

CONNECTICUT EARLY CHILDHOOD PARTNERS STRATEGIC PLAN 2006-2008



www.ecpartners.org

*Prepared with Financial and Technical Assistance from
the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services
under the State Early Childhood Comprehensive Systems Initiative*

*Facilitated by the Connecticut Department of Public Health,
Branch of Public Health Initiatives, Family Health Section*

Hartford, Connecticut

January 2006



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As of January 2006

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Connecticut Early Childhood Partners Strategic Plan

Executive Summary

The Early Childhood Partners (ECP) process brought together eight State agencies and statewide institutions, with extensive input from numerous community interests over two years, to create an outcome-driven Strategic Plan to support all Connecticut families to ensure that their children arrive at school healthy and ready to succeed.

The Early Childhood Partners have identified specific strategies based on the best thinking and latest research in the field to achieve what the National Governors Association refers to as “a ready State, ready communities, ready schools, ready families, and ready children.”¹ This Plan builds on the rich array of existing early childhood initiatives and services in Connecticut that will be drawn into a comprehensive early childhood service system.

The Plan

The Plan aims to create an integrated service system that incorporates comprehensive health services, early care and education, family support and parent education to ensure the sound health and full development of all children. This Plan acknowledges the fact that the social setting around a child and a family is a powerful influence on children’s development. It strives to create a family-centered system that will provide for easy entry, clear navigation, and appropriate supports for all families to have children that are healthy and ready to succeed in school at 5 years of age. The Plan describes a universal service system, but seeks to focus public resources on serving families and communities where the risk of poor outcomes for children is highest. The Plan is framed with the recognition of the central role parents and other family caregivers play in their children’s development and the importance of the cultural and ecological context that shapes the decision-making process, daily activity and routines of families. The Plan recognizes the importance of building accountable, community level, integrated service systems that are closest to and thus best equipped to see opportunities for systems improvements to meet expressed local needs.

The Plan includes six long-term outcomes.² The first three outcomes focus on the services that the integrated system will create for children and families.

- Outcome 1** Every child from birth to age six, their parents, and all pregnant women in Connecticut will have access to comprehensive, preventive, continuous health care.
- Outcome 2** All children will have access to affordable, healthy, safe, and developmentally-appropriate early care and education with comprehensive support services that facilitate effective transitions from birth to Kindergarten.
- Outcome 3** All families will have access to the information and resources they need to raise healthy children, and parents will be involved as partners in the planning of services.

¹ “Building the Foundation for Bright Futures.” National Governors Association, January 2005. Online at -- www.nga.org/cda/files/0501TaskForceReadiness.pdf

² For each Outcome, the Plan identifies Goals, Objectives, Performance Measures and Partners in implementation.

The other three outcomes of the Plan relate to the creation of a local and statewide infrastructure that will serve as the underpinnings for the integrated service system.

Outcome 4 **Effective local or regional early childhood collaborative structures will ensure the provision of integrated services.**

Outcome 5 **A state level infrastructure with community representation will guide, support, and monitor implementation of a comprehensive, integrated system of services for children and families.**

Outcome 6 **A broad-based communications and engagement strategy will develop public education and public will in support of early childhood services.**

Bridging Strategies

To accomplish the long term outcomes, the Early Childhood Partners have identified 11 “priority goals” that span traditional agency boundaries and will enhance the quality and integration of services. All these goals contribute to promoting best practice models that integrate and/or link health, early care and education, and family support and parenting education. The priority service-related goals, described in more detail in the body of the plan, include:

- **Expand the medical home concept (Goal 1.1)** across all health systems to create a holistic approach to delivering health care by addressing physical, behavioral/emotional, oral health and developmental health needs, starting with a priority focus on children with special, complex health care needs.
- **Implement a multidisciplinary early childhood consultation model (Goal 2.2)** to improve the capacity of early care and education providers to identify and address the diverse needs of children and their families and to integrate culturally effective best practices into their respective service models and curricula.
- **Create unified standards and common elements for family support and parent engagement (Goals 3.1 and 3.2)**, based on best practices, that every state agency will use as a guideline in its activities related to family support services and programs. This work will be integrated with state efforts designed to support family economic progress, from emergency aid to workforce development.
- **Support and expand the portal access point provided by the United Way Infoline and Child Development Infoline (Goal 3.3)** to better enable parents/families of young children to obtain information, services (screening and assessment), and supports.
- **Encourage and support local stakeholders to expand the work of existing or launch new public-private partnerships at the community level to integrate improved services and make expanded birth to five investments (Goal 4.1).** These early childhood collaboratives, building on the work of School Readiness Councils, local health departments, and local partnerships established with philanthropic support, will work with the State partner agencies to enhance the local service delivery system to focus on child outcomes, supportive and respectful of the family unit, and accessible to all

through multiple points of entry.³ State programs and funding will be reviewed for the degree to which they support local collaborative efforts (**Goal 4.2**).

- **Establish a common framework to ensure cultural effectiveness across multiple service providers to strengthen families and meet their diverse needs (Goal 5.2).**

In addition, the Plan supports the work of the Early Childhood Education Cabinet to expand access to quality early care and education (**Goal 2.1**).

These integrative strategies will (1) promote mechanisms for collaborative problem-solving with a focus on families, e.g. case conferencing, consultation, on-site family/child experts; (2) reflect a commitment to serving currently underserved and unserved populations; and (3) encourage follow-up to monitor transitions through to the resolution of any problem. The plan promotes culturally effective approaches that respect and value the diverse cultural realities of individuals, families and communities.

The Plan calls for development of greater capacity to plan, finance, deliver, and evaluate services to families and young children at the state and local levels. Improving communication and coordination between the state and local levels, with the adjustment of state policies and practices to support local work, are fundamental prerequisites for the success of this plan.

State-Level Infrastructure. The Plan reflects the creation of an **Early Childhood Education Cabinet** established pursuant to legislation enacted in June 2005 to support state-level strategic planning, service integration, and outcomes measurement. The Cabinet includes the Commissioners of the departments with primary responsibility over early childhood services, including Social Services, Children and Families, Public Health, Education, and Mental Retardation, and the Secretary of the Office of Policy and Management, the Executive Director of the Commission on Children as well as the Co-chairpersons of the General Assembly committees with cognizance over education and human services, and representatives of local School Readiness Councils and the Connecticut Head Start Association. The Cabinet will be advised by a Policy and Research Council of key early childhood stakeholders established by Executive Order, including business, philanthropy and higher education, who will share the latest findings from the field as part of the continuous refinement of the State's early childhood strategies.

The Cabinet will seek cross-agency policy and regulatory improvements, more integrated fiscal planning and expenditure, more robust performance outcomes, more effective relationships with local/regional collaborative efforts, and better strategic planning – all in the service of the Plan's Outcomes. The Cabinet will be the mechanism to advance development of the state-level infrastructure required to support this work, encompassing the data management (**Goal 5.1**), sustainable financing, and public engagement crucial to effective Plan implementation. It will also allow the State to better evaluate and more equitably fund diverse early childhood programs and systems in a meaningful, effective and efficient way.

Public Education and Public Will. In order to enhance public will and support for investments in building a more effective early care and education system for families and

³ Current public-private efforts include the Graustein Memorial Funds' 50-community Discovery Initiative, the Hartford Foundation for Public Giving's Brighter Futures Initiative, the Community Foundation for Greater New Haven's First Years First initiative, the United Ways' Success by Six efforts, and the Promoting Early Health and Learning initiative, funded by a collaborative comprised of the Children's Fund of Connecticut, the Connecticut Health Foundation, Graustein Memorial Fund, the Community Foundation for Greater New Haven, and the Hartford Foundation for Public Giving.

children, a public awareness and strategic communications effort will be mapped out in partnership with the Early Childhood Alliance (**Goal 6.1**). This effort will reach and mobilize parents and other concerned citizens. This will build on a number of ongoing initiatives such as Success by Six; Ready, Set, Grow; and Born Learning.

