



Taking First Steps Together



Connecticut
Birth to Three
System 2012

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**

THIS REPORT, PAST DATA REPORTS, AND OTHER PUBLICATIONS ARE AVAILABLE AT:
www.birth23.org/aboutb23/AnnualData.html

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Tommy's Story

"Something's wrong with Tommy", Melanie said to her husband Todd, as she held the baby a week after birth.



He didn't move around or open his eyes, and had to be awakened to eat every three hours. His prenatal care had been excellent, he was born full-term and had passed his newborn hearing screening. But Melanie knew when they welcomed him into their home as a foster baby that things were not okay. Her own twins had been born seven weeks early more than a decade before without anyone raising a concern, but the hospital staff soon recommended Birth to Three for Tommy due to his poor health. Tommy had been diagnosed with failure to thrive and was often limp in Melanie's arms despite her loving attempts to get Tommy to look at her or smile or even move. A Birth to Three evaluation team came to their home and found Tommy eligible when he was two months old. Melanie and Todd eagerly accepted the offer of early intervention supports and the whole family began to use the techniques that Deb and Wendy, his teacher and occupational therapist, showed them. "Tommy has made such tremendous developmental gains – all because his family cared too much to just let him lay there", said Deb. Tommy might have been considered to be an "easy baby", but soon a series of medical diagnoses were made: cortical blindness, a cardiac problem, breathing difficulties, and a genetic deletion syndrome. When he wasn't babbling like other babies his age, Tommy was taken for another hearing test and tubes were inserted. When Tommy would stop breathing, the family dog, Calvin, would alert Melanie. They started to use CPAP (continuous positive airway pressure) at night, and soon Tommy had more energy and was more alert and interactive with the family around him. When he turned one, they adopted him. Melanie's parents taught him to give kisses and talked and sang to him throughout the day. His brothers and foster sister played and played with him and Tommy loved it. The Birth to Three team gave Melanie lots of information about the types of toys that would best help Tommy learn new skills. Now when Todd's truck pulls into the driveway, Tommy can't wait to ride around the yard on his pedal tractor with Dad. The family goes camping together and watches baseball, and at age three Tommy started preschool special education.

Melanie's advice to other parents when they know "something is not right": Pay attention to it; report it to your child's medical provider as soon as possible and as often as it takes until it is addressed. Keep aiming for the next new skill. If you are concerned about your baby's learning, call Birth to Three for advice and an evaluation. Never give up!



Under One: Early Supports are Best

EARLY INTERVENTION SUPPORTS HAVE BEEN SHOWN TO IMPROVE DEVELOPMENTAL OUTCOMES AND THE QUALITY OF LIFE FOR FAMILIES.

The earlier those supports begin – the better the results. The Connecticut Birth to Three System launched a new initiative in fiscal year 2012 (FY12) to help ensure that all infants who are eligible before their first birthday are identified and their families are offered early intervention supports. Some babies' developmental delays are truly not known until they are past their first birthday. But those who can be identified earlier, should be. Connecticut Birth to Three community stakeholders and system administrators completed the following activities in FY12 to launch this effort:

- Invited the State Interagency Coordinating Council (ICC) to support and advise on Under One
- Established a State ICC Subcommittee
- Established a Birth to Three Under One Data Group
- Identified other sources of data on infants who could be referred early
- Began to formulate data questions
- Interviewed other states' early intervention systems about their successes
- Coordinated input from the medical community with the help of our Medical Advisor
- Convened the first medical roundtable on this topic

The Under One initiative is in the building phase and will continue to develop approaches to improve early identification and enrollment of eligible infants.



Making the Connection: Referrals

WE RECEIVE REFERRALS BY PHONE, FAX, AND E-MAIL TO CONNECT FAMILIES WITH OUR SUPPORTS THROUGH THE CHILD DEVELOPMENT INFOLINE: 1-800-505-7000 AND WWW.BIRTH23.ORG.

