Help Me Grow
Program Years
2013- 2015
Evaluation Report

UNIVERSITY OF HARTFORD
COLLEGE OF ARTS AND SCIENCES

Help Me Grow: 2014 Evaluation Report

By

Marcia Hughes, Ph.D.

Allison Joslyn

Center for Social Research
Hillyer Hall, Suite 423
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117

Prepared for

Connecticut Office of Early Childhood
Hartford, Connecticut

September 30, 2014

We want to thank the following people for their support and feedback: the Program Supervisor of *Help Me Grow*, Kareena Duplessis, and all the care coordination staff at Child Development Infoline, Deborah Watson, *Help Me* Grow Consultant, and Marijane Carey from Carey Consulting. We also want to thank Luz Rivera, Program Liaison, Karen Foley-Schain, Program Director, and administrators at the Office of Early Childhood for funding this research and their support of the evaluation project. Any opinions, findings or conclusions herein are those of the authors and do not necessarily reflect the views of the above agencies or individuals.

Table of Contents

Figures & Tables

Executive Summary

Help Me Grow, a model program nationally (*Help Me Grow* National Center) is a statewide system designed to identify, as early as possible, children at risk for poor developmental and behavioral outcomes and connect them to community resources and local programs. The Division of Family Support Serves at the CT Office of Early Childhood (OEC) administers *Help Me Grow*, working in collaboration with The Child Development Infoline (CDI), a specialized unit of the United Way of Connecticut/211, the Connecticut Department of Developmental Services' Birth to Three System, the State Department of Education Preschool Special Education Program, and the Department of Public Health's Children and Youth with Special Health Care Needs (CYSHCN) program. The programs work in partnership to facilitate coordinated services. It is through this collaboration that *Help Me Grow* contributes to a statewide network of triage and referral for those concerned about children's development.

The components of the program include: on-site training for Pediatricians and Family Health Care Providers in early detection of child developmental and behavioral concerns; a statewide toll free telephone number for accessing the CDI; telephone care coordinators who triage calls, provide referrals and follow up with families; and partnerships with community-based service and advocacy agencies facilitated by the *Help Me Grow* program liaisons. Also, *HMG,* through *CDI*, offers families the *Ages & Stages (ASQ) Child Monitoring Program*, a series of questionnaires completed by parents (electronically or by mail) that are designed to screen children for developmental delays from 3 months to five years of age (Squires, Bricker, & Potter, 1997).

During the past four programmatic years, 2010, 2011, 2012, and 2013, *Help Me Grow* received a total of 9,550 calls: 2,872 calls in 2010, 2,411 calls in 2011, 2,087 calls in 2012, and 2,180 calls in 2013. The decreasing trend in the number of calls each year is likely related to the decrease in promotional efforts due to the challenging state budget during this period of time.

For each of the four years, callers were primarily parents (75% in 2013). An analysis between the 5 Connecticut town groups: Wealthy, Suburban, Rural, Urban Periphery, and Urban Core, (Levy, Don, Rodriguez, & Villemez, 2004) revealed that the majority of families who contacted *Help Me Grow* reside in the Urban Periphery and Urban Core town groups of Connecticut, similar to previous years. Also as with previous years, in 2013, the percentage of callers from the Urban Core town group (36%) was disproportionately higher than the percentage of this group's overall population in the state (19%) indicating that *Help Me Grow* services are reaching high-risk communities.

Approximately half of the calls for each of the past four years were families seeking general information about publicly funded service systems specifically Birth-to-Three (PART C of Individuals with Disabilities Education Act (IDEA)), Children and Youth with Special Health Care needs (Maternal and Child Health Services Block Grant, Title V of the Social Security Act), and preschool educational services (PART B, IDEA). Child Development Infoline serves as a conduit to these services. However - as is the case with the remaining half of the calls - in many instances, parents call with concerns about a child's development or behavior, educational services and/or related family concerns that do not meet the criteria for these programs. *Help Me*

Grow serves as a supportive net to help all families and in particular to help families who otherwise would "fall through the cracks."

When families call *Help Me Grow* seeking information or advice, care coordinators typically record two or more service requests and/ or presenting issues. Changes in data (i.e., documentation of parents concerns) over the past four years indicate that care coordinators have become more "seasoned" and therefore more precise and thorough in determining families' needs during the intake process. For example, while documented questions about general development issues (i.e., child's growth and developmental patterns and related inquiries about support services and programs) have steadily decreased from 46% in FY 2010 to 22% in FY2013, care coordinators have documented a steady increase in families calling about: child's social skills or developmentally appropriate emotional behavior, (from 8% to 13% in 2013); concerns about child's health care and disability needs, (increased from 15% to 22% in the past 4 years); educational concerns, in particular requests for special education services (steadily increased from 14% in the 2010 fiscal program year to 25% in 2012 and 22% in 2013); and family issues have increased from an average of 5% in the previous 3 years to 11% in 2013.

The top five program referrals for *Help Me Grow* families for the past three years have consistently been: 1) services related to education needs, mostly preschool special education; 2) the Ages & Stages Child Monitoring Program; 3) services related to disabilities; 4) services for Children & Youth with Special Health Care Needs and 5) parent education programs.

The number of families entering the Ages and Stages Child Monitoring Program has remained relatively constant, averaging 970 new enrolled families. In Fiscal Year 2008, there was an increase in the number of families entering the ASQ Child Monitoring Program (n=1,203) due to an increase in outreach and training to pediatricians. The decrease in the number of families enrolling in the program since that time may be attributed to the challenging state budget situation which impacted outreach efforts. However, beginning in 2013, planning for a *Help Me Grow* Campaign was initiated to increase awareness of the critical need for developmental screening of children who are birth to five years of age. Although the Campaign events are designed to provide a service to parents (i.e., connect them to the ASQ Child Monitoring Program), the primary purpose is to draw parents attention to the Campaign message (i.e., early screening and early intervention) and to pass it along to others. Participating communities include Bridgeport, Danbury, the Lower Naugatuck Valley, Hartford, Killingly, Putnam, Sterling, Plainfield, Middletown, New Britain, Norwalk, and Stamford. The OEC launched the campaign in the spring of 2014; over the next year, calls and referrals to the HMG ASQ program from each of the participating communities will be tracked to measure the impact of the Campaign. A full report on processes and some of the outcomes will be included in next year's 2014 annual evaluation.

Outcomes of family referrals for service and information request have an 80% success rate showing that families are successfully connected to services four out of five times. A relative decrease in successful outcomes (from 88% in FY2010 to 80% in FY2013) is balanced by the increase in outcomes that are recorded as pending (from 9% in FY2010 to 12% in FY2012). However, there was also an increase in the percentage of service referrals where families were not connected (from 3% in 2010 to 5% in 2011 and 2012, and 8% in 2013). Upon closer inspection of these cases, we found that the majority of these families were referred by a third

party (e.g., pediatrician) and the care coordinators were not able to reach them or, once reached, the family did not have the same concern or their situation had changed. In a small number of cases, when parents were the initial caller, they were either no longer interested at follow up or were dissatisfied with what was available (e.g., lack of financial support services for day care program).

In comparing positive outcomes between the "5 Connecticuts," the rate of successful outcomes was higher among wealthier communities than for poorer communities. Rates of successful outcomes between the 5 town groups ranged from 77% in Urban Core Connecticut to 87% in Wealthy Connecticut. The percentage of pending outcomes is highest in Urban Core and Urban Periphery CT (15% and 12% respectively) as compared with all other town groups which range from 5% to 10%. The percentage of referrals on behalf of families where families did not receive a service is lowest in Wealthy CT (3%) as compared with all other town groups which range from 8% to 10%.

A new effort, The Child Development Infoline/Norwalk Community Initiative, has been underway (April 2013 to March 2016) to create and implement a coordinated system of early detection (ASQ screening) and intervention for developmentally at risk children in Norwalk communities. In addition, the purpose of the project is to generate quality data on the development status of the community's young children. Data will be used to inform decision making about the needs of Norwalk families and to better understand the gaps and barriers to service. Challenges and opportunities that are identified during the Initiative will also be used to inform CDI/*HMG* efforts in other communities and statewide moving forward.