The campaign needs to feature consistent messages to parents about the importance of a child's early years and how they can positively influence this developmental stage of their children (e.g. the value of talking and reading to your child, appropriate developmental milestones, etc.) as well as messages to the broader community on the importance of public investments in the early childhood system both to improve children's health and school readiness outcomes and to avoid the need for other remedial and preventable costly investments later in the child's and family life.

Implementation

The Early Childhood Partners are committed to building on the many collaborative efforts in recent years to develop specific work plans and interdepartmental agreements to advance this Plan. Implementation will be driven by the new Early Childhood Education Cabinet and the ECP Steering Committee, with critical ongoing support from the federal Early Childhood Systems reform initiative through DPH. These state-level structures will be closely connected to and supportive of local and regional collaboratives that will drive improvements in integrated service delivery on the ground in communities. An inclusive process that engages the statewide early childhood community, local communities, and parents will help ensure continual refinement of the Plan.

Systems change is difficult. The key features of the Plan that will help these evolving state and local structures to drive system improvement include:

- Specific service delivery strategies and policy directions grounded in culturally effective evidence-based practices;
- Focus on parents as children's first teachers and as partners in all systems;
- Improved communication and collaboration between state and regional/local efforts;
- Emphasis on building data capacity for accountability and evaluation; and
- Technical assistance, professional development, and cross-training to build capacity across families, providers and communities.

The future of Connecticut's children is in our hands; full health and school readiness for all children should not be a matter of chance.

Summary of Plan Outcomes and Goals⁴

(Goals in Italics are included as early action priorities in the Implementation Plan)

Comprehensive Health

Outcome 1 Every child from birth to age six, their parents, and all pregnant women in Connecticut will have access to comprehensive, preventive, continuous health care.

- Goal 1.1* Expand the number of pediatric practices and clinics providing medical homes for all children, particularly those with special health care needs.
- Goal 1.2 Expand the number of children with access to coordinated and continuous, primary health care.
- Goal 1.3 Implement and expand programs and services for improving birth outcomes and early parenting experiences.
- Goal 1.4 Build the capacity of the KidCare systems of care and the mental health provider network to address early childhood mental health needs.
- Goal 1.5 Expand eligibility for Birth-to-Three services to include children subject to environmental risks or otherwise at risk of developmental delays.

Early Care and Education

Outcome 2 All children will have access to affordable, healthy, safe, and developmentally-appropriate early care and education programs with comprehensive support services for transitions to Kindergarten.

- Goal 2.1* Ensure access to quality early care and education for children ages 0-5 years through a variety of best practice models, targeting communities where children are achieving at lower rates.
- Goal 2.2* Meet the developmental needs of children through access to comprehensive health, mental health, and educational consultation for families and early care and education providers.
- Goal 2.3 Ensure that low- and moderate-income families have access to child care subsidies to offset the costs of quality early care and education.
- Goal 2.4 Expand access to child care for children with special needs in appropriate settings.
- Goal 2.5 Increase credentials and qualifications for early childhood teachers to enhance the development of young children across all domains.
- Goal 2.6 Ensure effective transitions from birth to Kindergarten.
- Goal. 2.7 Improve the capacity of center and home-based early care providers to serve hard-to-reach populations, including homeless children.

⁴ Priority goals are in italics.

Family Support and Parenting Education

Outcome 3 All families will have access to the information and resources they need to raise healthy children, and parents will be involved as partners in the planning of services.

Goal 3.1 Involve parents as partners in the planning and delivery of all early childhood services.

Goal 3.2 Provide families with the skills and knowledge to nurture their children's development

Goal 3.3 Enhance Connecticut's coordinated State-local information, referral, and assessment system to ensure that all families and care providers have access to information and services to effect optimal child health and development.

Goal 3.4 Facilitate access to economic, social support and education services to promote self-sufficiency among low-income families and strengthen communities.

Local Collaboration

To achieve the Outcomes we set for our children and families, Connecticut communities of providers, families, and community institutions will need to work together and with the State Government in new ways. Across the state, communities are demonstrating new collaborative processes based both on local leadership, technical assistance from statewide partners, and examination of effective models in other towns and states.

Outcome 4 Effective local or regional early childhood collaborative structures will ensure the provision of integrated services.

Goal 4.1 Direct state resources to support local/regional early childhood collaboratives.

Goal 4.2 Engage existing local collaboratives in state agency planning and service design.

State-Level Infrastructure

The State of Connecticut will need to organize itself around the needs of families and children in partnership with local communities to cross the various agencies, programs and funding streams. This will require the development of new structures as well as new capacities and processes to collect good information on the state of children, plan effectively, develop new financing streams and mechanisms to align with the integrated service delivery system, and build the support for this bold new direction.

Outcome 5 A state level infrastructure with community representation will guide, support, and monitor implementation of a comprehensive, integrated system of services for children and families.

Goal 5.1 Enhance the capacity of the state and local communities to use data for planning, administration and quality enhancement.

Goal 5.2 Develop tools and resources to ensure cultural competence in the delivery of all early childhood services.

- Goal 5.3 Launch the Early Childhood Education Cabinet as the state level accountability structure with community representation to provide statewide leadership and direction for the comprehensive early childhood system.
- Goal 5.4 Establish an Early Childhood Research and Policy Network / Council to inform planning and policy.
- Goal 5.5 Implement a cross-cutting financing plan that maximizes and integrates the use of the myriad federal, state, municipal, and private resources.

Outcome 6 A broad-based communications and engagement strategy will develop public education and public will in support of early childhood services.

- Goal 6.1 Develop broad-based support for comprehensive, integrated early childhood services for all children through expanded public awareness of the importance of the early childhood years.*
- Goal 6.2 Assure that different cultural communication styles and strategies are used to inform and engage the evolving diverse population.

Connecticut Early Childhood Partners Strategic Plan

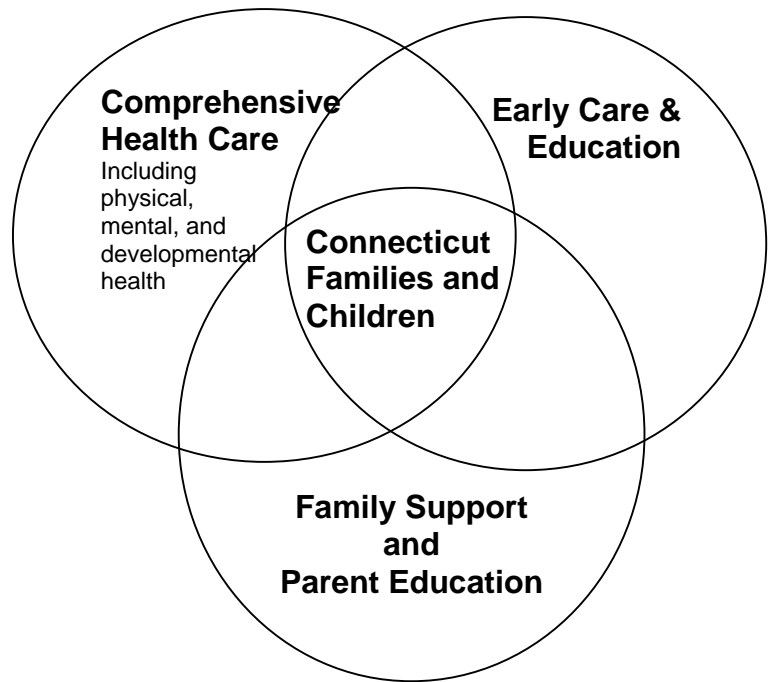
I. Overview

Introduction

The Early Childhood Partners (ECP) process brought together eight state agencies and statewide institutions in late 2003, with extensive input from numerous community interests, to create a performance-based, outcome-driven Strategic Plan to meet the needs of all families so their children arrive at school healthy and ready to succeed.⁵ To accomplish this ambitious vision, the Early Childhood Partners have identified specific, phased actions based on the best thinking and latest research in the field to achieve what the National Governors Association refers to as not just “ready children,” but “a ready State, ready communities, ready schools, ready families, and ready children.”⁶ The Plan is intended to contribute substantially to the work of Connecticut’s newly-formed Early Childhood Education Cabinet.