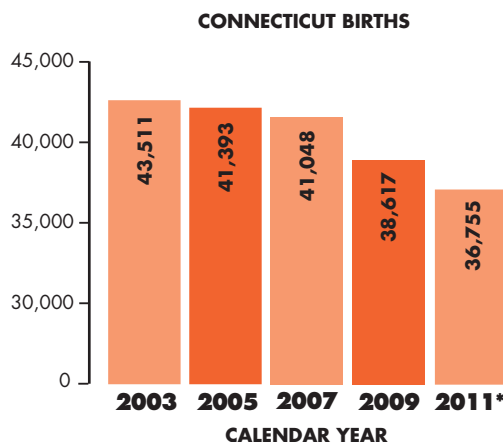
A total of 8,419 referrals were received by the Birth to Three System in FY12 (July 1, 2011 – June 30, 2012). An additional 1,092 parents either were not able to be reached for their consent to evaluate or were not interested in receiving an evaluation for their child. There were another 133 calls received about children who would turn three years old in less than 45 days who were referred to their public school for a special education evaluation.

Connecticut births have decreased 9.1% between 1997 and 2011 (from 43,048 to 36,755) while referrals to Birth to Three have increased 86% over a similar period (from 4,535 in FY97 to 8,419 in FY12).

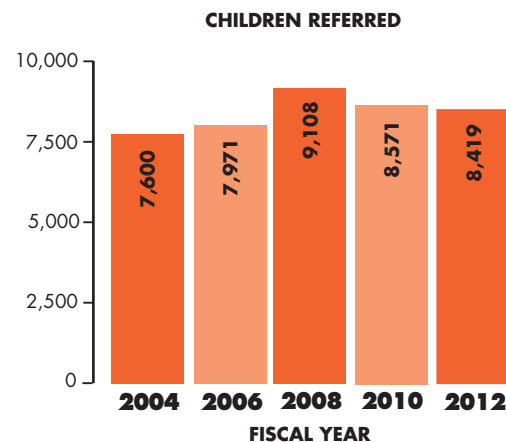
Children were referred from all across Connecticut, from birth until close to their 3rd birthday and from homes where many languages are spoken. One third of those new referrals were from:

CITY	NUMBER OF CHILDREN
Hartford	548
Bridgeport	451
New Haven	436
Waterbury	422
Stamford	380
New Britain	269
Norwalk	264

See pages 18-20 for a complete list of town data.



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



*Data Source: CT Birth to Three data system
NOTE: Some children were referred more than once.*



AGE AT REFERRAL	PERCENTAGE	NUMBER OF CHILDREN
Birth–11 months	22%	1,825
12–23 months	39%	3,308
24–35 months	39%	3,286

AVERAGE AGE AT REFERRAL	MONTHS
Mean	19.1
Median	20.0

BOYS & GIRLS	PERCENTAGE	NUMBER OF CHILDREN
Boys	65%	5,492
Girls	35%	2,927

LANGUAGES SPOKEN	PERCENTAGE
English	81%
Spanish	15%
plus 39 other languages	each less than 1%

MOST FAMILIES REFERRED THEIR OWN CHILD (61%) OR THE CHILD WAS REFERRED BY A HEALTH CARE PROVIDER (31%).

Families and others who didn’t already know about the Birth to Three System were encouraged to refer their child by:

SOURCE	PERCENTAGE
Primary Health Care Provider	68%
Relative, Friend, Co-Worker	10%
Social Service or Education Organization	7%
Other Health Care Provider	6%
Child Care or Preschool	6%
2-1-1 or Ages & Stages Questionnaires*	3%
Various Media	2%

*See page 7

Measuring Developmental Differences

EVERY INFANT AND TODDLER WILL DEVELOP NEW SKILLS SLIGHTLY DIFFERENTLY THAN OTHERS HIS OR HER AGE.

Birth to Three evaluations help parents to know as much as possible about their child’s development in these areas:

- 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).

Two professionals with different types of training record the child’s skills in completing a range of activities and interview the parents about their child’s needs and abilities. (See page 12 for a listing of different types of early intervention providers.) Parents and professionals work together to get a complete picture of the child’s abilities as compared with what is typically expected at that age. All children referred at age 16 months or older are also screened for autism. The developmental evaluation includes using one or more standardized tools, and the results are both discussed with the parent and provided in a written report in the parent’s native language. When all of the developmental information is considered, eligibility is determined.