Lastly, during 2012 researchers from the University of Hartford evaluated the impact of CT *Help Me Grow* by examining whether the system is enhancing protective factors and facilitating families' successful negotiation of risk factors (Hughes, Joslyn, Mora Wojton, O'Reilly, & Dworkin, 2014**).** We employed principles from integrated research on protective factors, competence, and resilience to evaluate whether connecting vulnerable children to community-based programs and services through the *Help Me Grow* system strengthens protective factors. We used a parent survey and coding system modeled on five protective factors and related theoretical underpinnings of the Strengthening Families approach to evaluate the impact of *Help Me Grow* on family circumstances and children's development. We recruited families who called *CDI* to participate in a phone interview that asked about their experience with *HMG*. During the interview, we administered a 10-item survey that asked parents to numerically rate the ways in which there was a positive change as a result of their contact with *HMG* and their receiving information and services. In addition, we coded and analyzed case notes completed by care coordinators for each of the families to evaluate whether and how the *HMG* system promoted protective factors. Parents reported a positive change in their family circumstances and a strengthening of protective factors. Parents' responses were positive despite differences in presenting issues. *Help Me Grow* support to families and their connection to programs and services enhance protective factors, even among families with differing needs. Our analyses support the practical utility of the Strengthening Families approach as a basis for evaluating the efficacy of interventions to promote children's healthy development. A positive shift in parents' attitudes, knowledge, and behaviors contribute to engaged, supported, and educated parents who are better equipped to meet their children's needs and foster healthy developmental outcomes.

Introduction
Help Me Grow Program

When a provider or family calls *Help Me Grow*, they are asked a series of questions that help the care coordinator make an assessment and appropriate referrals. The care coordinator researches existing resources or services for the family. Often they will mail parents informational material on child development stages, behaviors, and milestones. In addition, program liaisons facilitate networking and partnerships with community-based agencies through outreach and advocacy to maximize use of existing services. They serve as a conduit between the community-based services and the telephone access point.

Children are connected to existing resources, such as primary and specialty medical care, early childhood education, developmental disability services, mental health services, family and social support, and child advocacy providers. The care coordinators provide families with program information that includes a specific name of a contact person and details about services. If necessary, the care coordinator will call the resource and arrange a telephone conference call with the family. The care coordinators also contact the family approximately two weeks after the referral is made to see if they were able to access services, and send a letter to the child health provider to let them know when a family has been connected with a community-based resource. The letters are included in the medical record to prompt discussion with parents regarding development, concerns, and needed services at their next office visit.

Effective since July 2002, *Help Me Grow*, through the Child Development Infoline, offers families the *Ages & Stages (ASQ) Child Monitoring Program* designed to screen children for developmental delays. The ASQ is a screening tool completed by parents and used to identify children from four months to five years of age. Families learn about the ASQ from several sources, including child health care providers, the Birth to Three program, and *Help Me Grow* contacts. Parents fill out an enrollment/consent form and are mailed the ASQ at specified intervals; once they complete the questionnaire, they mail them back for scoring. If no developmental delays are identified, the parent is sent an activity sheet that outlines the next stage of development and what to expect until the next questionnaire is mailed. The consent form includes permission to send the ASQ results to the child's healthcare provider. The provider can then add the results to the child's chart and have a record of development to guide surveillance at subsequent health supervision visits. Community development liaisons also provide information and training for pediatricians and other health care providers on how to encourage parent use of the ASQ developmental screening.

SECTION I. *Help Me Grow's* State-Wide System of Early Detection and Care Coordination

In accordance with Connecticut's General Assembly Appropriation Committee, Results-Based Accountability (RBA, Freidman, 2005) provides a framework for Sections I and II of this report; that is, data on indicators of performance and results are presented annually to show where the program's been (i.e., over the past 3 to 5 years), and a forecast of where the program is going. Other measures are used to tell the story behind the baselines and other parts of the program process. Performance measures are organized according to the following:

- "How much did *Help Me Grow* do?" (i.e., utilization of the program and related data)
- "How well is *Help Me Grow* doing?" (i.e., family referrals for services and community outreach efforts)
- "Is anyone better off as a result of utilizing *Help Me Grow?*" (i.e., outcomes and final disposition of cases)

Part A. How much is *Help Me Grow* doing?

Utilization of *Help Me Grow*: Number of calls made to *Help Me Grow* by parents, pediatricians and others with concerns about a child's learning, development or behavior during the past four years (Figure 1 and Table 1).

Figure 1. Who Calls *Help Me Grow*?

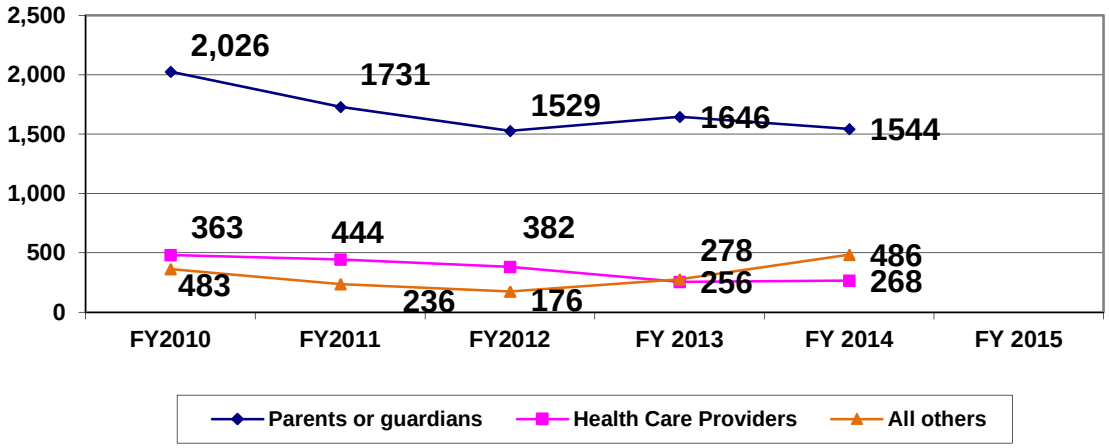


Table 1. Total Number of Callers

FY 2012	FY 2013	FY2014	FY 2015
2,087	*2,180*	2,298	

Figure 1: Summary analysis

- During the 2013 fiscal program year, a total of 2,180 calls were made to *Help Me Grow* by parents, pediatricians and other providers, and families and friends who were concerned about a child's behavior, learning, or development. Although the 2013 rate of calls is very similar (only slightly higher) to the rate of calls in 2012, it is a 9% decrease from the 2011 fiscal total of 2,411 callers and a 24% decrease from the 2010 fiscal total of 2,872 callers. The decline in the number of callers since four years ago may be attributed to the challenging state budget situation which impacted outreach efforts (i.e. there was a decrease in promotion efforts to health and day care providers). However, as of 2013, the rate of calls appears to have leveled off.
- Over 50% are repeating callers (that is, 50% of all callers - parents/guardians, health care providers, and 'all others'), and already know about *Help Me Grow* (data not shown here).
- As with previous years, the majority of callers in 2013 are parents or guardians (75%).
- Thirteen percent of calls were made by pediatricians and 12% were made by 'All Others,' including representatives from social service agencies, child care providers, relatives and friends, and callers from the Department of Children and Families. Although the number of 2013 callers in the All Others category (n=256) has increased from 2012 (n=176), the

2013 rate of 256 represents a 47% decrease since 2010 (n=483). This decrease coincides with the decrease in promotion of the program as noted above.

How families learn about the program (Table 2) and the nature of service requests and presenting issues (Table 3).

Table 2: How Do Parents/ Legal Guardians Learn About *Help Me Grow*

	Fiscal Year 2012		Fiscal Year 2013		Fiscal Year 2014		Fiscal Year 2015	
Health care provider	277	18%	226	14%	250	11%		
Child care provider	79	5	48	3%	32	0.1%		
Relative/friend	105	7%	121	8%	80	4%		
211Infoline	269	18%	386	23%	523	23%		
Already known	669	44%	612	37%	1033	45%		
All others	130	9%	253	15%	380	17%		
Total	1529	100%	1646	100%	2298	100%		

Table 2: Summary analysis

- Compared to 2010 and 2011, there has been a relative increase (upward trend) in 2012 and 2013 in the percentage of families who heard about *Help Me Grow* via 211 Infoline (from 14% to 23%), and a corresponding decrease in 'how heard' from health care providers (from 19% to 14%), and those who already knew (from 44% to 37%). This is likely due to an improvement of internal coordination and communication within United Way between the 211 system and the Child Development Infoline.
- At this stage in the life of the program (more than 13 years old), many of the parents have likely used the program in the past and report that they already knew about the program Specifically, 37% of families who called in 2013 already knew about *Help Me Grow*; however, this is a slight decrease from 44% in previous 2 years.