A growing body of evidence has produced a good understanding of what our State and communities need to do to improve outcomes for young children. The challenge to which this Plan responds is how to strengthen the full array of essential services – to create an integrated service system that incorporates comprehensive health services, early care and education, and family support and parent education to ensure the sound health and full development of all children (Figure I-1). The Plan is premised on the assumption that a supportive social and cultural setting around a child and family is a powerful influence on children’s development, and it strives to create a family-centered system that will provide for easy entry, clear navigation, and appropriate supports for all families to have children that are healthy and ready to learn at five years old. The Plan describes a universal service system, but seeks to focus public resources on serving families and communities

Figure I-1. Family-centered Comprehensive Early Childhood Service System



⁵ This plan was developed with funding and technical assistance from the State Early Childhood Comprehensive Systems Initiative (SECCS), launched by the Maternal and Child Health Bureau (MCHB) of the U.S. Department of Human Services in 2002. The federal Maternal and Child Health Bureau awarded grants to all states to develop plans to provide leadership for the development of cross-service systems integration partnerships for early childhood support states and communities to build family-centered early childhood service systems that address the critical components of access to health, socio-emotional health, early care and education, parenting education, and family support services.

⁶ “Building the Foundation for Bright Futures.” National Governors Association, January 2005. Online at -- www.nga.org/cda/files/0501TaskForceReadiness.pdf

where the risk of poor outcomes for children is highest. Thus, well-planned, integrated investment in the health and education of young children makes strong economic, policy, and moral sense.⁷

The Plan is framed with the recognition of the central role parents and other family caregivers play in their child's development and the importance of the cultural and ecological context that shape the decision-making process, daily activity and routines of families and their children development. The Plan recognizes the importance of building accountable, community level, integrated service systems that are closest to and thus best equipped to see opportunities for systems improvements to meet expressed local needs.

Connecticut's Early Childhood Partners are committed to building a culturally effective system of early childhood and parenting education that is integrated, comprehensive, and effectively meets the needs of all families with young children in Connecticut.

Strategic Planning Approach

The Department of Public Health convened a Steering Committee to lead the ECP planning process in 2003, supported by a federal planning grant. The Steering Committee included DPH, DSS, SDE, DCF, DMHAS, DMR, OPM, the Commission on Children and the Child Health and Development Institute of Connecticut.⁸ One of the first tasks of the ECP was to conduct an environmental and financial scan to identify issues and opportunities to improve the access, capacity and quality of early childhood services. In this process, the Partners have drawn heavily on a robust and rapidly accumulating base of information regarding parenting and early care and education.⁹

During the planning process, the partners worked to engage and cultivate broad stakeholder involvement. More than 150 early childhood and parenting education stakeholders were involved in three meetings to identify successful early childhood and parenting initiatives, indicators, and outcomes for a comprehensive system and envision an early childhood system that would put children and their families at the center. Once the draft plan was developed, community forums were held in six locations around Connecticut in 2005 to get input from over 150 local early childhood professionals, community leaders, and parents. A meeting in Hartford brought together over 50 representatives from 10 communities in the forefront of local early childhood collaboratives across the state, including the four largest cities, and focus groups were held with early childhood leaders in Stamford and Middletown to review the draft plan and discuss how the State could best support their efforts on the ground through the implementation of the Plan.

⁷ A. Rolnick and R. Grunewald. "Early Childhood Development: Economic Development with a High Public Return." *fedgazette*, March 2003. Online at <http://minneapolisfed.org/research/studies/earlychild/abc-part2.pdf>

⁸ DPH contracted with the Connecticut Commission on Children, the Child Health and Development Institute of Connecticut, and the consulting firm of Holt, Wexler and Farnam to assist with the development of the plan. The Yale Consultation Center participated in the evaluation of Year 1 ECP activities.

⁹ These information resources have been developed by the following national organizations and initiatives: BUILD Initiative (www.buildinitiative.org); Trust for Early Education (www.trustforearlyed.org); National Governors Association (www.nga.org); National Institute for Early Education Research (www.nieer.org); the Finance Project (www.financeproject.org); State Early Childhood Policy Technical Assistance Center (www.finebynine.org); Smart Start National Technical Assistance Center (www.smartstart-nc.org/national/main.htm); National Child Care Information Center (www.nccic.org); Alliance on Early Childhood Finance (www.earlychildhoodfinance.org); ECE Communications Collaborative (www.earlycare.org); National Association for the Education of Young Children (www.naeyc.org); Families and Work Institute (www.familiesandworkinstitute.org); School Readiness Indicators Initiative (www.gettingready.org); National Center for Children and Families (ccf.tc.columbia.edu).

Vision and Mission

The Early Childhood Partners share the following vision:

All young children in every Connecticut family shall attain optimal health and school readiness by age five.

The mission of ECP is:

To build and sustain a comprehensive, integrated system of early childhood and family services that optimizes the health and learning of Connecticut children ages birth to five.

The Steering Committee framed six long-term outcomes to provide the framework in the plan for the development of specific goals and strategies (see text box). In Section III, results are specified and goals and objectives established for each outcome.

Guiding Principles

Early Childhood Partners used the following principles to guide their planning efforts and the development of a statewide implementation plan. A premise of the Plan is that all children are born with the ability to succeed in school and life – “wired to learn” – and that this innate capability can be nurtured, through early interventions, or derailed.¹⁰ The choice is ours, thus we adopt the following principles:

- Value individuals and respect their cultures and dignity. A complex and changing society will require diverse approaches for effective service delivery.
- Focus on the whole child and the family. Families are a central focus of young children’s health and development.
- Focus on wellness and prevention. Health and development can and should be optimized for all children.
- Ensure family and community leadership
- Promote shared decision-making. Child development is a shared, public responsibility.
- Promote, support, and nurture effective early childhood partnerships at the State, regional and local level. Strong and innovative leadership is needed.
- Focus on outcomes.
- Assure accountability. Systems should be held accountable for outcomes.

Six Long-term Outcomes of the Early Childhood Partners Strategic Plan

Outcome 1: Every child from birth to age six, their parents, and all pregnant women in Connecticut will have access to comprehensive, preventive, continuous health care.

Outcome 2: All children will have access to affordable, healthy, safe, and developmentally-appropriate early care and education with comprehensive support services that facilitate effective transitions from birth to Kindergarten.

Outcome 3: All families will have access to the information and resources they need to raise healthy children, and parents will be involved as partners in the planning of early childhood services.