If the parent gives permission, results can be shared with others, including the child’s health care provider. This is very important for coordinating services and supports.

Children were referred because of concerns about a variety of developmental issues:

DEVELOPMENTAL CONCERNS AT TIME OF REFERRAL	PERCENTAGE
Communication	73%
Motor (fine and gross)	27%
Adaptive	10%
Social-Emotional	10%
Health	7%
Vision or Hearing	3%
Cognitive	<1%

NOTE: Total is greater than 100% because there is often more than one area of concern for any single child.

Children are eligible for Birth to Three when they have either a:

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

WHAT HAPPENS WHEN A CHILD IS NOT ELIGIBLE?

Children who were not eligible may still have developmental differences that would benefit from support and ongoing measurement. Families of children who were not eligible for Birth to Three or those whose children left the Birth to Three System before age three were offered information about other community resources. The **Ages and Stages Questionnaires** offered by the Help Me Grow* program allow families to track their children's development by completing a questionnaire every few months. If a parent's responses show that their child's development may be delayed, the family may be offered another evaluation. If a child is mostly learning new developmental skills at the same pace as his peers, the family is sent a developmental status report with suggested activities to continue to help their child learn new skills.

This past fiscal year, 529 (16%) new families out of the 3,272 whose children were evaluated and found not eligible chose to enroll in the Ages and Stages Questionnaire monitoring process.

Families whose children are not eligible may re-refer their child for a new developmental evaluation if they are still concerned about their children's development after three months or more. In FY12, 402 children were re-referred and 207 (51%) were eligible at the time of a subsequent evaluation.

**A program of the Children's Trust Fund,
CT Department of Social Services*



Children Who Were Eligible

7,780 EVALUATIONS WERE COMPLETED

HOUSEHOLD LANGUAGES OF EVALUATED CHILDREN			
LANGUAGES SPOKEN	TOTAL EVALUATED	CHILDREN ELIGIBLE	PERCENTAGE
English	6,286	3,697	59%
Spanish	1,122	736	66%
all others	372	247	66%

4,680 (60%) CHILDREN WERE ELIGIBLE

RACE OF ELIGIBLE CHILDREN						
ETHNICITY	WHITE	BLACK	ASIAN	NATIVE AMERICAN	PACIFIC ISLANDER	MULTI-RACIAL
Hispanic	1,173	75	10	8	18	40
Percent	66%	67%	78%	40%	63%	66%
Non Hispanic	2,504	509	172	25	33	102
Percent	57%	63%	69%	62%	82%	52%



89% WERE ELIGIBLE BECAUSE OF SIGNIFICANT DELAYS IN THEIR DEVELOPMENT.

- 3,293 (70%)** tested 2 standard deviations below average in at least one area of development
- 770 (16%)** tested 1.5 standard deviations below average in two or more areas of development
- 86 (2%)** could not be tested, but had a significant developmental delay according to informed clinical opinion

11% WERE ELIGIBLE BECAUSE THEY HAD A DIAGNOSED MEDICAL CONDITION WITH A HIGH LIKELIHOOD OF DEVELOPMENTAL DELAY, INCLUDING:

- premature birth (28 weeks gestation or less) or extremely low birth weight (<1,000 grams) = **134 children**
- deaf or hard of hearing = **76 children**
- autism spectrum disorders (known at the time of referral) = **66 children***
- Down syndrome = **52 children**
- brain anomalies or infections = **50 children**
- cleft palate = **36 children**

**An additional 504 children received autism assessments after referral from a Birth to Three general comprehensive program. 386 of these children (77%) were diagnosed with an autism spectrum disorder.*



Service Delivery

BIRTH TO THREE IS THE ONLY MANDATED HOME VISITING PROGRAM IN CONNECTICUT.