Why families call *Help Me Grow*: Comparing nature of service requests and presenting issues

When a family or service or health care provider calls the Child Development Infoline number they are asked a series of questions that help the care coordinator assess and link families to an appropriate program. The care coordinators are trained on how to interview and build a relationship with callers, ask for appropriate clarification, use active listening skills, educate callers on how the system works, summarize what has happened during the call, and clarify follow-up program and referral needs.

Families call *Help Me Grow* for a variety of reasons seeking information or advice. Care coordinators typically record two or more service requests and/ or presenting issues see Table 3). Together, care coordinators with the family sort out different options and plans for connecting families to support and resources within the community. Child Development Infoline also maintains a plethora of information and materials on child development (e.g.,

developmental stages, behaviors, milestones) and related parenting strategies. Based on what is discussed and agreed upon with the families, care coordinators will mail informational material to families in addition to connecting families to services and other resources.

Table 3: Nature of Service Requests and Presenting Issues

Nature of Service Requests and Presenting Issues	**Fiscal Year 2012**		**Fiscal Year 2013****		**Fiscal Year 2014**		**Fiscal Year 2015**	
	N = 2087		N = 2180		N = 2298			
General Development Issues	584	28%	487	22%	568	25%		
CYSHCNs (Title V)	824	39%	830	38%	1388	60%		
Preschool Spec. Ed/Evaluation	563	27%	488	22%	544	24%		
Behavior/ Social/ Emotional/ Mental Health Concerns	271	13%	279	13%	355	15%		
Health/ Disability Concerns	438	21%	471	22%	434	19%		
Education Concerns	522	25%	481	22%	317	14%		
Basic Needs	167	8%	186	9%	154	7%		
Social/ Recreation Issues	167	8%	296	14%	426	19%		
Family Issues	125	6%	250	11%	135	6%		
Adaptive	2	0.1%	4	0.2%	5	0.2%		
Total # of Presenting Issues	**3,663**		**3,772****		**4,326****			

* Presenting issues are non-exclusive; that is, care coordinators typically record two or more service requests and/or presenting issues for each family.

** See appendix for full list of presenting issues in 2013 under each area in Table 3 (p. 19).

Table 3: Summary Analysis

- The number of calls that care coordinators have documented as questions about general development issues (i.e., child's growth and developmental patterns and related inquiries about support services and programs) have steadily decreased from 46% in 2010 to 22% in 2013. This may be due to the decrease in number of callers during the past 3 years (see Figure 1 summary analysis, p. 3), which in turn allows the care coordinators to be more precise and thorough in determining families' needs during the intake process.
- Relatedly, care coordinators have documented a steady increase in families calling about:
    - The number of calls inquiring about services for Children and Youth with Special Health Care needs (i.e., for families receiving or seeking Title V) have steadily increased from 30% in 2010 to 39% and 38% in 2012 and 2013, respectively. This can be related to increased coordination and partnership between program administrators and front line staff at *Help Me Grow*/Child Development Info Line and Children and Youth with Special Health Care Needs.
    - Questions or concerns regarding child's social skills, developmentally appropriate emotional behavior, or mental health condition increased from 8% in 2010 to 13% in 2012 and in 2013.
    - Concerns about child's health care and disability needs, increased from 15% and 14% in 2010 and 2011 respectively, to 21% and 22% in 2012 and 2013. Similar to the increase in service needs (see above), this can perhaps be related to increased coordination and partnership between program administrators and front line staff

at *Help Me Grow*/Child Development Info Line and Children and Youth with Special Health Care Needs.
    - Educational concerns, in particular requests for special education services, increased from 14% in the 2010 fiscal program year to 25% in 2012 and 22% of all calls in 2013.
    - Percentage of calls inquiring about social recreational programs has increased from an approximate average of 7% for years 2010 through 2012 to 14% in 2013.
    - Percentage of calls about family issues in 2013 has increased from an approximate average of 5% in the previous 3 years to 11% in 2013.
- Percentage of calls about preschool spec. ed. (most often families seeking evaluations) increased from 21% in 2010 to 27% of calls in 2012 but declined in 2013 to 22%.

Triage to early childcare and education program systems and filling the gaps in services: Birth to Three, Children and Youth with Special Health Care Needs, Early Childhood Special Education Services and *Help Me Grow*

The phone calls that care coordinators receive about child needs cover a wide range of concerns, disabilities and developmental delays. Many families are seeking information about publicly funded service systems. These service systems include Birth-to-Three (PART C of Individuals with Disabilities Education Act (IDEA)); Children and Youth with Special Health Care needs (Maternal and Child Health Services Block Grant, Title V of the Social Security Act); and preschool educational services (PART B, IDEA). Child Development Infoline serves as a conduit to these services. In many instances, these families have other presenting issues as well (as shown in Tables 4 and 5). Furthermore, if after initial assessment, family concerns do not meet the criteria for Birth to Three, Early Childhood Special Education services, or Children & Youth with Special Health Care Needs, the family becomes part of the *Help Me Grow* system (see Table 4). *Help Me Grow* serves as a supportive net to help all families and in particular to help families who otherwise would "fall through the cracks."

Table 4. *Help Me Grow* Cases by Service Systems - Fiscal Year 2013

Child Program Service Need	**#**	**%**
Birth to Three, CYSHCN, or Special Education *and Help Me Grow* Cases (i.e., needs that do not fit eligibility criteria)	800	37%
Help Me Grow Only Cases (support needs that do not fit eligibility criteria)	727	33%
General Information about Birth to Three Only Cases	309	14%
CYSHCN Only Cases	35	2%
Early Childhood Special Education Only Cases	205	9%
CYSHCN, Birth to Three or Special Education	97	5%
Total # of Cases in the HMG Fiscal Year 2013 Database	**2173**	100%

Table 4: Summary Analysis

- Of the total cases in 2013 (N=2173), 37% were children who had an identified delay and also had other concerns or confounding issues (e.g., basic needs, social/recreational needs or behavior concerns); 33% were identified as *Help Me Grow* cases only, 14% were calls referred to Birth to Three, 2% of the calls were directed to Children and Youth with

Special Health Care Needs (CYSHCN), 9% of cases were directed to preschool special education services, and 5% of the calls were directed to two or three of the three publicly funded programs (i.e., B-3, CYSHCN, Spec. Ed).

Table 5. Presenting Issues by the Different Service Systems* Fiscal Year 2013

Presenting Issues and Concerns	**General Information on B-3 Only: PART C (N=309)**	**CYSHCN Only: Title V (N=35)**	**Early Childhood Special Ed. Only: PART B (N=205)**	***HMG* Only: all other needs (N=727)**	***HMG* with B-3, CYSHCN and/or special needs: overlap of needs (N=800)**
Adaptive	0%	0%	0%	0%	0.5%
Basic needs	0%	0%	0%	9%	13%
Behavioral/ social emotional/ mental health	0%	0%	0%	23%	14%
Education	0%	0%	0%	33%	31%
Evaluation	0%	0%	100%	0%	22%
Family issues	0%	0%	0%	28%	6%
Follow-up	3%	0%	0%	0%	14%
Development Issues	0%	0%	0%	26%	37%
General Information	100%	6%	76%	2%	43%
Healthy/ disability	0%	0%	0%	22%	39%
Service Need (ie. CYSHCN)	0%	100%	0%	0%	95%
Socialization/ recreation	0%	0%	0%	21%	18%

***** 97 families are not included in the table; these families were referred to 2 or 3 of the publicly funded programs only i.e., CYSHCN with Birth to Three or Special Education (see table 4).