Outcome 4: Effective local or regional early childhood collaborative structures will ensure the provision of integrated services.

Outcome 5: A state level infrastructure with community representation will guide, support, and monitor implementation of a comprehensive, integrated system of services for children and families.

Outcome 6: A broad-based communications and engagement strategy will develop public education and public will in support of early childhood services.

¹⁰ From Neurons to Neighborhoods: The Science of Early Childhood, Jack P. Shonkoff and Deborah A. Phillips, *Editors*, Committee on Integrating the Science of Early Childhood Development, Board on Children, Youth, and Families, National Research Council and Institute of Medicine, NATIONAL ACADEMY PRESS, Washington, D.C., 2000

Conceptual Framework for Early Childhood Systems

The Plan focuses on the assets and needs of the entire family in the context of a community-building approach. The Plan recognizes the significance of settings such as the home, parents' workplace, domestic work loads, child care, health care, relationships, neighborhood, beliefs, goals and networks that influence daily activities as central to the child environment.¹¹

The Plan reflects the fact that parents provide the immediate environment in which early development occurs. The parents' health, education, and available resources can act as either protective or risk factors for their children's development. Therefore, ECP strategies targeting child outcomes include the critical adaptive context of the family. For instance, a child whose mother is suffering from mental illness may develop behaviors that negatively impact on the child. Attempting to correct the child's behavior without addressing the mother's issues is likely to be unsuccessful. Figure I-2 (next page) graphically depicts how the system components work together to achieve the ECP vision of supporting families.

New research in public health promotion documents how building a population's strengths and social capital can promote positive outcomes and avoid or mitigate negative ones.¹² In addition, asset-based community development activities throughout the country have also shown how empowerment, resiliency, and the ability of communities to build on their asset base can contribute to achieving desired changes. The Plan promotes the asset-based measurement approach to complement more traditional measures of needs, morbidity, and remediation.

The EC Partners also used as a conceptual framework the "bridging approach" to guide creation of a more integrated service delivery system that will improve practice across the three areas of the plan and thus family and child outcomes (see text box).¹³

Bridging Early Childhood Systems

- **Bridging concepts** to facilitate the development of a common vision and direction across service areas (e.g. family support, school readiness, care coordination, medical homes).
- **Bridging strategies**, approaches utilized by different sectors to create a common approach to a problem (e.g. integrated staff development and training, alignment of State department performance goals, and integrated care standards).
- **Bridging pathways**, intentional, connected steps that help families through what would otherwise be a maze of disconnected programs (e.g. 211 Infoline, Help Me Grow, Title V Regional Medical Home Support Center).
- **Bridging platforms**, the places or providers that deliver parenting and early childhood services linked to multiple community programs and resources for young children and families (e.g. pediatric offices, early care and education providers).
- **Bridging tools**, methods that can be used to put bridging strategies, platforms, or pathways into place (e.g. master contracts to de-categorize funding streams).

¹¹ Bronfenbrenner, U. The ecology of human development: Experiments by nature and design. Cambridge, MA: Harvard University Press., 1979.

¹² Murphey, D., Lamonda, K., Carney, J., Duncan, P. Relationships of a brief measure of youth assets to health-promoting and risk behaviors. Journal of Adolescent Health. 2004, 34:184-191.

¹³ The bridging metaphor was developed by the UCLA Center for Infant and Early Childhood Health Policy for the SECCS initiative, 2002.

**Figure I-2
Early Childhood
Partners System
Components**

Family Support & Parent Engagement / Education

- Universal Availability of Information – Media, 211, All Providers / Family Centers
- System of family support and parenting education
- Intensive Home Visiting (e.g. Nurturing Families)
- Adult Education available to all parents w/o HS Degree
- Teen parent support to aid HS completion, parenting
- Work Incentives / Income Support / Fatherhood Support
- Parent engagement in planning and service delivery at all levels

Health Care Quality Enhancement

- Licensing and Regulation
- Credentialing
- Best Practice Dissemination
- Professional Development
- Workforce Development
- Quality Assurance Processes

All Children have a Medical Home

- Physical Health
- Socio-emotional and Developmental Health
- Universal Screening
- Care Coordination for Children with Special Health Care Needs

All Children Have Access to Quality Early Care and Education

- Increased supply of quality infant/toddler and preschool early care and education in diverse settings (Centers, licensed homes, kith and Kin, families)
- Access to childcare subsidies that can be used for quality early care and education
- Comprehensive programs available as needed (e.g. Early Head Start)
- Therapeutic and special needs child care available

Early Care and Education: Quality Enhancement

- Credentialing / Licensing and Regulation - Connect to \$\$
- Consultation and Technical Assistance
- Prof./Workforce Development
- Facilities / Program / Curriculum

Parents equipped with knowledge, skills, and access to resources, navigating and driving a service system designed to meet their particular needs



All young children in every family shall attain optimal health and school readiness by age five

II. Connecticut's Families, Children and Service Systems

Overview and Methodology

The Early Childhood Partners completed a comprehensive environmental scan for the purpose of reviewing: a) data on the state of families with young children in Connecticut; b) proposed common outcomes and indicators to drive systems improvement; c) the strengths, opportunities, and gaps of the current systems serving families with young children; and d) analysis of the systems issues.

The environmental scan was built upon several needs assessment and planning processes in progress within the Department of Public Health (DPH), including an evaluative survey of families with – and providers of services for – Children and Youth with Special Health Care Needs, assessment of the health status of homeless persons, including families and children, in Connecticut, internal review of Title V services as a component of the five year needs assessment required for the application for federal Maternal Child Health Block Grant funds, and the development of a state perinatal plan. Other efforts underway throughout the State were also incorporated into the analysis.¹⁴

Multiple strategies were used to collect information from external resources. The strategies included: a) the compilation of basic demographic information about Connecticut's young children and their families at the state and local level; b) stakeholder interviews and guided discussions about existing early childhood resources; c) local community meetings with consumers and providers; d) an inventory/survey of state programs and initiatives important to an early childhood comprehensive system, including a review of state agency policies, plans, budgets and expenditures; e) review of federal policies, programs, and funding sources; and f) a comprehensive literature review of promising practices and strategic financing initiatives.

The Early Childhood Partners worked with invited experts and various community planning processes to synthesize these analyses to inform the strategic plan. The data were used to: a) generate lists of potential indicators and outcome measures for the strategic plan that could be shared across state and local agencies; b) examine indicators across the five areas of focus for consistency with federal and state policy and the guiding principles for the proposed system; c) review performance and outcome indicators used by federal, state and local programs; d) develop cross-cutting goals and strategies from this dialogue; e) identify strengths, opportunities, and gaps in the early childhood infrastructure and service system at the state and community level; and f) identify opportunities for improving the ability of families to navigate the service system as well as for redirecting and pooling of funding in each of the critical areas.

Connecticut has much to build on in the area of early childhood: a nationally recognized School Readiness program, a well-developed array of early childhood services and networks, premier health care institutions, the highest median income of any state, and students that on average routinely achieve near the top on national educational assessments. Yet, the EC Partners

¹⁴ Examples of other efforts include: the lessons learned from the Graustein Memorial Fund's Discovery Initiative designed to engage over 40 communities around early childhood initiatives; literature reviews completed by the Child Health and Development Institute on topics such as the Multi-Disciplinary Consultation Model for early care providers; feedback from community listening sessions associated with the Department of Education's Universal PreKindergarten initiative; numerous efforts by statewide institutions such as the Commission on Children's Parent Leadership Training Institute; and extensive research and analysis efforts by Early Childhood DataCONNECTIONS and the KidsCount initiative.

found disturbing disparities in access to quality services and, as direct result, parallel disparities in early outcomes in areas such as school readiness and health.

a. The State of the Young Child in Connecticut¹⁵

In 2000, 264,929 children under the age of six years resided in Connecticut. Table II-1 shows that of the total, 29,348 (11.1%) lived in poverty.

