

A Helping Hand ... A Bright Future. 2004

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Reaching out to Connecticut families since 1993. Connecticut Birth to Three System



The Connecticut Birth to Three System works to support families whose babies or toddlers need help with their development. This booklet shows how we work to reach goals for children and families, and reports on our fiscal year 2004 (FYO4) activities.

Geovanni and his family share some of
their Birth to Three experiences in the
photos throughout this booklet. He was born
prematurely, and weighed only 1 lb. 6 oz. Doctors
soon realized that Geovanni was only able to see light,
and made a diagnosis of Retinopathy of Prematurity.

Geovanni and his family have been working collaboratively

with Birth to Three and the results have been great. He now explores a world that used to overwhelm him. He loves to explore playgrounds and ride his tricycle in the park. He is more curious, confident and capable. And that is exactly what his parents had hoped for and dreamed about. Though the world he lives in holds many challenges, the encouragement and guidance Geovanni receives throughout his daily experiences are extremely important to his development. With a helping hand from his parents, grandparents, aunts and uncles, cousins and

Geovanni's team includes his parents, an early childhood special education teacher, a teacher of the visually impaired, and an occupational therapist. His parents help determine who gets involved and to what extent. Geovanni transitioned on his third birthday to a preschool special education program with appropriate supports. Geovanni and his family plan to enjoy lots of wonderful opportunities, and look forward to a bright future.

Birth to Three, Geovanni can reach his potential and he is off to a good start!

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

A BRIGHT FUTURE

How We Fulfill Our Mission





- WE RECEIVE REFERRALS by phone, fax, and e-mail to connect families with our supports through the Child Development Infoline (1-800-505-7000 or www.birth23.org). Each referral is forwarded to an approved program.
- THE PROGRAM THAT RECEIVES THE REFERRAL meets with the child and family to evaluate the child's developmental strengths and needs. Results are shared with the family in their native language and in writing.
- WHEN A CHILD IS NOT ELIGIBLE, the family is offered information about other community resources including a tool to monitor changes in their child's development.
- WHEN A CHILD IS ELIGIBLE, the family works with their service coordinator and their Birth to Three Team to develop a plan of services and supports to help reach their goals. The child's doctor is an important team member.
- FAMILY MEMBERS LEARN NEW WAYS to teach their child during regular activities throughout the day. Services and supports change as the family members' goals for themselves and their child change.
- CHILDREN LEAVE THE BIRTH TO THREE SYSTEM EVERY DAY, moving into special education programs operated by their school districts or other community programs when they reach the age of three or no longer need early intervention services.

A Time of Change

n the spring 2003, the state faced a looming fiscal crisis. State revenues were down and the cost of state services continued to rise. The Birth to Three System's years of serving increased numbers of children and families placed a heavy demand on state funding.

As a result, a proposal was made to curtail the growth of the System by changing state law to eliminate the entitlement to early intervention services. This would have required the state to withdraw from the Federal Part C of the Individuals with Disabilities Education Act which provides some federal funding but requires participating states to ensure that all eligible children receive services. There was strong sentiment among Connecticut citizens to maintain the entitlement and participation in Part C as evidenced by the compelling public testimony from Connecticut's State Interagency Coordinating Council, Parent Leadership Coordinators, Local Interagency Coordinating Councils, families, legislators, and the Connecticut Chapter of the American Academy of Pediatrics.

With assurances that the System would contain costs and presentation of strategies to meet this objective, the decision was made for Connecticut to continue providing supports under Part C of the Individuals with Disabilities Education Act. Among the adjustments made to the System were:

- Revised eligibility
- Revised payment structure for provider programs
- Revised insurance billing practices
- More sharing of costs by parents

Other significant changes also occurred in FY04. The Connecticut Early Retirement Incentive Program significantly reduced the number of staff in the three state-operated early intervention programs. Retirement of management and supervisory personnel required the Department of Mental Retardation that administers the Connecticut Birth to Three System to consolidate its operational structure from five regions to three. This reduced the number of administrative offices and personnel available to oversee services.