Table 5 Summary analysis:

- 100% of the Birth to Three calls was questions regarding general information. Care coordinators transfer calls for B-3 services and document it as general information. In addition, through an administrative agreement between the United Way, Child Development Infoline and the Birth to 3 Service System, care coordinators make follow up phone calls to families who were referred to Birth to 3 services for an evaluation but their child did not meet criteria. These calls are to inquire if the families are interested or are in need of other support services. The number of families who received a follow up phone call *and* were in need of further support services, for each year 2010 through 2013 were as follows:

	2012	**2013**	**2014**	**2015**
Families whose child did not meet criteria for B-3 but requested other support services at follow up	167	171	141	

- 100% of the calls from families calling about early childhood special education services were inquiries about evaluations. In addition, 76% were calling for general information about special education services.
- Interestingly, we see a range of call types where families do not fit in the program systems and consequently fall in the *Help Me Grow* supportive net (*HMG* only, n=727). Thirty-three percent were calls regarding educational services, 28% included concerns about family issues, 26% of the *Help Me Grow* cases were calls regarding development issues, 23% of the calls were questions about behavioral, emotional or mental health concerns of the child, 22% were inquiries about children's health or disability, and 21% included inquires about socialization or recreation services.
- Eight hundred families receiving publicly-funded services (Title V, PART B, or PART C) were also in need of additional support: 43% were inquiries about general program information, 37% of the calls from these families were to ask about developmental issues with their child, 31% of calls were about educational concerns, 22% of calls were families who were requesting further evaluation, 18% of calls were for socialization/recreational programs, 14% were about concerns related to child's behavior or mental health, and 14% of the calls were families in need of such basic things as shelter, food, clothing, insurance, medical care, baby diapers, and other financial concerns.

Number of Calls per Case by Program Systems

Figure 2. Average Number of Calls per Case by Service Systems - FY2013

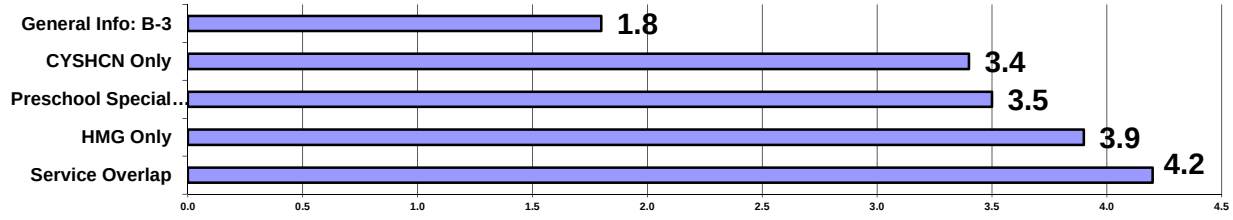


Figure 2: Summary analysis

- Analysis comparing average number of phone contacts per family (incoming and outgoing) between program systems (Fig. 2) showed a significant difference between groups ($F = 13.09$, $p < .00$) and the difference is in the expected direction: There is less time and effort (in phone calls) when families meet criteria for publicly funded programs. Specifically, on average, care coordinators make 1.8 calls, incoming and outgoing, on behalf of families inquiring about B-3 services as compared with an average of 4.2 calls for families who have unique and/or additional or more complex needs.

Part B. How well is *Help Me Grow* doing?

Number and type of referrals for program services on behalf of families
Table 6 summarizes the total number of referrals care coordinators made on behalf of families and table 7 shows the top six referrals made on behalf of families (note that this excludes referrals to Birth to Three as families are immediately referred over and care coordinators do not document these referrals).

Table 6. Total Number of Referrals

FY 2012	FY 2013	FY 2014	FY 2015
3,225	3,773	3,393	

Table 7: Six Highest Number of Referrals to Service Programs

	FY 2012		FY 2013		FY 2014		FY 2015	
HMG ASQ Child Monitoring Program	456	27%	361	17%	413	18%		
CYSHCN Services	613	37%	654	30%	664	29%		
Education Services	496	30%	451	21%	467	20%		
Disability-Related Programs	434	26%	390	18%	325	14%		
State Agency					259	11%		
211 & Basic Needs	130	8%	106	5%	258	11%		

Table 7 Summary analysis:

- The total number of *Help Me Grow* referrals to service programs for Connecticut families during the 2012- 2013 program year was 3,773, the highest it has been in the past 4 years and following two years during which the trend was decreasing (FY2011 and FY2012, see Table 6). There has been an approximate 9% increase from FY2010 to FY2013 but a 17% increase from FY2012 to FY2013 (see Table 6). Given that the number of callers has declined since 2010 (and leveled off just this past program year), the increase in the number of referrals can be explained by (1) an increase in the number of service requests or presenting issues (see table 3), and (2) improved "resourcing" by the care coordinators.
- Table 7 shows the top 6 referral services in the past three years. While there has been a decrease in the number of referrals to Ages & Stages Child Monitoring Program (note that *HMG* care coordination is not the only point of entry to the *HMG* ASQ Child Monitoring Program, see fig 10, p. 16), referrals for Children and Youth with Special Health Care Needs (CYSHCN), educational-related services, and referrals to disability-related programs have steadily increased in the past 3 years. Referrals to 211 Infoline (e.g., for basic needs such as Husky Health Insurance) and parenting education have remained consistent in the previous 3 program years.

Statewide *Help Me Grow* Network Meetings

Through collaboration and partnerships with community-based human service agencies and other organizations, *HMG program liaisons* at the OEC co-host network meetings on a monthly, bimonthly or quarterly basis in each of 13 major cities located in every region of the state. The meetings provide an opportunity for human service professionals and staff to come together to discuss the challenges they are facing. Presentations and topic of discussions address family, agency, and community needs. There is time to network, share ideas and information on resources, and to brainstorm solutions for challenging situations. The overall purpose of the networking is to identify, as early as possible, children at risk for poor developmental and behavioral outcomes and connect them to community resources and local programs. The role of the program liaisons is to: secure a locale and presenter, facilitate the meetings, and collect feedback from participants to determine topics of interest. The network meetings are co-hosted at partnering agencies and are open to anyone interested. Table 8 lists partnering agencies in each of the 13 cities in 2013. In addition, the below listing of presentations show the range of topics that have been covered (not exhaustive).

Table 8: Location and Co-hosting Partners for *HMG* Network Meetings, 2013

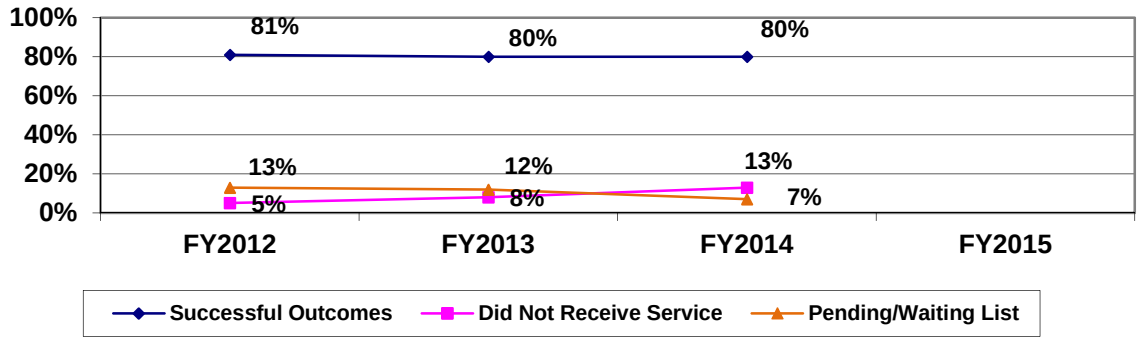
City	Partners
Bridgeport	Child First
Danbury	Early Childhood Partnership of Danbury and Danbury's Promise for Children Partnership
Enfield	North Central Community Collaborative
Hartford	Hartford Foundation for Public Giving
Killingly	Killingly Public Library
Lower Naugatuck Valley	Lower Naugatuck Valley Parent Child Resource Center
New Britain	Promising Stars- New Britain Project Launch
New Haven	Department of Social Services and Early Childhood Council
Norwalk	Norwalk Healthy Families Collaborative and Norwalk Immunization Action Plan
Norwich	Learn
Waterbury	Family Care VNA and Family Services of Greater Waterbury
Willimantic	Generations Family Health Center
Windsor	Early Childhood Collaborative

Topics/Presentations: Introduction to Help Me Grow & Child Development Infoline; Ages & Stages Developmental Screening Tool; Ages & Stages Social Emotional Screening Tool; Prevention of Shaken Baby Syndrome; CT Fatherhood Initiative ; Social Security Benefits for both Children & Adults; Overview of Autism; Developing Attachment System; Trauma & Brain Development; Overview of Early Childhood Consultation Partnership and Helping Children cope with stress in an Early Care & Education Setting; Automated Benefit Calculator; Developmental Milestones & Early Warning Signs of Autism & Resources; The importance of storytelling; Advanced Therapy Solutions; The Stranger You Know; DRS/Community Support for Families; Working with Families with Parental Mental Illness; Social Media, Friend or Foe

PART C. Is anyone better off as a result of utilizing *Help Me Grow*?