When a parent knows that their early intervention team members will make the effort to come to their home, life is easier and the whole family can be involved. Worries about traffic, bundling up the toddler in a snow suit, getting child care for older children, and getting home in time for a meal go away when the doorbell rings.

Babies and toddlers learn best when they have many opportunities to practice new skills during their regular daily activities. Birth to Three staff coach parents and other caregivers on new ways to teach each child in the places where they live, learn and play, including families' homes, child care, and other community settings.

Family members and caregivers use these techniques during regular activities throughout the day, turning bath time, meal time and getting dressed for bed into learning times.



In FY12, there were 44 approved programs employing approximately 950 service providers.

Providing effective supports in a family's home requires updated professional knowledge, sensitivity, the ability to fold new learning strategies into daily activities and to know what truly matters to the family. To see what early intervention visits look like, go to [Youtube.com/CTBirth23](https://www.youtube.com/CTBirth23).

DEAF/HARD OF HEARING PROGRAMS

CHILDREN SERVED

American School for the Deaf (ASD)	91
CREC Soundbridge	82
New England Center for Hearing Rehabilitation (NECHEAR)	18



AUTISM-SPECIFIC PROGRAMS

CHILDREN SERVED

ABC Intervention Program	142
Academy for Young Minds	167
Achieve Beyond	24
BEACON Services of CT	111
Creative Interventions	144
First Partners	56
Little Learners	26
LEARN Partners for Autism	38
TLC Autism Program	22

GENERAL PROGRAMS

CHILDREN SERVED

Abilis	314
Advance Birth to Three	125
Building Bridges, LLC	225
CES/Beginnings	115
Cheshire Public Schools – Darcey School	68
Child & Family Network	189
Children's Therapy Services	179
Cornell Scott Hill Heath Center	104
Creative Development Programs	83
CREC Birth to Three	385
Early Connections	226
EASTCONN Birth to Three	114
East Hartford Birth to Three	95
Easter Seal Rehabilitation of Waterbury	932
Education Connection – SEED	242
Family Junction	468

GENERAL PROGRAMS

CHILDREN SERVED

HARC – Steppingstones	504
Jane Bisantz & Associates, LLC	309
Kennedy Center, Inc.	110
Kennedy-Donovan Center	83
Key Human Services, Inc.	107
LEARN: Partners for Birth to Three	232
McLaughlin & Associates	319
Oak Hill Birth to Three Program	94
Project Interact, Inc.	273
REACHOUT, Inc.	402
Rehabilitation Associates of Connecticut, Inc.	909
SARAH, Inc. – KIDSTEPS	342
St. Vincent's Special Needs Services	77
STAR/Rubino Center	107
TheraCare	494
Wheeler Clinic	146

How We Support Families

FAMILY CHOICE IS IMPORTANT. Each family may choose their program or provider from among those available. Parents sometimes transfer their child from one program to another due to a relocation, choice of a different program, or seeking a specialty to fit their child's diagnosis of hearing impairment or autism spectrum disorder.

Most families enroll their eligible children*, develop an individualized family service plan (IFSP) with their team and receive direct services that meet their child's unique needs and define their priorities for their child. Parents pay a monthly fee on a sliding scale that is adjusted according to their income, family size and allows for extraordinary family expenses.

Some families choose to only receive those services that are available at no cost, including evaluation and assessment, IFSP development, service coordination, and transition supports. In FY12, there were 685 families who received services at no cost for at least one month of the year.

The service coordinator is the primary support to the family. Other members of the early intervention team may make joint visits or provide consultation when more than one type of service is provided.

**Of the 4,666 children who were determined to be eligible, the families of 312 did not elect to proceed to an initial IFSP meeting.*

SERVICE DELIVERED BY	NUMBER OF CHILDREN	% OF CHILDREN WITH IFSP
Speech and Language Pathologist	5,588	66%
Special Educator	4,264	51%
Occupational Therapist	2,985	35%
Physical Therapist	2,753	33%
Early Intervention Associate or Assistant	2,560	30%
Early Intervention Specialist	850	10%
Social Worker or Intern	654	8%
Board Certified Behavior Analyst or Associate Analyst	526	6%
Audiologist	417	5%
Occupational Therapy Assistant (COTA)	177	2%
Psychologist	164	2%
Nutritionist	134	2%
Nurse	97	1%
Physical Therapy Assistant	32	<1%
Family Therapist/Professional Counselor	15	<1%

During FY12, 924 children had an IFSP for intensive services which means more than 13 hours of service per month based on their last IFSP. Of these children, 725 were identified as having an autism spectrum disorder.