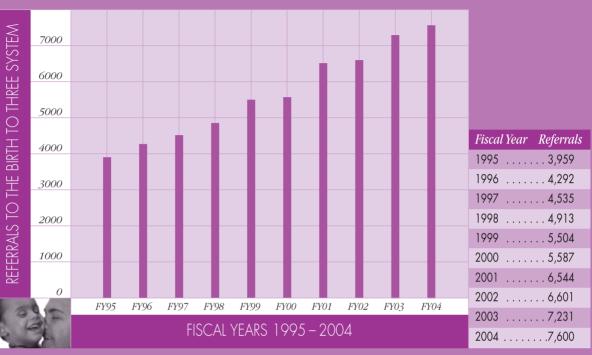
Taken together, these changes created challenges for families, providers, programs, and the System itself that are yet to be fully resolved.

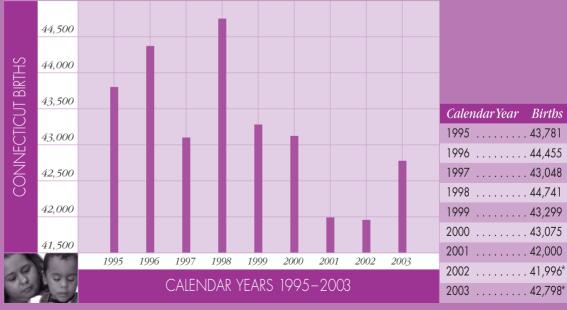
Making the Connections: Referrals

How many children are referred each year?

A total of 7,600 children were referred to the Birth to Three System in Fiscal Year 2004 (July 1, 2003 – June 30, 2004), an increase of almost 5% over the previous year

New referrals have increased each year for the past nine years while births have typically declined since 1998.





Making the Connections: Referrals, Continued

Where were they from?

New referrals were received from 168 cities and towns across Connecticut. One third of those newly referred children were from:

City Number of Children
Hartford
Bridgeport
New Haven 294
Stamford
Waterbury 249
New Britain
Danbury 210
Norwalk 200
West Hartford 148
Meriden 146
Bristol

See the final pages of this book for a complete town-by-town chart of numbers of children referred and served.

Who connected families with Birth to Three?

Most families referred themselves (66%) or were referred by a health care provider (27%).

Referral Sources	Percentage
Families, Foster Families, Relatives or Friends	66.0%
Health Care Providers and Hospitals	27.3%
State Agencies	3.6%
Child Care Agencies	1.1%
Social Service Agencies	0.8%
All Others	<1%

How did families or other referral sources who didn't already know about the Birth to Three System find out about Birth to Three?

Referral Sources	Percentage
From Their Primary Health Care Provider	69.2%
From a Relative, Friend, or Co-Worker	8.6%
From Another Heath Care Provider	6.1%
Social Service Organization or State Agency	4.7%
From Their Child Care Provider	4.5%
From an Early Intervention Provider	3.1%
From Their School District	2.0%
As a Result of the Ages & Stages Questionnaire or Calling 2-1-	1 1.8%
All Others	< 1%

and toddlers referred?

Age at Referral	Percentage
Birth – 11 Months	21.5%
12 – 23 Months	35.8%
24 – 36 Months	42.7%
Average Age At Referral: 20.0 Months	

Boys & Girls	Percentage
Boys	66%
Girls	34%

Household Languages	Percentage
English	69.4%
Spanish	8.1%
Portuguese	0.4%
Plus 45 other languages	

Race / Ethnicity	Percentage
White	60.9%
Hispanic	17.1%
Black	10.6%
Other	8.1%
Asian	2.9%
Native American	0.3%

What were the reasons that

People who referred children to the Birth to Three System expressed concerns about a variety of developmental issues. For the 7,600 children referred in FYO4, these were the concerns expressed:

Communication	70.7
Motor (fine & gross)	26.5
Adaptive	12.8
Health	5.1
Social/emotional	6
Vision	1
Hearing	.7
Cognitive	

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

CT Births 2000-2002

Race / Ethnicity	Percentage
White	66.5%
Hispanic	16.0%
Black	11.6%
Asian	4.2%
Other	1.3%
Native American	0.4%

Monitoring Children's Development

As mentioned earlier, eligibility was modified effective July 1, 2003 in order to contain enrollment growth and thereby the cost of services. Follow Along Visits were offered to directly monitor the development of three groups of children found not eligible, who would have been eligible previously:

- ◆ infants whose birthweight was between 750g-999g
- children with a significant delay in speech only and who were reported as having a biological risk factor for speech development
- infants and toddlers with a confirmed diagnosis that has some likelihood of later developmental delay who already exhibited a mild delay in at least one area of development.