Rates of successful or positive outcomes: Outcomes of family referrals for service and information requests (Figure 3).

Figure 3. Help Me Grow Outcomes*



* Note: Information on the final outcome of referrals for services is unknown (and not shown in Figure 3) for a significant portion of cases (i.e., an average of 28% over the past 4 years). This is due to several reasons including family indicating they are not interested in a follow up call, or the care coordinator is unable to reach family after three attempts (2 phone calls and a letter). However, data for these cases (i.e., presenting issues, referrals, average number of calls per case) show every indication that care coordination for these families was the same as for those families who were reached at follow up.

Figure 3 Summary analysis

- Outcomes of family referrals for service and information request have an 80% success rate showing that families are successfully connected to services four out of five times.
- The decrease in successful outcomes (from 88% in FY2010 to 80% in FY2013) is balanced by the increase in outcomes that are recorded as pending (from 9% in FY2010 to 12% in FY2012).
- There was also an increase in the percentage of service referrals where families were not connected (from 3% in 2010 to 5% in 2011 and 2012, and 8% in 2013). Upon closer inspection of these cases, we found that the majority of families who were not connected to services were referred by a third party (e.g., pediatrician) and the care coordinators were not able to reach them or, once reached, the family did not have the same concern or their situation had changed. Note, however, that in these instances the care coordinator will follow up with the third party and inform them of the outcome (e.g., when care coordinator was not able to reach family). In a much smaller number of cases, when parents were the initial caller, they were either no longer interested at follow up or were dissatisfied with what was available (e.g., lack of financial support services for day care program).

Pending Outcomes: The majority of pending outcomes are among services where parents are typically placed on a waiting list.

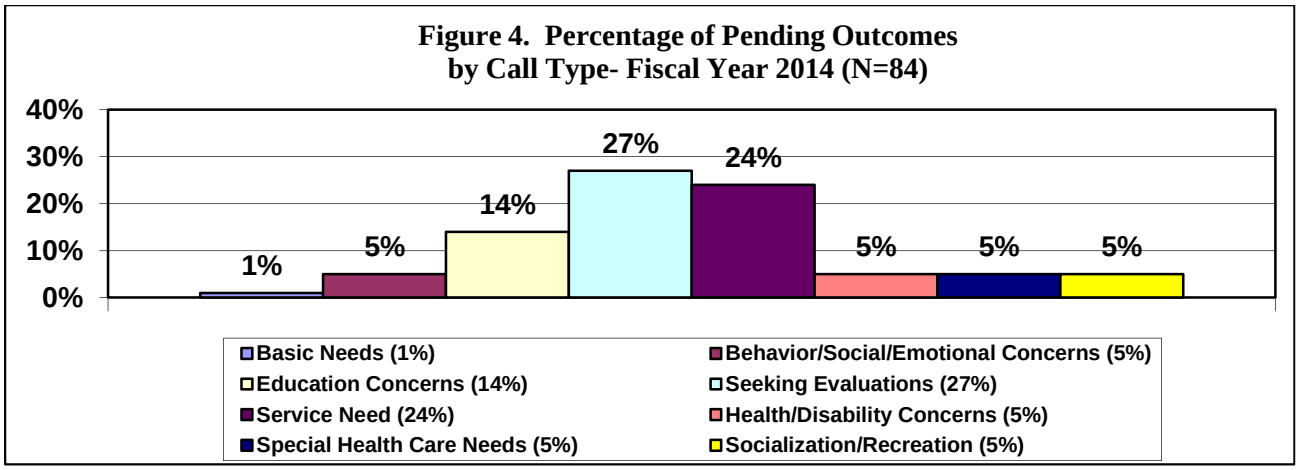


Figure 4 Summary analysis:

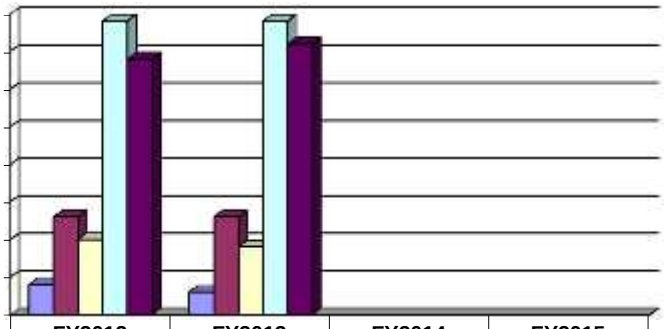
- Out of the 125 families with pending outcomes to services, 18% were services requested for children with special health care needs (e.g., respite care), and additional 12% were families calling about health/disability concerns, 10% were families seeking evaluations for their child, and 9% were families calling about socialization/recreation services. Other pending services were for families referred for basic needs, behavior/social emotional concerns, educational concerns, and family issues.

Section II. "The Five Connecticuts"

Analysis of data by the "Five Connecticuts." Similar to previous annual reports, we examined "caller" data further to determine if there were meaningful patterns between different socioeconomic town groups relative to: where *Help Me Grow* families reside (see Figures 5 and 6), reasons for calling *Help Me Grow* (see Figures 7 and 8), and rates of phone contacts (see Figure 9). In order to do this we used an analysis conducted by the Center for Population Research, University of Connecticut (2004) that categorized individual towns into five "distinct, enduring, and separate groups" in terms of income, poverty and population density (http://popcenter.uconn.edu).

Where the families live: Urban Core, Urban Periphery Suburban, Rural, Wealthy

Figure 5: Where the Families Live
Wealthy, Suburban, Rural, Urban Periphery, Urban Core



	FY2012	FY2013	FY2014	FY2015
Wealthy	4%	3%		
Suburban	13%	13%		
Rural	10%	9%		
Urban Periphery	39%	39%		
Urban Core	34%	36%		

Figure 5: Summary analysis

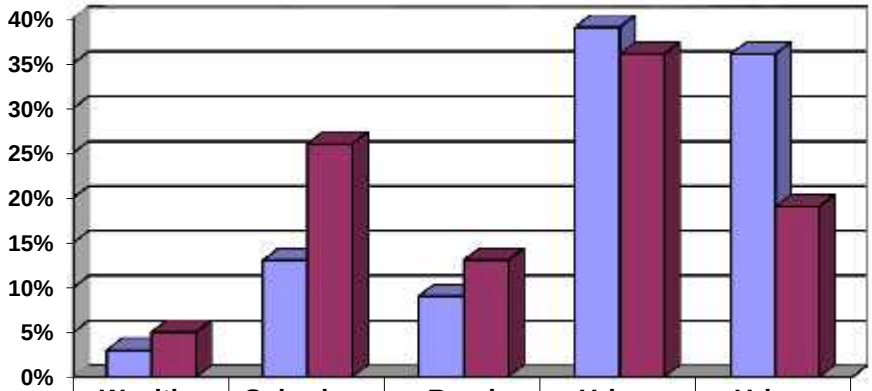
- As figure 5 shows, the percentages of where *Help Me Grow* callers reside within the different town groups are very similar across the past four years.
- The majority of families who contacted *Help Me Grow* in Fiscal Year 2013 resided in the Urban Periphery (39%) and the Urban Core (36%) of Connecticut. Altogether, these towns have the lowest income, the highest poverty rates, and the highest population density. The Urban Periphery (36% of the state's population) consists of 30 "transitional" towns (i.e., located between the urban cores and the suburbs) with below average income, average poverty rates, and a high population density. The town of Manchester is representative of this group. The Urban Core (19% of the state's population) consists of the 6 Connecticut cities that have the lowest income, the highest

poverty rates, and the highest population density. Hartford and Bridgeport are both representative of this group.

- The third largest group of callers in FY2013 resided in Suburban CT (13%), consisting of 61 towns and 26% of the state's population, with above average income, low poverty rates, and moderate population density. The town of Cheshire is representative of this group.
- A relatively smaller percentage of callers (9%) reside in Rural CT, consisting of 63 towns and 13% of the state's population, with average income, below average poverty rates, and the lowest population density. North Stonington is representative of this group.
- The fewest number of callers reside in Wealthy CT (3%) consisting of 8 towns and 5% of the state's population, and has exceptionally high income, low poverty, and moderate population density. The town of Westport is representative of this group.

Where the families reside: *Help Me Grow* compared with the state population, 2013.