Table II-2 shows that these children lived in 197,493 families, 26% of them headed by single parents. Findings of the environmental scan document lead us to the following conclusions:

- **Connecticut offers many successes on which to build:**
 - a) Connecticut’s immunization rate is #1 among all the states; b) the percent of children born to teens is declining; c) the child poverty rate is one of the lowest in the country; d) the supply of accredited early care and education programs is greater than in most states; e) the state-funded School Readiness program has increased preschool attendance 5-24% in 15 of the 18 targeted school districts; and f) the early intervention system serves a high percentage of the children under the age of three who need such services.

- **Yet, young children remain vulnerable:** a) 42% of young children rely on adults connected to welfare programs; b) mortality rates are disproportionately higher in young children; and c) poverty rates among young children are disproportionately higher than older children.

- **And, racial and ethnic disparities persist:** Even though poverty afflicts families from all racial and ethnic groups, a) Black and Hispanic children have higher poverty rates than white children; b) Black and Hispanic mothers are less likely than White mothers to receive timely prenatal care; c) Black children are more likely than

Table II-1 Connecticut Children Under Age 6, 2000

Race / Ethnicity	Children Under 6	Children Under 6 in Poverty	% of All Children Under 6 in Poverty
White	182,502	11,695	40%
African American	32,207	8,244	28%
Asian		466	2%
Some Other Race	13,419	6,550	22%
Two or More Races		2,393	8%
Total	268,384	29,348	100%
Hispanic Origin	40,258	11,984	41%

Source: U.S. Census

Table II-2: Family Type of Connecticut Families With Children Under Age 6, 2000

Family Type	Families	% of All Families w/ Children <6	% of All Families
Married Couple Families	146,826	74%	17%
Single Mother Families	40,993	21%	5%
Single Father Families	9,674	5%	1%
Total	197,493	100%	22%

Source: U.S. Census

¹⁵ The Early Childhood Partners drew on extensive data and analyses produced in recent years both nationally and across the state to identify critical demographic, social and economic trends affecting child outcomes, particularly the interagency partnership known as Early Childhood Data CONNECTIONs and the KidsCount initiative. Two publications displaying this data are: Duran, F., “Keeping Children on the Path to School Success: How is Connecticut Doing?” Farmington, CT: Child Health and Development Institute of Connecticut, Inc. and Connecticut Association for Human Services, “2004 KIDS COUNT Data Book: Investing in Families...Investing in Our Future,” 2004. All data in this section are derived from these reports.

White children to die before their first birthday; d) Black and Hispanic teens are approximately 4 times more likely to give birth than White teens; and e) Black women are twice as likely as White women to deliver low birth weight infants, despite recent improvements.

- ***Many at-risk children are concentrated in low-income communities.*** Over 178,000 children under age 6 (66% of state total) live in Connecticut's most impoverished communities which are also concentrated in Educational Reference Group (ERG) I as identified by the State Department of Education. In seven low-income communities¹⁶: a) half of all the state's teen births occur; b) one-third of all the state's infant deaths occur; c) Nearly one-third of all the state's low birth weight babies are born; d) 30 to 50% of children do not benefit from a preschool experience; and e) children score far below their more affluent peers on state mastery tests.
- ***At-risk children also reside in small towns and affluent communities:*** a) Although the numbers of young children in poverty are low in small towns, a closer look reveals that in some of these communities the percent of young children in poverty is quite high: Sharon (30%), Morris (16%) and Eastford (14%); b) despite the fact that impoverished young children represent a small share of the population in more affluent communities, pockets of poverty do exist in communities like Greenwich (205 children) and West Hartford (226 children); c) over a three-year time period (1999 to 2001) more than 400 mothers in Fairfield, Glastonbury, Greenwich and West Hartford gave birth without receiving timely prenatal care; and d) roughly 430 babies (6%) were born at low birth weight in these communities.
- ***Early literacy is a significant issue.*** Approximately 30-40% of our children are not reading or are not reading at grade level. These children cross age, town and class lines. In fact, one-third of poor readers nationally are from college-educated families who encourage literacy in the home. Contrary to popular belief, these children are neither foreign-born nor learning disabled. Yet without intervention, children, who have reading problems in third grade will continue to have reading problems in later grades. Children with reading and writing difficulty fall further behind each year that they do not receive support.

These issues feed directly into the third largest achievement gap in the nation and unconscionably high rates of high school dropouts and juvenile justice involvement concentrated in African American and Latino populations.¹⁷

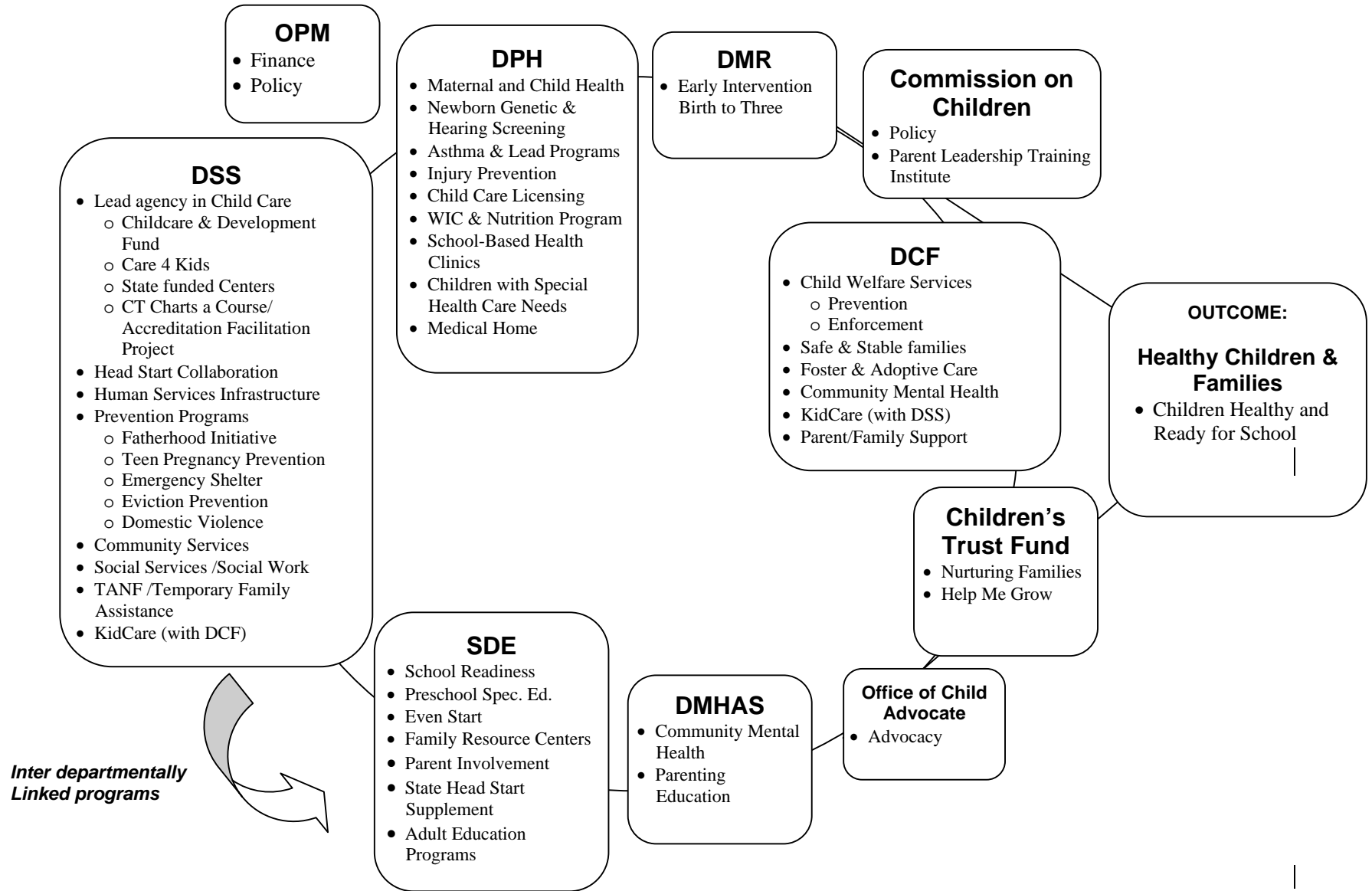
Connecticut's Current Early Childhood Systems and Initiatives