One hundred and four children qualified for Follow Along Visits in FYO4, and 17 later became eligible for Birth to Three during the fiscal year. Quarterly visits to these children's homes provided ongoing developmental monitoring by an early intervention professional, and offered information to their families on how to stimulate their children's development and make connections with community resources and activities.

Additionally, all parents of children who were found not eligible for Birth to Three services or whose children left the Birth to Three System before age three were offered referral to Help Me Grow, a state-operated service for children at risk for delay. Information and support was given to connect families with community resources. Help Me Grow also offered families a program for tracking their children's ongoing development. An Ages and Stages Questionnaire (ASQ) was mailed to the family every few months so they could report about their child's development. If scores showed that the child's development was increasingly delayed, the family was offered another Birth to Three evaluation. If the child's development appeared to be on track, the family was sent a developmental status report with suggested activities to continue to help their child learn new skills. This past fiscal year, 703 new families whose children were evaluated and found not eligible chose to enroll their children in the ASQ monitoring process.

How We Make a Difference: Service Delivery

How many children received services over the course of the year?

During fiscal year 2004 (July 1, 2003 – June 30, 2004), 36 approved programs employing approximately 850 service providers worked with 9,463 eligible children and their families

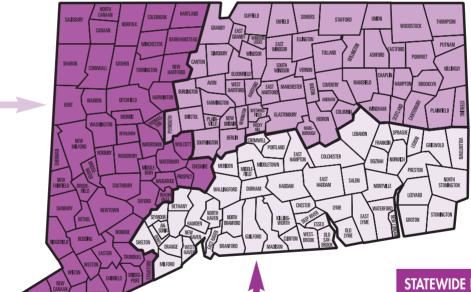
NORTH - 3,199

- CT Children's Medical Center
- Capitol Region Education Council
- Early Connections North
- East Hartford Public Schools
- Easter Seals of CT/RI
- HARC Steppingstones
- Jane Bisantz & Associates

- Key Service Systems
- KIÓSTEPS-SAŔAH
- Klingberg Family Center
- May Center
- McLaughlin & Associates
- Proiect Interact

WEST - 3,626

- Ahlbin Centers for Rehabilitation Medicine
- ARI of CT
- ARC Greenwich
- Cheshire Public Schools
- Child & Family Network
- Children's Therapy Services
- Cooperative Educational Services - Beginnings
- Danbury Public Schools
- Early Connections West
- Easter Seals of CT/RI
- Easter Seals Rehabilitation of Waterbury
- Education Connection
- Family Junction
- Kennedy Center
- Project Interact
- Rehabilitation Associates
- Rehabilitation Center of Southwestern CT
- St. Vincent's Special Needs Services
- STAR/Rubino Center
- Therapy Solutions Center



SOUTH - 2,638

- Early Connections South
- Easter Seals of CT/RI
- Family Junction
- Hill Health Center
- KIDSTEPS-SARAH
- IFARN
- REACHOUT
- Rehabilitation Associates

STATEWIDE PROGRAMS(numbers included in regional totals)

- Board of Education and Services for the Blind
- American School for the Deaf
- CREC Soundbridge
- Northeast Center for Hearing Rehabilitation

How We Make a Difference: Service Delivery, Continued

Why were children eligible?

Of the 4,628 Connecticut children who were found eligible for Birth to Three services in FY04:

93.6% of children had developmental delays

- ▼ 70% tested 2 standard deviations below average in at least one area of development
- 22% tested 1.5 standard deviations below average in two or more areas of development
- 2% could not be tested, but had a significant developmental delay according to informed clinical opinion



6.4% of children had diagnosed conditions likely to result in developmental delay such as:

▶ Down syndrome
♥ Extremely low birth weight 50
▶ Brain deformities and anomalies 25
♥ Cleft Palate
♥ Seizures or stroke

25 infants younger than three months were referred as a direct result of universal newborn hearing screening.