Figure 6: Percentages of Families Residing in the Five Town Groups- Help Me Grow Compared with State Population 2013 Fiscal Year*



	Wealthy	Suburban	Rural	Urban Periphery	Urban Core
% of HMG Callers	3%	13%	9%	39%	36%
% of State Population	5%	26%	13%	36%	19%

* See appendix for list of the number of calls that came from each town in 2013 (p. 23).

Figure6: Summary analysis

- Figure 6 shows that the percentages of *Help Me Grow* families that reside in the Wealthy (3%), Rural (9%), and Urban Periphery (39%) town groups are *proportionate* to the percentages of these town groups' overall population in the state (i.e., 5%, 13%, and 36%, respectively).
- The percentage of *Help Me Grow* families that reside in Suburban CT (13%) is *disproportionately* lower than the percentage of this group's overall population in the state (26%). Furthermore, the percentage of callers from Urban Core CT (36%) is

disproportionately *higher* than the percentage of this group's overall population in the state (19%).

Number of Calls per Case by Town Groups

Figure 7: Average Number of Calls per Family between Town Groups
Fiscal Year 2013 N=1336

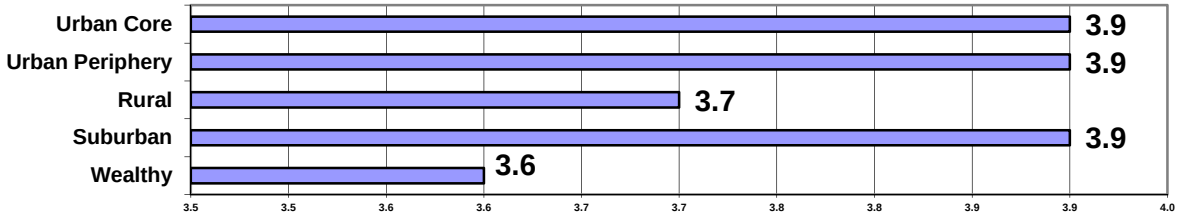


Figure 7: Summary analysis

- Analysis comparing average number of phone contacts per family (incoming and outgoing) between the 5 town groups (Fig. 7) did not show a significant difference ($F=.62$, $p<.65$). Comparing this analysis with similar analysis comparing average number of calls per family between service systems (see figure 2 on page 8), indicates that no matter where one resides (i.e., within "the five Connecticuts") it is the nature of the child/family needs that requires more care coordinator effort (i.e., when family needs 'fall between the cracks" as indicated in figure 2 on page 8).

Comparison of the referrals among the Five Connecticut town groups

Figure 8 Five Highest Referrals:
Comparison between Town Groups- Fiscal Year 2013

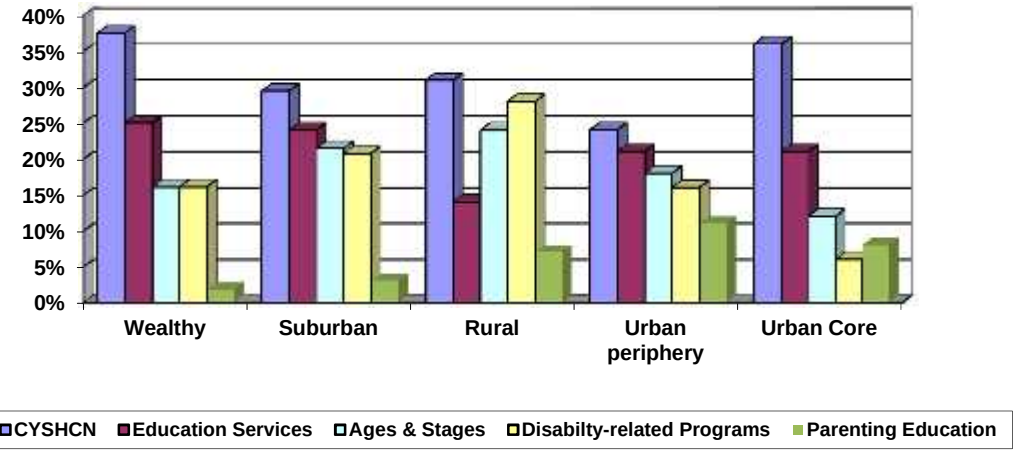


Figure8: Summary Analysis:

- Within Wealthy CT, the highest rates of referrals made on behalf of families was for education services and the Ages & Stages Child Monitoring (ASQ) program, followed by

disability-related services, and a small percentage of referrals made to parenting education programs. Referrals made on behalf of families in Suburban CT were similarly proportionate except that rates of referrals for education services and the ASQ program were slightly less while referrals for disability-related services and parenting education programs were slightly more.

- Compared to other town groups, there was a relatively higher rate of referrals for the ASQ program and much lower rate for education services in Rural CT.
- As compared to other town groups there was a relatively higher rate of referrals to parenting education programs in Rural and Urban Periphery town groups.
- As compared with other town groups, relative rates of referrals to the ASQ program were lowest in Urban Core CT.

Comparison of Outcomes between the "Five Connecticuts" during Fiscal Year 2013

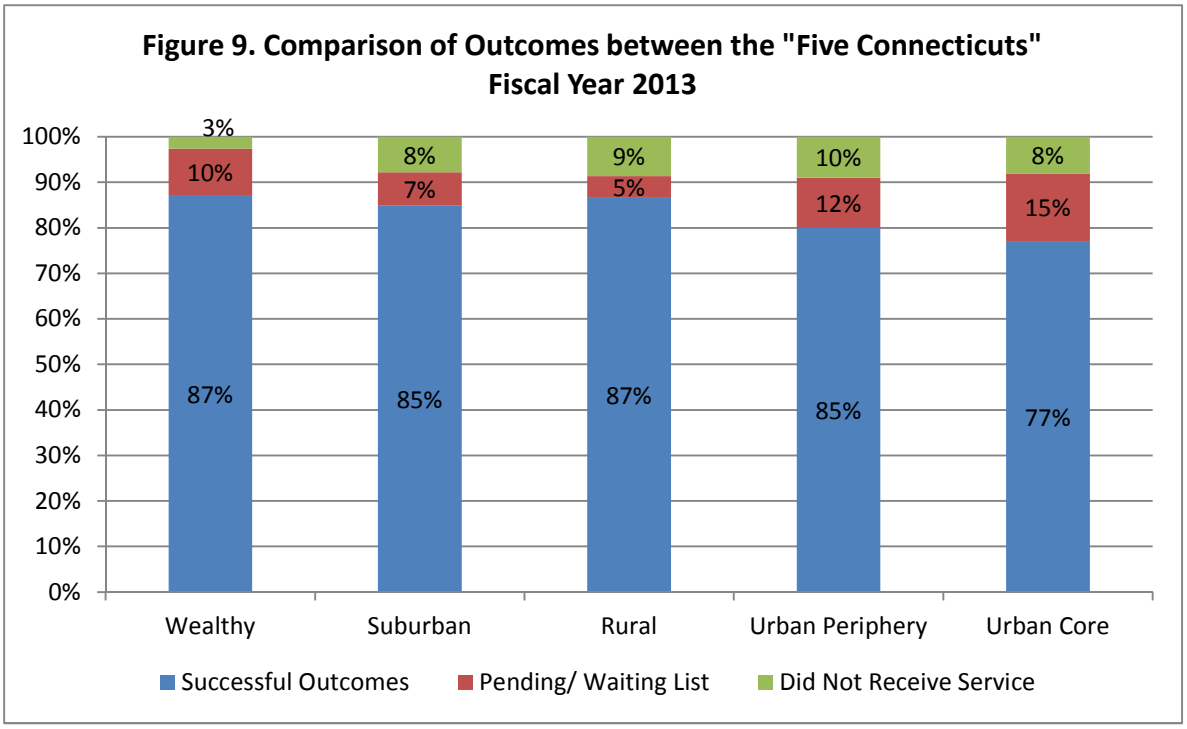


Figure 9: Summary Analysis:

- Rates of successful outcomes between the 5 town groups ranged from 77% in Urban Core Connecticut to 87% in Wealthy Connecticut.
- The percentage of pending outcomes is highest in Urban Core and Urban Periphery CT (15% and 12% respectively) as compared with all other town groups which range from 5% to 10%.
- The percentage of referrals on behalf of families where families did not receive a service is lowest in Wealthy CT as compared with all other town groups which range from 8% to 10%.