Eight Connecticut state agencies engaged in the Early Childhood Partners process provide or set policy affecting early childhood services (Figure II-1). These agencies comprise the state's primary responsibilities in all systems addressing needs of families and children. They operate at least 41 identified early childhood programs with a total budget of \$490 million per year.

¹⁶ Communities include: Bridgeport, Hartford, New Britain, New Haven, New London, Waterbury and Windham.

¹⁷ Connecticut's rate of juvenile detention for African-Americans is the third highest in the nation, 13 times the rate for Whites. Connecticut has the second highest rate in the nation for Hispanics (after Mississippi) and the fifth highest rate overall. Sickmund, Melissa. "Juveniles in Corrections, Juvenile Offenders and Victims," National Report Series, Office of Justice Programs June 2004 <http://www.ncjrs.org/pdffiles1/ojdp/202885.pdf>

Figure II-1 Connecticut State Agencies Align To Achieve Common Outcomes for Families and Children



The specific programs delivered by state partners are detailed in Appendix 2. At present there is no state level mechanism to facilitate alignment of purposes, program components, and outcomes across sectors. There are several local efforts at service integration, but to succeed they will require strong state support across agencies to remove multiple barriers to integration.

The Family Health Section of DPH collaborates with all these agencies and systems to effect improvements in the way services are made available to families and young children. State MCH has partnered with a Foundation, Child Health Development Institute to establish a training Academy on ‘Medical Home’ for pediatric health professionals and parents and has engaged insurers, such as DSS in the development of Medical Home project. Through Healthy Child Care Connecticut (an effort now subsumed within the ECP plan), State MCH collaborated with the licensing division of DPH as well as State Nursing Association and relevant health care and early care provider communities.

Financing Early Childhood Services

ECP identified a total of \$533 million in state, federal, and other investments in early childhood services through 41 discrete program funding streams, including Head Start. This does not include DCF’s substantial investment in child protection services, including investigation and foster care. This also does not include local governmental, philanthropic investments or parent fees, which are the primary source of early care and education expenditures.

Figures II-3 summarizes the total funds invested in early childhood services by program area. Figure II-4 breaks the amounts down by agency and source. The largest amount of funds (\$240 million) are devoted to health (mostly HUSKY) and early care and education (\$228 million, mostly for Care4Kids, State-funded Centers, and School Readiness). Opportunities to blend and braid these funds to support more integrated and coherent service delivery are discussed in the plan.

Figure II-2

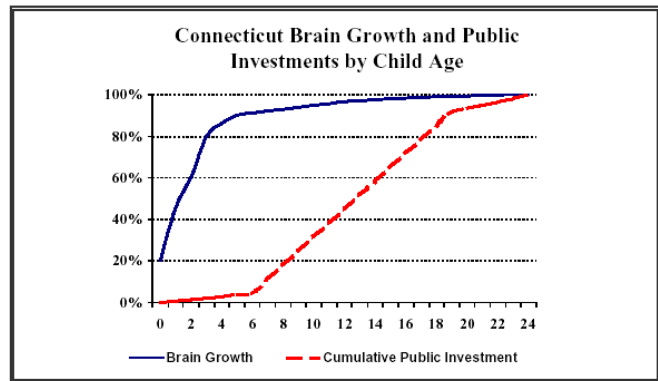


Figure II-3. Total Funds Invested in Early Childhood Programs, By Domain, FY 2002-2003 (in millions of dollars)

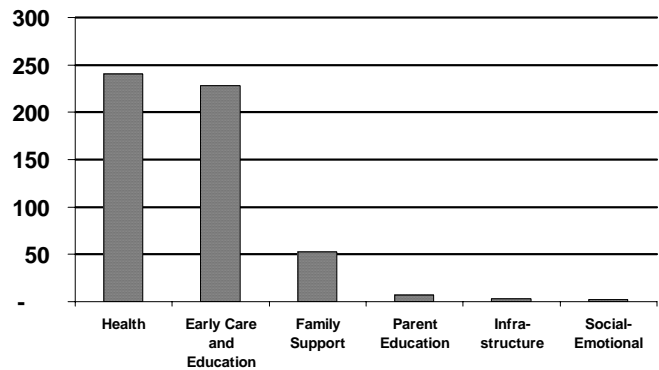


Figure II-4. Total Funds Invested in Early Childhood Programs, By Department, FY 2002-2003 (in millions of dollars)

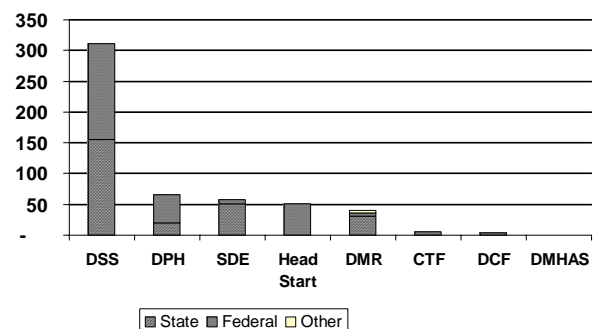


Table II-4 shows the erosion in funding levels for selected SDE and DSS early childhood programs in the face of serious fiscal constraints.

Figure II -2 examines the timing of Connecticut’s public investment in children in relation to the pace of brain development.¹⁸ A considerable portion of the investment in the later years of childhood is in interventions to address conditions that could have been prevented through increased and evidence-based interventions in early childhood. Examples include a substantial portion of the \$1.2 billion spent on Special Education services by Connecticut school districts (2003-2004), the funding proposed for child protection activities in the DCF budget for FY 2006, and \$55 million requested for juvenile justice programs in FY 2006. Research has demonstrated conclusively that investments in evidence-based early childhood services returns savings on these later interventions many fold. The challenge is to increase investment “upstream” in proven programs that return many dollars for each dollar invested while improving the outcomes for families and children.

Table II-4. Early Care and Education Funding Levels in Selected DSS and SDE Programs, FY 02 vs. FY 04 (\$ in millions)

	FY02 Actual	FY04 Final
DSS		
Care 4 Kids: Child Care Subsidy	121.6	60.9
State Funded Centers	7.1	6.7
Quality Enhancement for School Readiness / CT Charts-a-Course & Accreditation Facilitation	4.5	3.2
School Age Child Care / Day Care Pilots	0.5	0.7
SDE		
Priority School Districts	80.4	81.1
Head Start Services	3.0	2.8
Head Start Enhancement	1.9	1.8
Early Childhood Programs	2.6	2.5
Early Reading Success	2.0	2.2
Family Resource Centers	6.1	4.8

State Level Infrastructure

Several statewide efforts provide important infrastructure to build on in the creation of the improved early childhood service system. The School Readiness Indicator Project of Early Childhood Data CONNections has contributed to the development of indicators and outcomes for this project.¹⁹ ECP will apply lessons and best practice strategies from this project in the refinement of the outcomes and indicators in the Plan.