Who were the children being served?

In addition to newly enrolled children, another 4,835 children who had been referred in previous years continued to receive services.

DOYS 07 /6
Girls
Race/Ethnicity
White 65.4%
Hispanic 17.9%
Black 11.2%
Asian 2.9%
Other 2.3%

Native American . 0.3%

Boys & Girls

Housebold Languages
English 87.1%
Spanish 9.6%
Portuguese 0.4%
Plus 56 other languages

Children Served

9,463 over 12 months 3,701 at a single point in time (Dec. 1, 2003)

Who supported enrolled children and their families?

Service Delivered By	Number of Children	% of Children
Speech and Language Pathologist	5,661	29.8%
Special Educator	4,102	21.6%
Occupational Therapist and Assistant	2,801	15.2%
Physical Therapist and Assistant	2,728	14.8%
Early Intervention Associate or Assistant	1,914	10.6%
Social Worker		2.9%
Audiologist		2.0%
Nutritionist		1.3%
Board Certified Behavior Analyst or Associate Analyst	47	<1%
Psychologist		< 1%
Family Therapist / Professional Counselor	28	< 1%
Orientation and Mobility Specialist	21	< 1%
And Other Professionals		

Where were services delivered?

Primary Locations	Percentage
Home (includes foster homes)	95.1%
Program Designed for Typically Developing Children	3.9%
Service Provider Office	0.2%
Hospital (inpatient)	0.1%
Program Designed for Children with Developmental Delays or Dis	abilities <0.1%
Residential Facility	<0.1%
Other	<0.1%

How much service did children and families receive?

The statewide average hours per month as listed in 2,727 children's Individualized Family Service Plans at a single point in time was 4.82 hours, or roughly 5 visits per month. This excludes 246 children who received what are described as "intensive services", that is more than 15 hours per month.

When It's Time to Say Goodbye

When and why do children leave the Birth to Three System?

Most families continue with Birth to Three until their children turn three years old or no longer need our services and supports. Families are connected with community resources as the transition process unfolds.

5,287 children exited Birth to Three in FY04

child turned three	years old	. 2,838 of t	the 2,838 three	year olds:
--------------------	-----------	--------------	-----------------	------------

parent wit	hdrew ch	ild		1,112
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• no further services needed by child . . 831

•	aligible	for special	l education	073	70%
M	eligible	tor special	i eaucation	 7/3 .	. / U/o

■ not eligible for special education 535 . . 19%

▼ referred to public school but special education eligibility not determined

♥ not referred to public school1084%

A total of 1,666 children (32%) graduated early from Birth to Three or were not identified as needing preschool special education due to their successful developmental gains.







How Do We Assure Quality?

- BIRTH TO THREE PROCEDURES MANUAL: Specifies standard procedures for all aspects of approved program operations in order to assure consistency, effectiveness, and compliance with laws and regulations. Updated annually.
- SERVICE GUIDELINES: Contains recommended best practices and position statements on specific topics based on reviews of research and current practices in the field along with additional resource listings. Current guidelines cover the topics of autism spectrum disorder, natural environments, communication disorders, infant mental health, deafness, nutrition, and assistive technology.
- ▼ STAFF TRAINING: The System offers four days of service coordination training each quarter, which is mandatory for all new service coordinators. The System collaborates with the State Department of Education and the Special Education Resource Center (SERC) in offering an annual calendar of training events. A wide range of topics related to family support, transdisciplinary early

- intervention, and effective service coordination are taught to assure that personnel are knowledgeable and up to date.
- MONITORING OF PROGRAMS: All approved programs complete a self-assessment followed by a review of early intervention records, interviews with families, interviews with staff and administrators, and review of financial records and billing practices. Areas needing improvement are addressed in a continuous improvement plan approved and monitored by the regional manager.
- ◆ STATE CONTINUOUS IMPROVEMENT PLAN: Consists of strategies developed to ensure that Connecticut Birth to Three System services effectively address areas in need of improvement and continue to use strategies that maintain areas of strength. It is approved by the federal Department of Education and progress is reported annually.







