

The Connecticut Birth to Three System is administered by the Connecticut Department of Developmental Services

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THIS REPORT, PAST DATA REPORTS, AND OTHER PUBLICATIONS ARE AVAILABLE AT:

www.birth23.org under "Publications"

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COLLABORATION

Learning together with Connecticut families since 1996.



"Mari loves to run and climb!" says her mother, Lisa, "even more so than her twin sister, Katie." Shortly after their second birthday, a family member recommended that Lisa and her husband Matt call Birth to Three, but they were not immediately convinced of the need. Mari wasn't talking, but Katie wasn't talking much either. Mari did not make a lot of eye contact, but she had always demonstrated affection. Mari wasn't responding when called, so they wondered about her hearing. After some anguished discussion, Lisa and Matt decided to call Birth to Three for an evaluation.

Mari was found eligible for early intervention due to a significant delay in communication skills soon thereafter. Her evaluation team also recommended an autism evaluation from First Partners, an autism-specific Birth to Three program. After meeting with Mari and completing a detailed evaluation, they told Lisa and Matt that Mari met the educational classification for autism. "It was devastating," said Lisa, "but we started reading everything available on autism spectrum disorders". Mari's family learned that autism is much better understood today than in past years, and that the disorder is called a "spectrum" because it can vary from severe to mild across different children. Mari's Birth to Three team began providing intensive early intervention services. Later, Lisa changed Mari's diet to eliminate casein and gluten, having read that dietary intervention could possibly help and feeling like she must try everything to help her daughter.

Mari's service coordinator, Patty, says that Mari is really making progress. "At first we worked on getting her to join us at the play table. It took awhile for Mari to get to know us, but now she comes right over, asks for 'Up!' and enjoys our visits. Mari works really hard and it is good to know that all the hard work is paying off and being noticed by others. Both of her grandmothers and her nanny are very involved during the day, and Matt and Lisa really make an effort to follow through on the team's suggestions. They are a fantastic family to work with."

"It is important to me that Mari play with her sister, so part of each visit is spent with them learning to interact and reciprocate during play", says Lisa. Patty noted that Mari now takes her sister's hand and leads her to a play tent where they play peek-a-boo, make eye contact, and giggle together.

Their local Cheshire school district has welcomed Mari to visit each Wednesday morning during an Open House free play session, and Patty works with Mari on her IFSP outcomes in the school playroom. They have also provided photos of the classroom for a "transition book" that Mari can look at. This will help make the school setting familiar to Mari, and smooth the transition to preschool special education when she turns three later this year.

Matt and Lisa agree that Mari is making strides all the time due to the Birth to Three services and feel so thankful for all the support the program has provided – not only to Mari, but their entire family. "We know early intervention is critical to Mari's success," Lisa says. "Because of these services, Mari can now point to letters and recite the alphabet more or less. Every once in a while, she is also inclined to lean into me and give me a big, fat, juicy kiss. You can't imagine how happy these things make me. Mari is very connected to the people she loves! She is very affectionate, and we fully expect her to speak one day. We are hopeful for her future."

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

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.

A MULTIDISCIPLINARY TEAM 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 a way to monitor changes in their child's development. Information about other community resources is shared with the family.

WHEN A CHILD IS ELIGIBLE, the family works with their service coordinator to choose what they want their child to work on and their goals for their family. Together with their Birth to Three team, they develop a plan of services and supports to help reach those goals. The child's doctor is an important team member

BIRTH TO THREE STAFF COACH THE FAMILY on ways to teach their child new skills. Family members and other caregivers use these techniques during regular activities throughout the day. Services and supports change as the family's goals for themselves and their child change.

CHILDREN LEAVE THE BIRTH TO THREE SYSTEM EVERY DAY, moving into their school district, early childhood special education programs or other community programs when they reach the age of three or when they no longer need early intervention services.

Making the Connection: Referrals

How many children are referred each year?