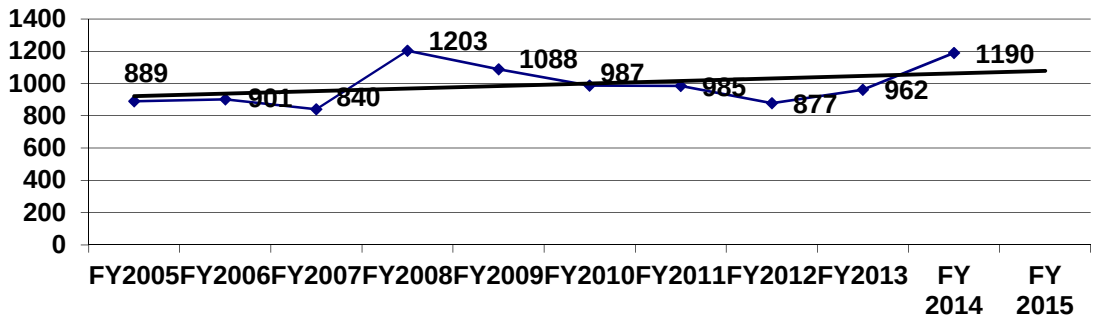
SECTION III. *Help Me Grow's* Ages & Stages Child Monitoring Program

Utilization of the Ages & Stages Child Monitoring Program: A total of 3,103 children were participating in the ASQ program at the end of the 2012-2013 program year. Table 9 shows the number of participating families at the end of each of the past four years, and Figure 10 shows the number of families that *entered* the program for each year since the 2006 fiscal program year.

Table 9. Total Number of Children Who were Sent Ages and Stages Questionnaires per Year

FY 2012	FY 2013	FY 2014	FY 2015
3,186	3,103		

Figure 10. Active Ages & Stages Monitoring: Number of families entering each year*



* Care coordination is not the only point of entry to the *HMG* ASQ Monitoring Program. Referring sources also include pediatric offices, the Birth to 3 program, child care providers, and other community-based agencies.

Table 9 And Figure 10: Summary analysis

- The number of families entering the Ages and Stages Child Monitoring Program has remained relatively constant, averaging 970 new enrolled families since 2009. In Fiscal Year 2008, an increase of the number of families entering ASQ monitoring occurred due to an increase in outreach and training to pediatricians. Similarly, beginning in 2013, planning for a *Help Me Grow* Campaign was initiated to increase awareness of the critical need for developmental screening of children who are birth to five years of age. Although the Campaign events are designed to connect parents to the ASQ Child Monitoring Program, the primary purpose is to draw parents' attention to the Campaign message (i.e., early screening and early intervention) and to pass it along to others. Participating communities include Bridgeport, Danbury, the Lower Naugatuck Valley, Hartford, Killingly, Putnam, Sterling, Plainfield, Middletown, New Britain, Norwalk, and Stamford. The OEC launched the campaign in the spring of 2014; over the next years,

calls and referrals to the HMG ASQ program from each of the participating communities will be tracked to measure the impact.

SECTION IV.
Recommendations

The CT *HMG* system is a valuable resource for identifying and screening children and families from all points on the risk continuum and connecting them to needed services. The data on families and children collected through *HMG* are singular in that they provide an opportunity to compare trends in family and child needs and services across the state. In turn, analyses and review of these data provide information for better understanding the service needs of families and young children. Moreover, the *HMG* network meetings provide a unique forum for bringing together front-line and supervisory staff (on a volunteer basis) from a range of community-based programs and as such, have great potential for developing capacity to integrate early childhood services. Based on the analyses in this report, we provide the following recommendations:

1) In light of efforts to increase public awareness of *Help Me Grow* and the steady increase in the number of presenting issues and in particular in the number of referrals on behalf of families (as presented in this report, see tables 3 and 6, respectively), it is recommended that all collaborating partners (i.e., the Office of Early Childhood, the Child Development Infoline at the United Way of Connecticut/211, the Connecticut Birth to Three System, the State Department of Education Early Childhood Special Education Program, and the Department of Public Health's Children and Youth with Special Health Care needs program) assess program capacity as a team for better understanding and proactive planning relative to outreach, staffing and training. Systematic assessment of capacity is critical for balancing increase in calls with quality of service.

2) Examine trends in calls in relation to the outreach and efforts to raise awareness on developmental surveillance and on Ages & Stages monitoring program in particular, i.e., track the impact of the *Help Me Grow* Campaign over the next year on the number of referrals to the *HMG* ASQ Child Monitoring Program from each of the participating communities, Bridgeport, Danbury, the Lower Naugatuck Valley, Hartford, Killingly, Putnam, Sterling, Plainfield, Middletown, New Britain, Norwalk, and Stamford. In addition to identifying and tracking where training has occurred and who is utilizing the program, also use data on ASQ usage to determine where training is most needed.

3) In order to inform promotional and outreach efforts, it is recommended that data analyses focus on variation in match between family needs and services, gaps and barriers, and outcomes in different parts of the state. Data collected on the needs of families and the gaps and barriers to services for the Child Development Infoline/Norwalk Community Initiative may provide a model for tracking and analysis in other areas of the state.

4) Consider evaluation of *HMG* Network Meetings (facilitated by program liaisons) such that trends in calls can be examined in relation to network efforts among child care providers and community-based service (e.g., trends in calls in the surrounding areas of regional network meetings). In addition, consider collecting survey and/or focus group data from meeting

participants that focus on content, quality, and outcomes of network meetings (e.g., presentation topics, trainings, case problem solving, partnerships that develop, actions and collaborations that result from partnerships, and outcomes of partnerships, i.e., impact on program strategies, outreach, and services for families and children.

5) In order to ensure standardization of data collection, in particular given new initiatives, new staffing, and community change over time, it is recommended that program staff, in collaboration with research team as appropriate, update the data coding manual (i.e., definitions of categories and subcategories), train (or re-train) front-line staff on purpose of data collection and analysis, and have regular meetings (i.e., monthly or every other month) to assess reliability and review any issues and assess reliability.

Works Cited

Levy, D., Rodriguez, O., and Villemez, W. (2004). The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticuts. Storrs, Connecticut: University of Connecticut, The Connecticut State Data Center, Series, no. OP 2004-01.

Help Me Grow National Center. (2010). *What is Help Me Grow?* Retrieved August 24, 2014 from the *Help Me Grow* National Center: http://helpmegrownational.org/pages/hmg-national/what-is-hmg-national.php.

Hughes, M. and Damboise, M. (2009). Help Me Grow: 2008-2009 Annual Evaluation Report. Hartford, Connecticut: University of Hartford, The Center for Social Research.

Hughes, M., Joslyn, A., Mora Wojton, M., O'Reilly, M. & Dworkin, P. (2014). Connecting vulnerable children and families to community-based programs strengthens protective factors, Manuscript submitted for publication.

APPENDIX

NATURE OF SERVICE REQUESTS/PRESENTING ISSUES: FULL LIST, 2013	Count	%
Children & Youth with Special Health Care Needs (Title V)	**830**	**100%**
Assistive Technology/DMEs	6	1%
Benefits Coordination	22	3%
Care Coordination	261	31%
Counseling	4	0%
Educational Support	48	6%
Family Support	111	13%
Medical Specialty Services	11	1%
Other	1	0%
Respite	350	42%
Service Needs Assessment	1	0%
Therapy Services	8	1%
Transition	6	1%
Preschool Special Education/Evaluation	**488**	**100%**
Diagnosed disability	14	3%
Other	4	1%
Poor Socialization/Behavioral Issues	41	8%
Suspected developmental delay	86	18%
Suspected language delay	343	70%
Adaptive Issues	**4**	100%
Oral-motor issues	3	75%
Other	1	25%
Basic Needs Issues	**186**	**100%**
Can't afford child care	3	2%
Can't afford medical care	15	8%
Diapers	22	12%
Insufficient clothing	5	3%
Juvenile furniture	5	3%
Lack of food	10	5%
Lack of shelter	5	3%
Medical Specialty Services	1	1%
Need for legal assistance	9	5%
Need for translation/interpretation services	1	1%
No health insurance	11	6%
Other	10	5%
Other financial issues	82	44%
Passenger safety items	2	1%
Transportation issues	5	3%
Behavior/Social-Emotional Issues	**128**	**100%**
Aggression towards animals	1	1%
Aggression towards others	38	30%
Aggression towards self	10	8%
Being Bullied	1	1%
Defiant behavior	27	21%
Exhibiting inappropriate sexual behaviors	1	1%
Hyperactivity	14	11%