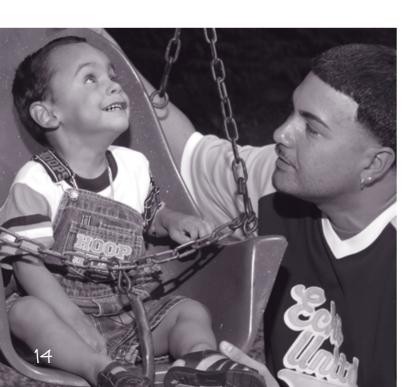
Costs of Early Intervention

Our Budget and Expenses

Birth to Three expenditures from all funding sources was \$36,550,211. Only 6% of that total amount was spent on administration of the System, leaving 94% for direct services.

Funding Source	
Total State Funds	\$28,312,803
Total Federal Funds (Parts B & C)	4,893,649
Parent Fees Collected	\$170,215 *
Commercial Insurance Funds	3,173,544
Total System Expenditures	\$36,550,211

*Only 4 months of collections. The available state and federal funding for Fiscal Year 2005 is \$35,462,282.



Federal Part C of IDEA Expenditures

Categories
Salaries and fringe for 12 FTE Positions \$1,050,002 (Birth to Three central office and regional staff)
Other expenses (printing, postage, supplies, travel, equipment)
State ICC
Local ICCs
Public Awareness
Data System
Personnel Development
Supervision and Monitoring1,178
Procedural Safeguards
TOTAL SYSTEM COMPONENTS\$1,450,581
TOTAL DIRECT SERVICES \$2,767,674
TOTAL PART C EXPENDITURES

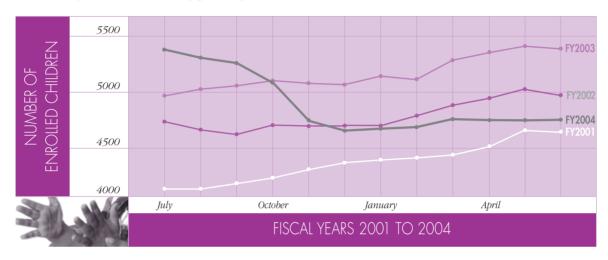
Costs Per Child

- Average statewide gross annual cost per child for contracted programs . .\$7,631

Medicaid reimbursement of \$2.46 million for some Birth to Three services was paid back into the State General Fund. This **decreased** the burden on taxpayers by reducing the net State contribution to Birth to Three by that amount.

Numbers of enrolled children decreased significantly in FY04

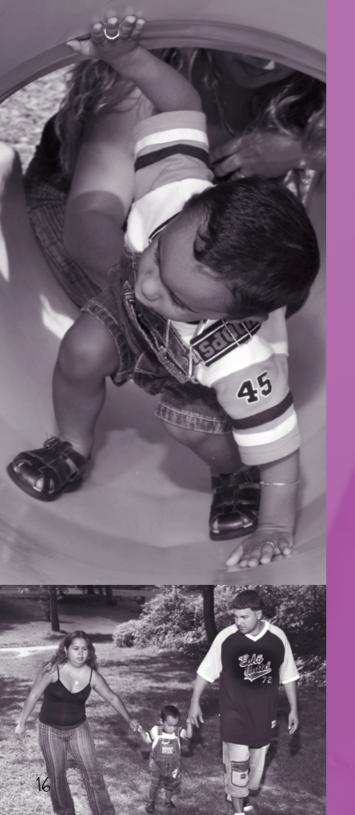
Tightened eligibility criteria shrank the percentage of children found eligible from 74% in FY03 to 65% in FY04. Also, the number of enrolled families who chose to withdraw their children increased from 10.97% in FY03 to 21.03% in FY04, most likely due to the start of parent fee collections.



Total supplemental payments continued to increase

As noted on page 11, some children receive intensive services due to their significant needs. Programs are paid an additional amount to cover their increased service costs. These supplemental payments have increased 212% in the past four years.