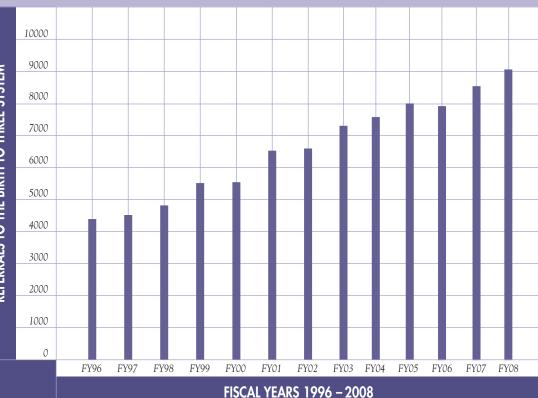
A total of 9,108 children were referred to the Birth to Three System in Fiscal Year 2008 (July 1, 2007 – June 30, 2008), an increase of 4.8% over the previous fiscal year despite decreasing births.

CONNECTICUT BIRTHS		CHILDREN REFERRED		
CALENDAR YEAR	BIRTHS	FISCAL YEAR	REFERRALS	
1996	44,455	1996	4,292	
2001	42,659	2001	6,544	
2003	42,826	2003	<i>7</i> ,231	
2005	41,393	2005	8,013	
2007*	41,048	2007	8,687	
		2008	9,108	

Data Source: CT Dept. of Public Health *provisional data

Data Source: CT Birth to Three data system





Data Source: CT Birth to Three data system

Where were the children from?

New referrals were received from 167 cities and towns across Connecticut. One third of those new referrals were from:

CITY NUMBER OF CHILDREN
Hartford
New Haven
Waterbury 421
Bridgeport
Stamford
Norwalk
New Britain 255
Danbury
Meriden
Bristol

See pages 13-15 for a complete town-by-town chart of children who were referred and served.

Who were the infants and toddlers referred?

AGE AT REFERRAL	PERCENTAGE	NUMBER
Birth to 11 Months	27%	(2,454)
12 to 23 Months	40%	(3,666)
24 to 36 Months	33%	(2,988)

AVERAGE AGE AT REFERRAL	AGE
Mean	7.5 months
Median	9.0 months

BOYS & GIRLS	PERCENTAGE	NUMBER
Boys	65%	(5,880)
Girls		(3,228)

Who connected families with Birth to Three?

Most families referred themselves (63%) or were referred by a health care provider (30%).

REFERRAL SOURCES	PERCENTAGE	NUMBER
Families, Foster Families, Relatives or Friends	63%	(5,665)
Health Care Providers and Hospitals	30%	(2,754)
State Agencies	4%	(399)
Social Service Agencies	2%	(189)
Child Care, Head Start, Preschool Agencies	1%	(100)

When a referral is made by someone other than the parent or guardian, Child Development Infoline contacts the parent for permission to proceed with the referral. A total of 987 parents were not able to be reached or were not interested in obtaining an evaluation for their child.

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

INFORMATION SOURCES PERCENTAGE	NUMBER
From Their Primary Health Care Provider	(2,767)
From a Relative, Friend, or Co-Worker	(495)
From Another Heath Care Provider	(229)
From Their Child Care Provider	(197)
Social Service or State Agency	(123)
Ages & Stages Questionnaire or 2-1-1 Infoline 3%	(11 <i>7</i>)
From Their School District	(97)
From a Speaker, Print Media, Website	(74)
Preschool, Head Start, El Program	(53)
From an Early Intervention Provider	(2)
All Others	(4)

Making the Connection: Referrals, continued

What were the referred children's racial or ethnic backgrounds?

RACE/ETHNICITY	PERCENTAGE	NUMBER
White, Non-Hispanic	53%	(4,856)
Hispanic	21%	(1,897)
Black	6%	(532)
Asian	3%	(252)
Undetermined	3%	(255)
Native American	< 1%	(18)

What were the top languages spoken in the home for referred children?

LANGUAGE	PERCENTAGE	NUMBER
English	87%	(7,891)
Spanish	10%	(934)
Portuguese	< 1%	(52)
plus 36 other languages	S	

When and why were children referred?