Impulsive behaviors	10	8%
Limited attention span	4	3%
Other	6	5%
Socialization issues	10	8%
Violent behaviors	3	2%
Withdrawn behaviors	3	2%
Education Issues	**481**	**100%**
Child expelled from childcare or other education program	4	1%
Childcare or education program having difficulty managing child's behaviors	79	16%
Difficulty in obtaining special education services	27	6%
Difficulty obtaining special education evaluation	10	2%
Family feels educational program is not meeting child's needs	106	22%
Family feels special ed services are not meeting child's needs	5	1%
General information needed on special ed services	139	29%
Need for extended services	48	10%
Other	11	2%
Seeking alternative educational day program	22	5%
Seeking independent educational testing	1	0%
Suspected developmental delay-(K-grade 12)	29	6%
Family Issues	**250**	**100%**
Domestic violence	2	1%
Maternal depression	1	0%
Other family stressors	10	4%
Parenting issues - child with mental health condition	4	2%
Parenting issues - child with physical and/or developmental disability	15	6%
Parenting issues - divorced parents	6	2%
Parenting issues - general	127	51%
Parenting issues - grandparents raising grandchildren	12	5%
Parenting issues - multiple births	1	0%
Parenting issues - parent(s) with mental health condition	5	2%
Parenting issues - parent(s) with physical and/or developmental disability	5	2%
Parenting issues - parents with disabilities	1	0%
Parenting issues - single parent	33	13%
Parenting issues - teen parent	4	2%
Prenatal Care / Education	3	1%
Sibling issues - general	6	2%
Sibling issues - sibling with mental health condition	6	2%
Sibling issues - sibling with physical and/or developmental disability	7	3%
Substance abuse	2	1%
Followup to Birth-3 Evaluation	**119**	**100%**
Child eligible - parent unhappy or has questions	1	1%
Child eligible, parent okay	4	3%
Child not eligible - parent disputes accuracy of results	5	4%
Child not eligible - parent okay	101	85%
Child not eligible - parent unhappy or has questions	7	6%
Evaluation not yet completed	1	1%
General Development Issues	**487**	**100%**

Behavior management strategies	10	2%
Child development/general	17	3%
Cognitive skills	2	0%
Expressive communication	29	6%
Feeding	6	1%
Fine motor skills	2	0%
Gifted child	2	0%
Gross motor skills	9	2%
Monitor child's development	371	76%
Other	2	0%
Sexual development education	2	0%
Sleep	1	0%
Social skills	1	0%
Stuttering	6	1%
Tantrums	2	0%
Toilet training	16	3%
Weight Management	9	2%
General Information	**1066**	**100%**
Formal complaint made	5	0%
General Information about the CSHCN Program	106	10%
General Information about the Help Me Grow Program	26	2%
General Information about the Preschool Special Ed Program	292	27%
Need # for provider information	227	21%
Need # for regional manager or central office staff	14	1%
Need for family support	28	3%
Other	1	0%
Questions on consumer rights/B-3 procedures	350	33%
Questions on Out of State EI Service	4	0%
Questions on parent fees	5	0%
Want to transfer to another program	8	1%
Health/Disability Issues	**471**	**100%**
Accessibility issues	1	0%
Need for assistive technology/DME	6	1%
Need for information on rights of the disabled	31	7%
Need for information on specific condition-ADD/ADHD	2	0%
Need for information on specific condition-Autism Spec Disorders	22	5%
Need for information on specific condition-Cerebral Palsy	1	0%
Need for information on specific condition-Developmental disabilities	1	0%
Need for information on specific condition-Other	1	0%
Need for information on specific condition-Spina Bifida	1	0%
Need for respite care	57	12%
Need for support for issues related to child's disability	2	0%
Need for support related to child's physical and/or developmental disability	211	45%
Nutrition issues	18	4%
Other	2	0%
Seeking alternative therapy services	12	3%
Seeking diagnosis for possible ADD/ADHD	3	1%
Seeking diagnosis for possible Autism Spec. Disorder	16	3%

Seeking diagnosis for possible learning disability	4	1%
Seeking diagnosis for possible other condition	1	0%
Seeking diagnosis/overall evaluation	2	0%
Seeking overall evaluation / diagnosis	6	1%
Seeking primary health provider	5	1%
Seeking specialty healthcare - audiology	1	0%
Seeking specialty healthcare - developmental pediatrician	1	0%
Seeking specialty healthcare - occupational therapy	10	2%
Seeking specialty healthcare - other	15	3%
Seeking specialty healthcare - physical therapy	6	1%
Seeking specialty healthcare - speech therapy	33	7%
Mental Health	**151**	**100%**
Need for information on mental health conditions / issues - OCD	1	1%
Need for support related to child's mental health condition	44	29%
Seeking counseling services	42	28%
Seeking mental health evaluation / diagnosis	32	21%
Seeking mental health specialist	29	19%
Seeking residential placement	3	2%
Socialization / Recreational	**296**	**100%**
Seeking camps	15	5%
Seeking camps for child with special needs	29	10%
Seeking childcare	8	3%
Seeking Childcare for child with special needs	9	3%
Seeking Headstart Program	1	0%
Seeking Mentor	13	4%
Seeking playgroups	53	18%
Seeking preschool / nursery school programs	2	1%
Seeking recreational activities	122	41%
Seeking social skills resources	44	15%

Connecticut Towns by 5 CT Regions	Number of Cases
Rural	**197**
Andover	1
Ashford	6
Beacon Falls	4
Brooklyn	4
Canaan	1
Canterbury	6
Chaplin	2
Colchester	5
Coventry	4
Cromwell	8
Deep River	2
East Haddam	1
East Hampton	4
East Lyme	6
East Windsor	4
Goshen	3
Griswold	7
Killingly	17
Lebanon	1
Ledyard	2
Lisbon	4
Litchfield	1
Mansfield	3
Montville	3
New Milford	2
North Stonington	2
Old Lyme	2
Plainfield	7
Plymouth	1
Pomfret	4
Portland	10
Preston	1
Prospect	4
Redding	2
Somers	4
Sprague	3
Stafford	5
Sterling	6
Stonington	7
Thomaston	4
Thompson	5
Union	1
Waterford	17
Westbrook	4
Willington	4
Winchester	2
Woodstock	1
Suburban	**306**
Avon	4
Berlin	4
Bethany	2
Bethel	5
Bolton	1
Bridgewater	1
Brookfield	7
Burlington	2
Canton	2
Cheshire	2
Clinton	6
Cornwall	1
Durham	1
Ellington	6
Essex	2
Fairfield	16
Farmington	10
Glastonbury	8

Granby	3
Guilford	4
Haddam	4
Harwinton	2
Hebron	3
Killingworth	3
Lyme	2
Madison	2
Marlborough	3
Middlebury	2
Monroe	4
New Fairfield	2
New Hartford	3
Newtown	11
North Branford	1
North Haven	5
Old Saybrook	3
Putnam	5
Ridgefield	9
Salem	1
Shelton	13
Simsbury	10
South Windsor	10
Southbury	5
Southington	17
Suffield	4
Tolland	3
Trumbull	7
Vernon	19
Wallingford	20
Watertown	10
Windsor	22
Wolcott	9
Woodbridge	3
Woodbury	2
Urban Core	**752**
Bridgeport	157
Hartford	200
New Britain	107
New Haven	121
New London	26
Waterbury	118
West Haven	23
Urban Periphery	**794**
Ansonia	7
Bloomfield	15
Branford	3
Bristol	34
Danbury	64
Derby	6
East Hartford	72
East Haven	26
Enfield	23
Groton	21
Hamden	31
Manchester	56
Meriden	84
Middletown	30
Milford	17
Naugatuck	22
Newington	11
Norwalk	45
Norwich	18
Plainville	11
Rocky Hill	10
Seymour	8
Stamford	65
Stratford	21
Torrington	21
West Hartford	29
Wethersfield	12
Windham	27
Windsor Locks	5
Wealthy	**47**

Darien	9
Easton	1
Greenwich	10
New Canaan	8
Oxford	6
Weston	2

Westport	6
Wilton	5
Out of state	**14**
Missing	**70**
Total	**2180**

Towns not Represented

Rural		**Suburban**
Barkhamstead	Morris	Chester
Bethlehem	Norfolk	Columbia
Bozrah	North Canaan	East Granby
Colebrook	Salisbury	Sherman
Franklin	Scotland	Washington
Hampton	Sharon	Roxbury
Hartland	Warren	
Kent	Eastford	
Middlefield		