VVays VVe Stay Connected

- THE BIRTH TO THREE SYSTEM WEBSITE (www.birth23.org):
 contains current information on Birth to Three programs,
 federally-funded grant projects, Local Interagency
 Coordinating Councils and the State Interagency Coordinating
 Councils, training opportunities, library materials about
 children with disabilities, laws and regulations, procedures,
 and links to many other state and national resources.
 Information is posted in both English and Spanish.
- THE BIRTH THROUGH FIVE NEWS is jointly produced by the Birth to Three System and the State Department of Education for all families of children enrolled in Birth to Three, directors of community agencies, preschool special education programs and Birth to Three staff. A variety of topics are addressed, such as:

• Fall 2003 Non-Verbal Communication

• Winter 2003 Music and Learning

• Spring 2004 Assistive Technology

• Summer 2004 Natural Environments

To make the information accessible to more families, the newsletter's lead article is also printed in Spanish.

The Birth to Three website contains the newsletters in English and Spanish.

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.

Here are some of our closest allies:

STATE ICC

Laurel Ross, Acting Chair, Provider

Karen Biernat, Parent

Timothy Bowles, Dept. of Social Services

Carmina Cirioli, Parent

Mary Ann Dayton-Fitzgerald, Dept. for Children and Families

Elizabeth Daly, Office of Protection & Advocacy

Maria Engborg, Parent

Ann Gionet, Parent

Linda Goodman, Dept. of Mental Retardation

Mark A. Greenstein, M.D., Developmental Pediatrician and Geneticist

Jeanette Haines, Board of Education and Services for the Blind

Moira Herbert, Dept. of Insurance

Melvette Hill, Parent

Cynthia Jackson, Provider

Bonnie Kielty, *University Center for Excellence*

Robert LaCamera, M.D., American Academy of Pediatrics

Mary Mansour, Parent

Joseph McLaughlin, Provider

Denise W. Merrill, CT Legislator

Amy Moncy, Provider

Maria Synodi, Dept. of Education

Robin Tousey-Ayers, Dept. of Public Health

Myra Watnick, Provider

Diane Wixted, Commission on the Deaf and Hearing Impaired

COMMITTEES & COUNCILS

Medical Advisory Committee

Cultural Competence Committee

Public Awareness Committee

Comprehensive System of Personnel Development Council

Local Interagency
Coordinating Councils:

Danbury

Greater Hartford

Lower Fairfield

Meriden

Middlesex County

New Haven

Torrington

Waterbury

CONNECTICUT STATE AGENCIES

Children's Trust Fund

Commission on Children

Commission on the Deaf and

Hearing Impaired

Department of Children and Families

Department of Education

Department of Social Services

Department of Public Health

Department of Insurance

Office of Protection and Advocacy

Board of Education and Services for the Blind

University of Connecticut – University Center for Excellence

... and many families and medical providers throughout Connecticut.

Numbers of Children by Town

Here are the numbers of children in each town who were referred to Birth to Three for the first time in FY2004, and the number of eligible children in each town who received early intervention supports:

Town	Children Referred	Children Served
Andover	12	15
Ansonia	42	54
Ashford	10	16
Avon	34	38
Barkhamsted	10	8
Beacon Falls	6	9
Berlin	40	44
Bethany	8	9
Bethel	58	73
Bethlehem	<	6
Bloomfield	40	36
Bolton	<	11
Bozrah	7	8
Branford	35	57
Bridgeport	364	437
Bridgewater	<	
Bristol	137	163
Brookfield	33	45
Brooklyn	10	13
Burlington	19	21
Canaan	<	
Canterbury	6	9
Canton	24	27
Chaplin	<	6
Cheshire	57	52
Chester	<	9
Clinton	23	27
Colchester	52	64
Colebrook	<	

Town	Children Referred	Children Served
Columbia	11	9
Cornwall	<	
Coventry	11	21
Cromwell	22	16
Danbury	210	234
Darien	58	79
Deep River	12	16
Derby	12	33
Durham	18	19
East Granby	11	15
East Haddam	10	19
East Hampton	14	29
East Hartford	113	163
East Haven	36	49
East Lyme	32	37
East Windsor	22	22
Eastford	<	
Easton	19	32
Ellington	30	33
Enfield	86	96
Essex	12	13
Fairfield	133	173
Farmington	37	53
Franklin	<	
Glastonbury	46	77
Goshen	<	6
Granby	30	32
Greenwich	123	166
Griswold	43	39

NOTE: REFERRED means children newly referred during the fiscal year, while SERVED means an eligible child who received services during any portion of the fiscal year.