- If we look only at children who did not receive intensive services, the statewide average hours per month as listed in the IFSP was 4.6 hours.
- For children who received intensive services with a diagnosis on the autism spectrum, the average hours of service was 47.7 per month.
- For children who received intensive services with a diagnosis other than autism spectrum disorder, the average hours of service was 37.4 per month.

Making a Positive Difference

CHILDREN WHO EXITED IN FY12 AND WHO HAD RECEIVED AT LEAST SIX MONTHS OF SERVICES IMPROVED ACROSS ALL THREE OUTCOMES THAT WERE MEASURED:

	CAUGHT UP OR MAINTAINED	REDUCED THE GAP
Positive Social Relationships	59%	78%
Acquisition of Knowledge and Skills	51%	84%
Appropriate Actions to Meet Their Needs	70%	88%

HERE ARE SOME PARENTS' EXPERIENCES, AS SHARED IN THE 2012 FAMILY SURVEY RESPONSES:

"This is the best program and I wish I would find it before. It helps us so much to understand and try to teach us how to work with our kid. Thank you so much."

"Excelentes maestra, han ayudao mucho a mi hija. (A+)"

"Excellent teachers, they helped my daughter very much. (A+)"

"My team is excellent! I would have been lost without their continued support and knowledge!"

"To Whom It May Concern, My son has a speech delay. From the very first meeting there were immediate results. Birth to Three has given me new ways to interact with my son and have improved both of our skills. I feel more confident with my son instead of overwhelmed. Thank you very much."

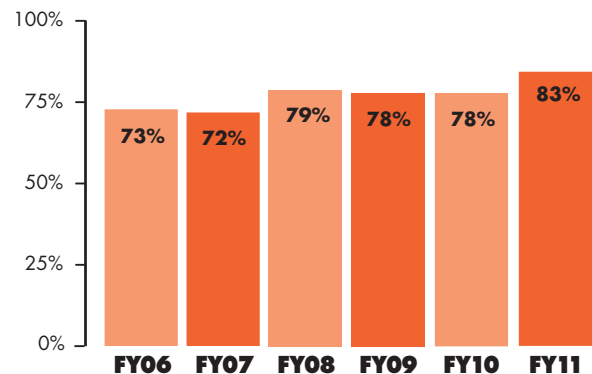
FAMILIES REPORTED FEELING MORE CONFIDENT AND COMPETENT AS A RESULT OF RECEIVING BIRTH TO THREE SERVICES AND SUPPORTS.

Surveyed families enrolled for more than six months agreed, strongly agreed or very strongly agreed that Birth to Three helped them to:

- Help their children develop and learn (98%)
- Communicate their child's needs effectively (97%)
- Know their rights under IDEA Part C (98%)

When we look at the first item in more detail to break out that 98% figure, we find that an increasing percentage of families over the past six years gave the highest ratings possible by reporting that they strongly or very strongly agreed with the statement: "Birth to Three has helped me to help my child develop and learn." This shows that **Birth to Three is effective in helping families to facilitate their children's development.**

HIGHEST RATINGS FROM PARENTS



When It's Time to Say Goodbye

MOST FAMILIES CONTINUE WITH BIRTH TO THREE UNTIL THEIR CHILDREN TURN THREE YEARS OLD OR NO LONGER NEED OUR SERVICES AND SUPPORTS.

The average length of enrollment between a child's initial IFSP and exit was 12.4 months. Families are connected with new community resources as the transition process unfolds.