People who referred children to the Birth to Three System expressed concerns about a variety of developmental issues. For the 9,108 children referred in FY08, these were the concerns expressed:

AREA OF CONCERN	ALL REFERRED CHILDREN	BIRTH to 36 MONTHS	<12 MONTHS	12 to 23 MONTHS	24 to 36 MONTHS
Communication	6,459	71%	19%	87%	68%
Motor (fine and gross)	2,671	29%	64%	24%	7%
Adaptive	1,297	149%	24%	12%	9%
Social / Emotional	1,174	13%	5%	14%	18%
Health	676	7%	12%	3%	2%
Vision	173 .	2%	5%	1%	1%
Hearing	109 .	1%	3%	<1%	
Cognitive				<1%	

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

Children Who Were Eligible

Why were children eligible?

Of the 8,477 children who received comprehensive multidisciplinary evaluations, 58% (4929) were found eligible for early intervention. Of these 4,929 children who were found eligible in fiscal year 2008:

90% (4,466) OF CHILDREN HAD DEVELOPMENTAL DELAYS

- **68%** tested 2 standard deviations below average in at least one area of development
- 20% 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

What were the eligible children's racial or ethnic backgrounds?

RACE/ETHNICITY	PERCENTAGE	NUMBER
White, non-Hispanic	57%	(2,820)
Hispanic	25%	(1,250)
Black	7%	(362)
Asian	3%	(163)
Undetermined	7%	(324)
Native American	<1%	(13)

What were the top languages spoken in the home for eligible children?

LANGUAGE	PERCENTAGE	NUMBER
English	85%	. (4,200)
Spanish	11%	(555)
plus 34 other languages	S	

10% (463) OF CHILDREN HAD DIAGNOSED CONDITIONS LIKELY TO RESULT IN DEVELOPMENTAL DELAY WHICH MADE THEM AUTOMATICALLY ELIGIBLE FOR ENROLLMENT. THESE INCLUDED:

Prematurity or low birth weight 150 children
Down syndrome
Hearing loss
Autism Spectrum Disorder 32 children*
Cleft Palate
Chromosomal abnormality syndromes 15 children
Spina Bifida 9 children
Legal Blindness
Stroke 8 children
Hydrocephaly 7 children

^{*} These 32 children had already been diagnosed at the time of referral, however many other referred children obtained this diagnosis after enrollment.

Eligibility by age at referral:

AGE AT REFERRAL	PERCENTAGE ELIGIBLE	NUMBER
Birth to 11 Months		(1,110)
12 to 23 Months		(1,887)
24 to 35 Months		(1,932)

Children Who Were Eligible, continued

What does the System offer for children who are referred to, but not eligible for, Birth to Three services?

All families 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 a program for tracking their child's ongoing development. Ages and Stages Questionnaires are mailed to the family every few months so they may report on their child's mastery of new skills. If scores show that a child's development is increasingly delayed, the family is offered another evaluation. If the child's development appears to be on track, the family is sent a developmental status report with suggested activities to continue to help their child learn new skills.

Families whose children are found not eligible and who have ongoing concerns about their child's development are told that they may re-refer their child for a new developmental evaluation in three months. Of the 358 children who were re-evaluated in FYO8, 54% (195) were found eligible at the time of the updated evaluation.



How We Support Families: Service Delivery

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

Connecticut served 3.5% (9,112) of our population of children under age three. The national average was 2.4%, with Connecticut ranking 12th nationally.

During fiscal year 2008 (July 1, 2007 – June 30, 2008), there were 45 approved programs employing approximately 850 service providers working with eligible children and their families.

Research shows that early intervention makes a positive difference for eligible children and their families.

Families reported feeling more confident and competent as a result of receiving Birth to Three services and supports. The FYO8 Family Survey of families enrolled in Birth to Three for more than six months revealed that:

- Approximately 98% said that Birth to Three helped them to help their children develop and learn, with 79% of families expressing strong or very strong agreement. This included understanding:
 - their child's needs
 - how the Birth to Three System works
 - the roles of the people who work with their child and family

Who supported enrolled children and their families?