Town	Children Referred	Children Served
Groton	111	152
Guilford	41	54
Haddam	12	10
Hamden	86	126
Hampton	<	6
Hartford	449	529
Hartland	<	
Harwinton	7	13
Hebron	33	32
Kent	7	11
Killingly	57	55
Killingworth	37	15
Lebanon	16	18
Ledyard	26	40
Lisbon	<	10
Litchfield	10	14
Lyme	<	
Madison	32	46
Manchester	126	148
Mansfield	28	27
Marlborough	18	25
Meriden	146	178
Middlebury	17	19
Middlefield	8	14
Middletown	78	97
Milford	92	122
Monroe	37	52
Montville	28	52
Morris	<	

Town	Children Referred	Children Served
Naugatuck	66	82
New Britain	213	276
New Canaan	57	52
New Fairfield	40	60
New Hartford	10	17
New Haven	294	365
New London	64	74
New Milford	83	82
Newington	41	47
Newtown	77	79
Norfolk	<	
North Branford	18	28
North Canaan	<	
North Haven	44	42
North Stonington	6	10
Norwalk	200	187
Norwich	110	121
Old Lyme	10	14
Old Saybrook	14	24
Orange	30	40
Oxford	20	31
Plainfield	26	47
Plainville	31	49
Plymouth	28	36
Pomfret	16	19
Portland	15	25
Preston	<	10
Prospect	34	33
Putnam	16	24

Numbers of Children by Town, Continued

Town	Children Referred	Children Served
Redding	25	24
Ridgefield	85	85
Rocky Hill	31	37
Roxbury	<	
Salem	10	17
Salisbury	<	6
Scotland	<	
Seymour	23	44
Sharon	<	<
Shelton	60	82
Sherman	<	15
Simsbury	60	71
Somers	28	22
South Windsor	48	87
Southbury	27	38
Southington	102	125
Sprague	<	8
Stafford	16	22
Stamford	273	353
Sterling	6	11
Stonington	38	40
Stratford	104	138
Suffield	24	28
Thomaston	11	17
Thompson	29	31
Tolland	38	29
Torrington	61	92
Trumbull	90	103
Union	0	0

Town	Children Referred	Children Served
Vernon	58	70
Voluntown	<	, ,
Wallingford	83	113
Warren	<	<
Washington	7	9
Waterbury	249	326
Waterford	18	21
Watertown	40	54
West Hartford	148	176
West Haven	92	97
Westbrook	8	13
Weston	32	39
Westport	75	78
Wethersfield	38	61
Willington	13	18
Wilton	51	74
Winchester	23	32
Windham	75	84
Windsor	45	54
Windsor Locks	17	22
Wolcott	32	35
Woodbridge	8	10
Woodbury	13	18
Woodstock	7	7
TOTAL	7,600	9,463

The Connecticut Birth to Three System is administered by the Connecticut Department of Mental Retardation

Peter H. O'Meara, Commissioner Kathryn duPree, Deputy Commissioner

BIRTH TO THREE SYSTEM CENTRAL OFFICE

Linda Goodman

Director

Sandy Booth Systems Developer Information Systems

Kathy Granata *Administrative Assistant*

Eileen McMurrer Coordinator for Public Awareness and ICC Activities

Deb Resnick Coordinator for Comprehensive System of Personnel Development

Alice Ridgway *Quality Assurance Manager*

Pietro Rosato Accountant

BIRTH TO THREE SYSTEM REGIONAL OFFICES

WEST REGION

Tom Coakley, *Manager*Ray Horvath, *Fiscal Coordinator*Tina Cox, *Secretary*

NORTH REGION

Tammy Garris, *Manager* Kathy Kiely, *Fiscal Coordinator* Lana Raymond, *Secretary*

SOUTH REGION

Lynn Skene Johnson, *Manager* Shirley Yip, *Fiscal Coordinator* Stacy Eagan, *Secretary*

MEDICAL ADVISOR

Ann Milanese, M.D. Developmental Pediatrician



Central Office

460 Capitol Avenue Hartford, CT 06106

Information & Referrals 1-800-505-7000 Multilingual (Voice/TDD) www.birth23.org

Central Directory 2-1-1 (Voice/TTY)

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