The 4,354 children who had an IFSP before exiting the System in FY12 left because:

REASON FOR LEAVING BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Child turned three years old	2,842	61%
Parent withdrew child	736	16%
Attempts to contact were unsuccessful	460	10%
No further service needed by child	395	9%
Moved out of state	219	5%
Died	14	<1%

Of the 2,842 children who left at age three:

PLANS AFTER BIRTH TO THREE	NUMBER OF CHILDREN	% OF CHILDREN
Eligible for preschool special education	2,060	72%
Not eligible for special education but referred to another program	315	11%
Eligibility for public school special education not determined or the child was not referred	290	10%
Not eligible for special education and not referred to another program	177	6%

Costs of Early Intervention

The Birth to Three expenditures for FY12 were \$50,194,829 from all sources. Revenue sources included state funds, federal funds, parent payments and commercial health insurance reimbursements. Only 3.7% of that total amount was spent on administration of the System, leaving 96.3% for direct services. Birth to Three is the payer of last resort and successfully maximized other revenue. This included billing Medicaid, which brought in \$6.2 million in federal revenue to the State General Fund, thereby decreasing the net State contribution to Birth to Three by that amount.

ACTUAL FY12 EXPENDITURES – ALL FUNDING SOURCES	
State Funds	\$ 38,840,094
Total Federal IDEA Funds	\$ 5,432,721
Commercial Insurance Reimbursements	\$ 4,719,168
Parent Fees	\$ 1,202,846
Total System Expenditures	\$ 50,194,829

The average annual cost per child, net of commercial health insurance reimbursements for 12 months of service provided by contracted programs was:

General Programs	\$ 8,165
Autism Programs	\$25,670
Deaf/Hard of Hearing Programs	\$ 9,856

FEDERAL FUNDS ONLY	
Salaries and fringe benefits For 8.5 FTE positions (administrative staff)	\$1,139,359
Other expenses	231,969
State & Local ICCs*	12,504
Public Awareness & Child Find	289,132
Data system	102,440
Personnel development	98,460
Supervision and monitoring	1,575
Procedural safeguards	2,642
TOTAL SYSTEM COMPONENTS	1,878,081
DIRECT SERVICES	3,554,640
TOTAL	\$5,432,721

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

*See page 17



We Can't Do It Alone: Our Collaborators

Many people, committees and agencies work with the Birth to Three System in supporting Connecticut's families with young children. The Governor-appointed **State Interagency Coordinating Council** is comprised of stakeholders from throughout the state who advise and assist the Connecticut Birth to Three System.

The Governor-appointed State Interagency Coordinating Council is comprised of stakeholders from throughout the state who advise and assist the Connecticut Birth to Three System. 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.”

STATE INTERAGENCY COORDINATING COUNCIL

<p>Mark A. Greenstein, M.D., CHAIR DEVELOPMENTAL PEDIATRICIAN AND CLINICAL GENETICIST</p> <p>P.J. Ruddy, VICE CHAIR PARENT</p> <p>Kathleen Bradley, Ph.D. DEPARTMENT OF CHILDREN AND FAMILIES</p> <p>Mary Ann Dayton-Fitzgerald COMMISSION ON THE DEAF AND HARD OF HEARING</p> <p>Stephen DeAngelis INSURANCE DEPARTMENT</p> <p>Dona Ditrio HEAD START</p> <p>Rita Esposito PROVIDER, REACHOUT, INC.</p> <p>Tierney Giannotti (alternate for Mary Beth Bruder) UNIVERSITY OF CONNECTICUT CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES</p> <p>Corrine Griffin PARENT</p> <p>Cynthia Jackson PROVIDER, CHILDREN'S THERAPY SERVICES</p> <p>Lynn Skene Johnson DEPARTMENT OF DEVELOPMENTAL SERVICES</p> <p>Rob Kelly (alternate for Senator Anthony Musto) CT LEGISLATOR</p> <p>Robert LaCamera, M.D. AMERICAN ACADEMY OF PEDIATRICS, CT CHAPTER</p>	<p>Ginny Mahoney DEPARTMENT OF SOCIAL SERVICES</p> <p>Miriam Martinez PARENT</p> <p>Joseph McLaughlin PROVIDER, MCLAUGHLIN AND ASSOCIATES, LLC</p> <p>Deborah Pagano PARENT</p> <p>Lorna Quiros-Dilán OFFICE OF PROTECTION AND ADVOCACY</p> <p>John Reilly BOARD OF EDUCATION AND SERVICES FOR THE BLIND</p> <p>Laurel Ross PROVIDER, ABILIS, INC.</p> <p>Maria Synodi STATE DEPARTMENT OF EDUCATION</p> <p>Louis Tallarita STATE DEPARTMENT OF EDUCATION, OFFICE OF CHILDREN WHO ARE HOMELESS</p> <p>Representative Jack W. Thompson CT LEGISLATOR</p> <p>Robin Tousey-Ayers DEPARTMENT OF PUBLIC HEALTH</p> <p>Myra Watnick PROVIDER, REHABILITATION ASSOCIATES</p>
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**CONNECTICUT’S LOCAL INTERAGENCY COORDINATING COUNCILS (LICCS)
ARE INDEPENDENT REGIONAL PARTNERSHIPS THAT WORK TO:**