The United Way/InfoLine (211) has expanded the depth and range of statewide telephonic resource and referral services with support from multiple state agencies and state and local United Ways.²⁰ The scope of services provided through each component differs, primarily based on the amount of funding and contract expectations. Child Development Infoline (CDI) is an umbrella for information and referral for several initiatives, including Birth to Three, Regional Medical Home Support Centers, Help Me Grow, and SDE programs for children with special

¹⁸ From Connecticut Early Childhood Education Finance Project draft report, March, 2005

¹⁹ Funded through the Packard Foundation and administered by the DataCONNections project of the Child Health and Development Institute of Connecticut, Inc.

²⁰ Infoline has received support DMR, DPH (Child Development), DSS (211, Child Care, and HUSKY), and CTF (Child Development)

educational needs. Child Development InfoLine services include triage, general eligibility screening, and a follow up process to better ensure successful linkage to a requested service.

Given the existing collaboration that currently funds CDI Infoline, it is well positioned to act as centralized point of access for a comprehensive early childhood service system, to deliver information resources to families and providers, and to provide surveillance data for system planning.

Local and Regional Early Childhood Infrastructure. Across Connecticut, many communities are working actively to develop more integrated, systematic approaches to improving outcomes for children. Connecticut's School Readiness legislation passed in 1997 provides a foundation for community partnerships and the expansion of quality preschool experiences for all children. This legislation established a grant program to provide preschool spaces in accredited or approved programs. The legislation further establishes local School Readiness Councils (SRCs) to oversee the program grants and local planning and implementation. School Readiness programs have been implemented in 19 Priority School Districts²¹ and 30 communities with a severe needs school.²² The Departments of Education and Social Services have partnered to fund and oversee this project. Currently the focus of the existing SRCs is preschool, though there are examples of communities expanding their function to include the infant/toddler service system, as well as identifying opportunities to work regionally. Connecticut's School Readiness Initiative provides a model for replication that includes evaluation and quality enhancement components as well as a community infrastructure for early childhood program development.

Through the KidCare Children's Behavioral Health Initiative, DCF has supported the development of local Systems of Care groups in over 26 communities to address the needs of families of children with mental health issues. Although these groups have not yet been focused on early childhood to the degree necessary, they represent a critical piece of the local infrastructure and instructive experience in building local capacity.

Privately supported efforts. Fifty communities participate in the Discovery initiative of the William Caspar Graustein Memorial Fund which supports local teams, endorsed by the chief elected official and superintendent of schools, seeking ways to improve services for children ages 0 to 8. In many communities this work is closely aligned with the work of the local School Readiness Council. Other private efforts include community foundation initiatives in Hartford and New Haven, United Way Success by Six initiatives in several communities, and Promoting Health and Learning, an initiative of four foundations who have formed a Funders' Collaborative on early childhood. See Appendix 2 for a matrix of early childhood programs and services in Connecticut's systems which integrate services across the areas of the plan.

²¹ Ansonia, Bloomfield, Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, Middletown, New Britain, New Haven, New London, Norwalk, Norwich, Putnam, Stamford, Waterbury, West Haven, and Windham

²² Ashford, Branford, Bloomfield, Brooklyn, Chaplin, Derby, East Haven, Enfield, Greenwich, Griswold, Hamden, Killingly and Plainfield, Manchester, Milford, Naugatuck, Norwich/Groton, Putnam, Plymouth, Shelton, Sprague, Stafford, Stonington, Stratford, Thompson, Torrington, Vernon, West Hartford, Winchester, and Windsor.

Department of Public Health and Maternal Child Health Capacity

Connecticut's Department of Public Health's (DPH) Branch of Public Health Initiatives and Branch of Regulatory Services are central to a successful early childhood comprehensive system. The Branch of Public Health Initiatives administers maternal and child health (Title V) and family health services. Child Care and Day Camp Licensing and Environmental Health are housed within the Branch of Regulatory Services.

DPH recently conducted a comprehensive needs assessment to identify state MCH priorities, to arrange programmatic and policy activity around these priorities, and to develop state performance measures to monitor the success of their efforts. DPH recently concluded the Internal Needs Assessment process of interpreting data and reports housed at DPH for programmatic implications and recommending state priority areas. Consistent with the U.S. Department of Health & Human Services and Healthy People 2010, DPH's 2006 state priority areas are as follows:²³

1. Strengthen data collection and reporting to support state/local level decision-making and monitoring
2. Establish collaborative relations with state and local partners to promote maternal and child health
3. Reduce intentional injuries
4. Improve adolescent health status
5. Promote nutrition and exercise to reduce obesity
6. Promote access to family support services including respite and medical home care for CYSHCNs
7. Increase access to quality pre-conception and parent education programs
8. Reduce health disparities especially related to access to care, racial/ethnicity, geographic location [Specifically in the areas: teen pregnancy, low birth weight, prenatal care, breastfeeding, and infant mortality]
9. Collaborate with other federal Region I states to develop indicators that measure the collective assets of their early childhood health systems, specifically focusing on their collective assets regarding child care health consultants (CCHC)."

These priority areas are consistent with the ECP proposed strategies and provide opportunities to align Title V funds with ECP activities, particularly with respect to working with communities.

Concurrently with its Needs Assessment, the Title V program conducted a survey examining access and satisfaction of the current services for children with special health care needs. As a result of the survey, DPH released a competitive Request for Proposals to increase the number of primary care resources for children with special healthcare needs from two to five across the state. The selected primary care sites must adhere to a medical home model of service delivery. The Medical Home model of care is promoted as best practice by the American Academy of Pediatrics and adheres to the guiding principles for the development of systems of care. The

²³ To view a copy of Connecticut's 2006 Maternal and Child Health Program Narrative and all appendices go to https://perfdata.hrsa.gov/mchb/mchreports/States_Narratives/states_Narrative.asp

selected providers are required to implement resource centers that integrate health and social services for children with special health care needs and provide an essential integration of health services for the most vulnerable children.

Additionally, the Deputy Commissioner of DPH has engaged a financing consultant with national experience in maximizing Medicaid reimbursement for healthcare services and has convened an interagency work group to improve Connecticut's ability to capture federal reimbursement. Collectively, these activities demonstrate Title V leadership and fiscal commitment to system building. Title V offers opportunities to redirect block grant funds to support ECP strategies, improve coordination with other funding sources and community resources and reduce the funding used administratively within the Department.

The detailed environmental scan data will be useful in the implementation process as the EC Partners delve into specific opportunities to integrate services and funding streams.

