≤5
CANTERBURY	14	10	34
CANTON	15	15	53
CHAPLIN	≤5	≤5	7
CHESHIRE	41	58	167
CHESTER	≤5	≤5	23
CLINTON	23	30	94
COLCHESTER	24	35	130
COLEBROOK	≤5	10	7
COLUMBIA	14	45	38
CORNWALL	≤5	≤5	≤5
COVENTRY	25	45	123
CROMWELL	31	37	136
DANBURY	293	357	1032
DARIEN	55	39	181
DEEP RIVER	≤5	8	31
DERBY	27	34	129
DURHAM	11	10	44
EAST GRANBY	14	18	40
EAST HADDAM	13	13	80
EAST HAMPTON	21	26	99
EAST HARTFORD	177	264	630
EAST HAVEN	79	77	282
EAST LYME	31	33	112
EAST WINDSOR	27	40	105
EASTFORD	≤5	≤5	13
EASTON	19	13	45
ELLINGTON	27	36	129
ENFIELD	113	140	313
ESSEX	3	≤5	36
FAIRFIELD	128	122	489
FARMINGTON	49	56	204
FRANKLIN	≤5	≤5	13
GLASTONBURY	53	65	243
GOSHEN	≤5	≤5	15
GRANBY	17	24	73
GREENWICH	145	126	502
GRISWOLD	40	48	100
GROTON	116	125	526
GUILFORD	39	41	124
HADDAM	12	20	66
HAMDEN	124	125	558

HAMPTON	≤5	≤5	14
HARTFORD	603	660	1830
HARTLAND	8	≤5	8
HARWINTON	≤5	5	36
HEBRON	12	14	54
KENT	≤5	≤5	13
KILLINGLY	47	72	150
KILLINGWORTH	≤5	12	52
LEBANON	9	15	50
LEDYARD	42	42	150
LISBON	6	9	30
LITCHFIELD	11	12	52
LYME	≤5	≤5	17
MADISON	20	24	92
MANCHESTER	206	230	774
MANSFIELD	20	23	78
MARLBOROUGH	13	20	42
MERIDEN	238	266	725
MIDDLEBURY	12	9	50
MIDDLEFIELD	7	8	31
MIDDLETOWN	133	122	492
MILFORD	75	93	421
MONROE	35	30	140
MONTVILLE	31	127	184
MORRIS	≤5	≤5	10
NAUGATUCK	97	105	335
NEW BRITAIN	342	385	1039
NEW CANAAN	47	41	124
NEW FAIRFIELD	38	37	80
NEW HARTFORD	12	12	37
NEW HAVEN	456	498	1732
NEW LONDON	81	103	334
NEW MILFORD	50	73	242
NEWINGTON	74	69	263
NEWTOWN	51	56	198
NORFOLK	≤5	≤5	9
NORTH BRANFORD	16	17	104
NORTH CANAAN	≤5	≤5	28
NORTH HAVEN	40	44	189
NORTH STONINGTON	6	8	24
NORWALK	275	273	1129
NORWICH	116	163	501
OLD LYME	≤5	≤5	35
OLD SAYBROOK	19	11	28

ORANGE	24	14	98
OXFORD	15	27	97
PLAINFIELD	43	49	139
PLAINVILLE	43	43	156
PLYMOUTH	35	29	102
POMFRET	10	11	16
PORTLAND	16	21	74
PRESTON	7	≤5	31
PROSPECT	20	18	65
PUTNAM	28	38	97
REDDING	20	22	55
RIDGEFIELD	53	54	139
ROCKY HILL	45	45	196
ROXBURY	≤5	≤5	11
SALEM	12	8	33
SALISBURY	≤5	≤5	21
SCOTLAND	≤5	≤5	10
SEYMOUR	36	37	180
SHARON	≤5	≤5	6
SHELTON	75	76	313
SHERMAN	≤5	≤5	20
SIMSBURY	37	59	193
SOMERS	17	20	40
SOUTH WINDSOR	41	53	200
SOUTHBURY	10	21	90
SOUTHINGTON	28	103	382
SPRAGUE	10	8	38
STAFFORD	28	26	103
STAMFORD	385	426	1810
STERLING	9	11	25
STONINGTON	25	22	71
STRATFORD	117	116	494
SUFFIELD	26	38	71
THOMASTON	14	19	60
THOMPSON	22	28	51
TOLLAND	20	33	103
TORRINGTON	102	123	364
TRUMBULL	81	86	320
UNION	≤5	≤5	≤5
VERNON	57	83	324
VOLUNTOWN	6	7	20
WALLINGFORD	92	107	390
WARREN	≤5	≤5	≤5
WASHINGTON	≤5	≤5	23

WATERBURY	445	499	1606
WATERFORD	36	36	132
WATERTOWN	37	40	170
WEST HARTFORD	132	136	566
WEST HAVEN	152	187	620
WESTBROOK	≤5	6	39
WESTON	17	20	55
WESTPORT	71	57	148
WETHERSFIELD	51	54	227
WILLINGTON	6	9	28
WILTON	42	36	131
WINCHESTER	19	19	83
WINDHAM	95	104	265
WINDSOR	58	75	239
WINDSOR LOCKS	26	28	92
WOLCOTT	36	23	107
WOODBIDGE	18	17	61
WOODBURY	12	11	66
WOODSTOCK	10	16	45
TOTALS	9,099	10,288	34,915

The Connecticut Birth to Three System is a program of the State of Connecticut

- *The Honorable Dannel P. Malloy, Governor*
- *Nancy Wyman, Lieutenant Governor*

Administered by the Connecticut Office of Early Childhood ([OEC](#))

- *Myra Jones-Taylor, PhD, Commissioner, FY16*
- *Linda Goodman, Deputy Director*



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This report and earlier [data reports](#) may be accessed via the CT Birth to Three System website under “About Birth to Three”, and selecting “Annual Data Reports”