- Ensure that infants and toddlers with developmental delays are recognized and included as valued members of the early childhood community at planning and policy levels, and throughout everyday community activities
- Advise and assist the Birth to Three System
- Promote communication and collaboration among early childhood providers
- Share ideas and solutions in their communities

PRIORITY AREAS INCLUDE:

- Transition to preschool special education and other early childhood programs
- Coordination of information and resources across public and private agencies

LOCAL INTERAGENCY COORDINATING COUNCIL CO-CHAIRS

DANBURY	TORRINGTON	LOWER FAIRFIELD
Trish Butler	Janae Peluso	Deborah List
Juleen Flanigan	Anne Giordano	Karen Feder

Special thanks to the many families, health care providers and community agencies who support our efforts, including:

Child Development Infoline staff at the United Way of CT directed by Kareena DuPlessis
Medical Advisor, Dr. Ann Milanese of Connecticut Children’s Medical Center
CT Parent Advocacy Center directed by Nancy Prescott
CT Family Support Network directed by Jennifer Carroll
PATH Parent to Parent Co-directed by Nanfi Lubogo and Carmina Cirioli
CT Dept. of Public Health,
Family Health Section Epidemiologist, Karin Davis
Early Hearing Detection and Intervention Coordinator, Amy Mirizzi

Town-by-Town Snapshot

Here are the numbers of children in each town who were referred to Birth to Three in FY2012, and the number of eligible children in each town who were eligible at any point during the year.

TOWN	2011 BIRTHS	REFERRALS	SERVED	TOWN	2011 BIRTHS	REFERRALS	SERVED
Andover	24	9	9	Columbia	50	8	9
Ansonia	187	29	54	Cornwall	4	0	<
Ashford	37	13	16	Coventry	108	21	24
Avon	110	32	38	Cromwell	148	35	26
Barkhamsted	18	<	8	Danbury	1071	219	245
Beacon Falls	37	10	12	Darien	180	46	39
Berlin	139	21	36	Deep River	38	12	14
Bethany	37	6	<	Derby	135	26	33
Bethel	165	36	35	Durham	56	<	9
Bethlehem	22	<	<	East Granby	52	16	16
Bloomfield	163	36	35	East Haddam	64	8	21
Bolton	34	<	8	East Hampton	133	42	32
Bozrah	19	<	<	East Hartford	650	164	213
Branford	206	50	52	East Haven	275	56	62
Bridgeport	2247	451	531	East Lyme	108	37	26
Bridgewater	4	<	<	East Windsor	125	17	29
Bristol	661	159	168	Eastford	15	<	<
Brookfield	127	36	41	Easton	38	19	15
Brooklyn	78	27	30	Ellington	131	32	48
Burlington	69	10	14	Enfield	388	110	120
Canaan	16	<	<	Essex	47	12	13
Canterbury	43	8	9	Fairfield	496	104	109
Canton	78	21	19	Farmington	201	35	45
Chaplin	18	7	<	Franklin	15	<	<
Cheshire	171	49	43	Glastonbury	241	59	56
Chester	28	7	8	Goshen	13	<	<
Clinton	97	25	27	Granby	75	13	16
Colchester	139	39	43	Greenwich	577	167	145
Colebrook	5	<	<	Griswold	115	29	38

Town-by-Town Snapshot, continued

NOTE: 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 FY12 could have been born in 2012, 2011, 2010 or 2009.