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF ALL SERVICES
Speech and Language Pathologist	5,472	29%
Educator	4,204	22%
Physical Therapist or PT Assistant	2,664	14%
Occupational Therapist or COTA	2,628	14%
Early Intervention Associate or Assistant	2,511	13%
Social Worker or Social Work Intern	520	3%
Audiologist	353	2%
Nutritionist	130	0.7%
Board Certified Behavior Analyst or Associate Analyst	103	0.5%
Psychologist, Counselor or Marriage and Family Therapist	59	0.3%
Nurse	26	0.1%
Orientation and Mobility Specialist	6	<0.1%
Physician	3	<0.1%
Optometrist	2	<0.1%

Child outcome data showed children made gains in:

- use of appropriate behaviors to meet their own needs
- acquisition and use of knowledge and new skills
- positive social-emotional skills, including social relationships

For all children who exited in FYO8 who had received at least 6 months of services, most improved to age level or near age level on:

- meeting their needs (92%)
- learning new skills (92%)
- social-emotional development (93%)

Where were services delivered?

SERVICE DELIVERED IN	NUMBER OF CHILDREN	% OF CHILDREN
Home (includes foster homes)	8,072	94%
Program Designed for Typically Developing Children	474	6%
Service Provider Office	17	<0.1%
Hospital (inpatient)	8	<0.1%
Residential Facility	4	<0.1%
Other	4	<0.5%



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 services until their children turn three years old or no longer need early intervention services and supports. Families are connected with new community resources as the transition process unfolds. The 4,632 children who exited the System in Fiscal Year 2008 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,777	60%
Parent withdrew child	693	15%
No further service needed by child	563	12%
Unable to locate	390	8%
Moved out of state		4%
OF THE 403 WHO WITHDREW THEIR ELICIBLE CHILL	D 100 (27%) WITHDREW DRICE TO TH	JEID INITIAL IESD MEETING

Of the 2,777 children who left at age three:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% of Children
Eligible for special education	1,959	70%
Not eligible for special education but referred to another program	282	10%
Not eligible for special education and not refe another program because no further services v	erred to were needed 204	7%
Referred to public school but special eduction eligibility not yet determined	218	8%
Not referred to public school		

Costs of Early Intervention





The Birth to Three System expenditures for FY08 were \$43,901,341 from state and federal sources. Revenue sources included parent payments and health insurance reimbursements. Only 3.6% of that total amount was spent on administration of the System, leaving 96.4% for direct services.

ACTUAL FY08 EXPENDITURES						
Total State Funds	\$34,091,759	(up 11.5% from FY07)				
Total Federal Funds	5,686,708	(down 6% from FY07)				
Commercial Insurance Reimbursements	3,425,130	(up 4% from FY07)				
Parent Fees	697,744	(up 5% from FY07)				
Total System Expenditures	\$43,901,341	(up 8% from FY07)				

Medicaid claims resulted in \$4.3 million in revenue to the State General Fund, decreasing the net state contribution to Birth to Three by that amount.

The average statewide gross annual cost per child was \$8,546. After commercial insurance reimbursements, the net average cost per child was \$8,451.

STATE FY08 EXPENDITURES OF FEDERAL FUNDS ONLY
Salaries and fringe benefits \$1,110,341 For 11.5 FTE positions (administrative & support staff)
Other expenses 234,408
State & Local ICC
Public awareness
Data system
Personnel development
Supervision and monitoring
Procedural safeguards
TOTAL SYSTEM COMPONENTS
TOTAL DIRECT SERVICES
TOTAL FEDERALLY FUNDED EXPENDITURES \$5,686,708*

^{*\$1} million of this was Part B Child Find funding transferred from the State Department of Education

We Can't Do It Alone

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 Birth to Three System. Here is their vision:

All children with developmental disabilities or special needs in Connecticut will be provided the opportunities to participate as fully as possible in the typical places and activities of their families and communities in order to achieve optimal health and development.

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CHAIR, PROVIDER

Elayne Thomas

VICE CHAIR, PARENT

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IN DEVELOPMENTAL DISABILITIES

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PROVIDER

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COMMISSION ON THE

DEAF AND HEARING IMPAIRED

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 FY2008 and the numbers of children in each town who received an early intervention service during any portion of the fiscal year. The number of births per town in calendar year 2007 is provided as a reference. Families in each town had at least two programs to choose from as their service provider. (see map on page 16.)