TOWN	2011 BIRTHS	REFERRALS	SERVED	TOWN	2011 BIRTHS	REFERRALS	SERVED
Groton	601	121	141	Naugatuck	381	61	74
Guilford	112	39	40	New Britain	992	269	323
Haddam	70	11	13	New Canaan	164	53	33
Hamden	627	138	134	New Fairfield	99	28	50
Hampton	13	<	8	New Hartford	52	13	10
Hartford	1965	548	639	New Haven	1931	436	439
Hartland	12	<	<	New London	383	88	101
Harwinton	37	10	10	New Milford	269	62	87
Hebron	70	21	16	Newington	293	59	62
Kent	13	6	<	Newtown	168	40	50
Killingly	180	48	65	Norfolk	7	0	0
Killingworth	36	10	17	North Branford	102	26	36
Lebanon	50	15	15	North Canaan	19	<	<
Ledyard	166	19	28	North Haven	192	34	41
Lisbon	32	7	11	North Stonington	48	8	<
Litchfield	57	11	11	Norwalk	1182	264	239
Lyme	12	<	6	Norwich	536	89	119
Madison	110	24	24	Old Lyme	36	9	10
Manchester	814	157	200	Old Saybrook	61	10	16
Mansfield	92	18	19	Orange	96	14	21
Marlborough	32	11	11	Oxford	101	22	20
Meriden	783	175	198	Plainfield	168	41	37
Middlebury	54	15	15	Plainville	187	50	46
Middlefield	31	6	<	Plymouth	105	35	45
Middletown	523	96	125	Pomfret	20	6	<
Milford	477	96	100	Portland	69	15	12
Monroe	139	48	45	Preston	25	7	7
Montville	172	39	46	Prospect	62	13	17
Morris	15	6	8	Putnam	90	28	31

Town-by-Town Snapshot, continued

TOWN	2011 BIRTHS	REFERRALS	SERVED	TOWN	2011 BIRTHS	REFERRALS	SERVED
Redding	57	11	10	Vernon	333	81	86
Ridgefield	166	44	42	Voluntown	27	6	6
Rocky Hill	191	34	31	Wallingford	413	88	112
Roxbury	15	<	<	Warren	10	0	<
Salem	26	9	6	Washington	20	7	<
Salisbury	22	<	<	Waterbury	1571	422	445
Scotland	13	<	<	Waterford	134	29	23
Seymour	149	28	26	Watertown	171	30	41
Sharon	14	<	<	West Hartford	621	129	158
Shelton	334	67	79	West Haven	685	144	135
Sherman	14	<	11	Westbrook	54	9	15
Simsbury	174	48	48	Weston	45	20	18
Somers	45	19	20	Westport	162	54	49
South Windsor	282	42	50	Wethersfield	258	47	53
Southbury	110	14	27	Willington	45	8	13
Southington	345	66	94	Wilton	118	43	38
Sprague	30	7	6	Winchester	104	16	23
Stafford	105	17	24	Windham	313	101	127
Stamford	1748	380	366	Windsor	261	64	63
Sterling	32	12	11	Windsor Locks	112	17	20
Stonington	124	19	26	Wolcott	113	41	28
Stratford	550	85	117	Woodbridge	61	11	15
Suffield	70	21	18	Woodbury	57	15	11
Thomaston	59	22	25	Woodstock	38	6	15
Thompson	64	15	18				
Tolland	90	22	29	TOTAL	36,755	8,419	9,333
Torrington	375	91	115				
Trumbull	252	56	59				
Union	10	0	<				

Data Source: CT Dept. of Public Health and CT Birth to Three database

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