TOWN	2007 BIRTHS	REFERRED	SERVED	TOWN	2007 BIRTHS	REFERRED	SERVED
Andover	26	6	8	Columbia	43	13	11
Ansonia	240	44	36	Cornwall	14	0	0
Ashford	39	<	8	Coventry	129	24	28
Avon	129	34	31	Cromwell	153	20	24
Barkhamsted	28	<		Danbury	1203	234	241
Beacon Falls	71	9	10	Darien	256	75	51
Berlin	148	39	42	Deep River	49	8	6
Bethany	46	<	8	Derby	168	20	22
Bethel	221	53	53	Durham	80	13	11
Bethlehem	17	<		East Granby	61	11	8
Bloomfield	178	45	45	East Haddam	80	18	17
Bolton	39	8	<	East Hampton	164	37	32
Bozrah	16	<	8	East Hartford	763	159	128
Branford	270	50	45	East Haven	315	64	54
Bridgeport	2318	409	459	East Lyme	138	24	26
Bridgewater	7	<		East Windsor	124	31	22
Bristol	753	171	162	Eastford	23	<6	6
Brookfield	153	60	58	Easton	67	21	16
Brooklyn	62	15	18	Ellington	150	39	53
Burlington	98	30	30	Enfield	427	97	118
Canaan	18	7	<	Essex	51	11	7
Canterbury	33	12	15	Fairfield	596	161	154
Canton	91	26	26	Farmington	220	47	56
Chaplin	29	<		Franklin	17	<6	
Cheshire	221	49	50	Glastonbury	302	78	79
Chester	31	<	6	Goshen	22	<6	
Clinton	135	34	45	Granby	86	18	16
Colchester	149	54	62	Greenwich	547	163	181
Colebrook	12	<		Griswold	124	34	26

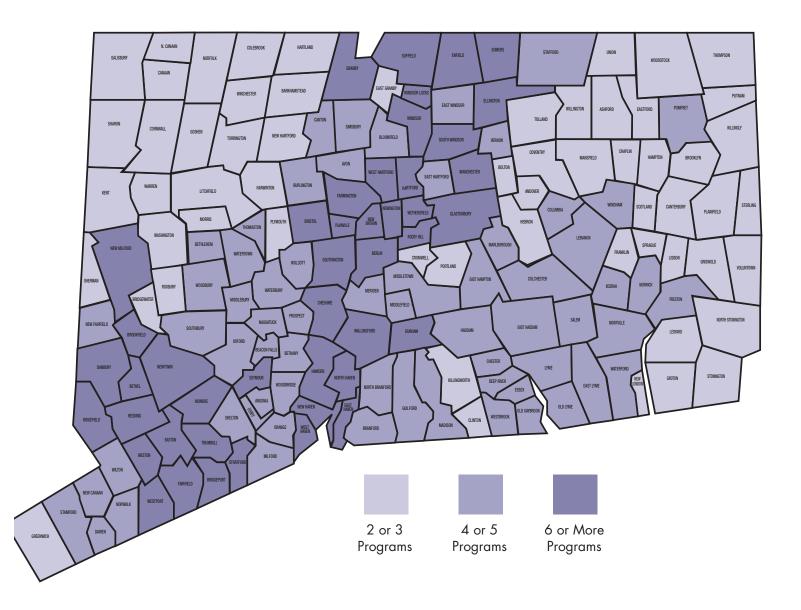
Numbers of Children by Town, continued

REMEMBER: an infant can be referred within days of being born, and can continue to be enrolled for almost three full years, if needed. So, a baby that received a service in FY08 could have been born in 2008, 2007, 2006, or 2005.

TOWN	2007 BIRTHS	REFERRED	SERVED	TOWN	2007 BIRTHS	REFERRED	SERVED
Groton	617	106	122	Naugatuck	406	85	82
Guilford	168	46	48	New Britain	1169	255	300
Haddam	77	15	20	New Canaan	156	46	31
Hamden	667	135	110	New Fairfield	125	35	55
Hampton	27	<6		New Hartford	65	10	14
Hartford	2142	554	575	New Haven	2156	442	382
Hartland	24	<6		New London	406	73	59
Harwinton	44	12	11	New Milford	298	60	65
Hebron	83	33	38	Newington	307	58	69
Kent	18	7	7	Newtown	239	82	69
Killingly	178	45	56	Norfolk	15	<6	
Killingworth	53	9	6	North Branford	104	31	35
Lebanon	75	16	26	North Canaan	33	0	<6
Ledyard	149	26	24	North Haven	194	46	39
Lisbon	31	9	15	North Stonington	49	7	<6
Litchfield	64	13	12	Norwalk	1247	263	186
Lyme	14	<		Norwich	526	104	112
Madison	95	37	46	Old Lyme	54	13	12
Manchester	750	155	179	Old Saybrook	67	12	13
Mansfield	108	17	27	Orange	110	21	19
Marlborough	66	16	22	Oxford	138	29	34
Meriden	866	185	184	Plainfield	178	38	34
Middlebury	69	14	15	Plainville	154	36	42
Middlefield	45	6	<	Plymouth	126	32	24
Middletown	539	93	98	Pomfret	23	7	11
Milford	523	103	85	Portland	112	21	20
Monroe	169	51	59	Preston	40	<	
Montville	176	32	38	Prospect	86	20	18
Morris	15	<		Putnam	111	24	34

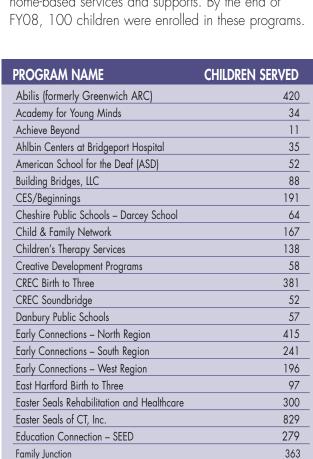
TOWN	2007 BIRTHS	REFERRED	SERVED	TOWN	2007 BIRTHS	REFERRED	SERVED
Redding	62	12	15	Vernon	344	75	81
Ridgefield	225	71	63	Voluntown	26	9	7
Rocky Hill	166	29	38	Wallingford	465	97	99
Roxbury	10	<		Warren	9	<	
Salem	41	9	<	Washington	18	8	6
Salisbury	20	<		Waterbury	1811	421	410
Scotland	11	<		Waterford	167	34	37
Seymour	178	37	30	Watertown	201	40	42
Sharon	23	6	8	West Hartford	657	154	186
Shelton	327	73	84	West Haven	792	137	130
Sherman	20	7	9	Westbrook	61	12	20
Simsbury	189	53	52	Weston	67	37	23
Somers	75	26	18	Westport	171	75	70
South Windsor	218	50	65	Wethersfield	265	52	44
Southbury	128	36	31	Willington	60	9	15
Southington	377	102	107	Wilton	159	76	47
Sprague	44	10	8	Winchester	122	31	32
Stafford	117	31	32	Windham	374	103	91
Stamford	1893	346	336	Windsor	291	63	74
Sterling	42	9	7	Windsor Locks	133	18	28
Stonington	104	31	24	Wolcott	139	29	23
Stratford	558	119	117	Woodbridge	58	14	11
Suffield	91	35	22	Woodbury	72	14	9
Thomaston	71	20	18	Woodstock	58	14	14
Thompson	77	21	18				
Tolland	153	36	39	TOTAL	41,048	9108	9112
Torrington	451	100	100				
Trumbull	355	89	91				
Union	6	<					

Map of Providers



New Programs Just for Children with Autism

In January, 2008, the roster of approved programs was expanded with the addition of four Autism-specific programs. This was done in response to the increasing number of children that pediatricians and others were identifying as possibly being on the autism spectrum, and the need to increase capacity to meet these children's need for timely identification and intensive home-based services and supports. By the end of FY08, 100 children were enrolled in these programs.



35

First Partners



PROGRAM NAME	CHILDREN SERVED
First Partners	35
HARC – Steppingstones	525
Hill Heath Center	150
Jane Bisantz & Associates, LLC	355
Kaleidoscope	9
Kennedy Center, Inc.	101
Key Human Services	107
KIDSTEPS – SARAH	235
LEARN: Partners for Birth to Three	306
Little Learners	6
McLaughlin & Associates	483
New England Center for Hearing Rehabilitation (NE	ECHEAR) 17
Oak Hill Birth to Three Program	61
Project Interact, Inc.	323
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To receive a copy of this FY2008 Data Report, please contact: Connecticut Birth to Three System, 460 Capitol Avenue, Hartford, CT 06106 860-418-6035

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