Analysis of Gaps and Opportunities

The findings of the scans identified both the challenges and the opportunities upon which to build an integrated and comprehensive early childhood system and the financing necessary to sustain the system in Connecticut. The overall challenges in Connecticut drawn from the detailed scan analysis include the following:

- The absence of a single point of accountability with high level decision-making responsibility that can provide leadership to establish a common vision and goals and drive an agenda that engages the necessary state and local partners to work together.
- The process by which state agencies engage local early childhood collaboratives, providers, and community members is inconsistent, fragmented, and limited. Local collaboratives and providers cite poor communication, lack of transparency about state funding and program goals, seemingly arbitrary requirements, and lack of involvement in planning as significant impediments to improved, more integrated service delivery at the local level.
- The responsibility for the policies, planning, programs, and administration of health care, early intervention for children with special needs, early care and education and family support are spread across multiple departments of eight separate state agencies. Mechanisms for coordinating or integrating these functions are limited. As a result there is fragmentation of the planning and delivery of services and in relationships with local and regional collaboratives and providers.
- Although family support and parenting education programs are required of most federally funded programs involving children, they operate under different visions and definitions. These separate and parallel programs often work at cross purposes.
- Early childhood services are primarily organized around funding streams and/or program eligibility criteria rather than the needs of the child and family. There are few mechanisms for assisting families who need multiple services to find, qualify for, and use them.
- Funding for early childhood services is fragmented and inadequate. As a result, program quality is compromised. Issues directly related to funding repeatedly surfaced across the

programs reviewed in the scan; from capacity in Birth to Three Programs to both capacity and quality in School Readiness and Care4Kids, Title V – Children and Youth with Special Health Care Needs, to Family Resource Centers. Limited resources for direct service, local program administration, and capacity of state agencies to conduct essential accountability functions were reported as contributing to these issues.

- Despite the wealth of successful experience and innovations in Connecticut that have served as national models, few early childhood initiatives have been brought to scale to fully meet the needs of Connecticut families. Family Resource Centers, Nurturing Families, School Readiness, and Birth To Three serve as examples of successful models that have not been brought to scale.
- Data collection and outcome measurement is agency and program specific, with few efforts to link them and use them as a management and policy-making tool.

The strategies in the draft ECP are designed to address the identified challenges and build upon the strengths of the existing system.

III. Plan Components

Desired results are specified for each outcome in a text box. Goals and objectives to achieve each of the six outcomes are then detailed.

Outcome 1 Every child from birth to age six, their parents, and all pregnant women in Connecticut will have access to comprehensive, preventive, continuous health care.

To ensure children are healthy and ready to learn, families and communities need access to health insurance, and appropriate medical and behavioral health services. The ECP plan sets in motion strategies to create an integrated comprehensive system of care for children that supports families and communities. **Current Situation.** Children’s brains – and their cognitive, emotional and social competencies – develop rapidly during the early years of life. Good health is one of the major cornerstones of early childhood development and healthy kids are (1) less likely to get preventable illnesses or suffer from preventable disabilities and (2) more likely to succeed in school, to become productive workers, and to be better parents. Moreover, mental health is considered an important component of comprehensive health services for young children. Section I clearly identifies the health needs of Connecticut’s young children, children at risk, with special health care needs, and key factors such as poverty or homelessness that may contribute to poor health outcomes.

Barriers addressed by the ECP plan include:

- Services offered in the medical home receive inadequate public and private reimbursement.
- Racial and socio-economic disparities in children’s health continue to exist in the areas of access to and quality of health care services, health education and prevention and community safety.

- Connecticut does not have an EPSDT regulation and has not provided the full array of services reimbursable through EPSDT nor have the fiscal opportunities been maximized.
- Based on changes in family incomes, children’s eligibility routinely moves between Medicaid and SCHIP. Since the administrative processes are separate, the continuity of healthcare and coverage is often interrupted.
- Poor health prevents children’s participation in physical activities, limits school attendance, and restricts social development. Chronic illnesses still exist.
- There are reportedly minimal efforts of services coordination and effective collaboration.
- Minimal services or support exist to address the mental health needs of young children and their families.

Outcome 1 Results:

- All children, birth to age 6, and their parents will be covered by health insurance.
- All pregnant women will receive prenatal care in the first trimester and beyond.
- All children, birth to age 6, will receive timely preventive care.

Goals	Objectives	Performance Measures	Partners
<p>Goal 1.1 <i>Expand the number of pediatric practices and clinics providing medical homes for all children, particularly those with special health care needs.</i></p>	<ul style="list-style-type: none"> ▪ Develop and maintain a Medical Home Provider Network associated with each of the five Regional Medical Home Support Centers. ▪ Provide training on the key concepts of medical home to pediatric primary care practices using best practice models.²⁴ ▪ Expand access to effective behavioral health care through primary care settings. ▪ Inform and conduct outreach to families about Medical Home as a best practice model. ▪ Identify reimbursement strategies to support medical homes. 	<ul style="list-style-type: none"> – Number of primary care practices operating as medical homes – Percentage of CYSHCN who have a regular source of primary medical care through a primary care provider in their community – Families reporting perception of improved care on Medical Home Family Index 	<p>Lead: DPH, CHDI, DSS</p> <p>Partners: AAP, COC, CTF</p>
<p>Goal 1.2 Expand the number of children with access to coordinated and continuous, primary health care.</p>	<ul style="list-style-type: none"> ▪ Connect all children, including homeless children, to Medical Homes through HUSKY, private insurance, school-based health clinics, or community health clinics. 	<ul style="list-style-type: none"> – Number and percentage of children with health insurance coverage – Increased number of children with access to culturally effective primary health care 	<p>DPH, DSS, CHDI, CCMC, HFPG, Medicaid Managed Care Council, Primary Care and School Health Councils</p>
<p>Goal 1.3 Implement and expand programs and services for improving birth outcomes and early parenting experiences.</p>	<ul style="list-style-type: none"> ▪ Enhance information/advice and referral available to all parents and caregivers through 211/Infoline. ▪ Implement best practice care coordination models (e.g. New Haven Healthy Start, CT Healthy Start) to make perinatal connections to care. ▪ Implement best practice care coordination models (e.g. New Haven Healthy Start, CT 	<ul style="list-style-type: none"> – MCH programs replicating the New Haven Healthy Start model – Infoline services enhanced – Reduction of the numbers of mothers abusing substance while pregnant – Improved birth outcomes for targeted families 	<p>DPH Right From the Start, DSS Healthy Start, CTF, CT Parenting Plus, DCF</p>

²⁴ Such as Peer-to-Peer Learning collaborative and the EPIC academic detailing model

Goals	Objectives	Performance Measures	Partners
	Healthy Start) to make perinatal connections to care.		
Goal 1.4 Build the capacity of the KidCare systems of care and the mental health provider network to address early childhood mental health needs.	<ul style="list-style-type: none"> ▪ Expand local early childhood mental health provider participation in DCF funded systems of care. ▪ Expand training opportunities for mental health services for young children (e.g. Pediatric Certification in mental health). ▪ Increase the number of primary care practices that have onsite mental health providers. 	<ul style="list-style-type: none"> – Providers with capacity to address early childhood mental health needs – Increased number of local early childhood mental health provider participants in DCF funded systems of care 	Lead: DCF CHDI, RESCs
Goal 1.5 Expand eligibility for Birth-to-Three services to include children subject to environmental risks or otherwise at high risk of developmental delays.	<ul style="list-style-type: none"> ▪ Review Birth-to-Three eligibility criteria for children at risk of delays and prepare cost-benefit analysis of expanded eligibility. 	<ul style="list-style-type: none"> – Number of children enrolled in Birth to Three System based on behavioral or environmental risks 	Lead: DMR CTF, DSS, DCF, DPH, UConn

Outcome 2 All children will have access to affordable, healthy, safe, and developmentally-appropriate early care and education programs with comprehensive support services for transitions from birth to Kindergarten.

The ECP plan addresses both access to early care and education and the quality of those experiences. All the partners have a role to play in the area of early care and education, whether as significant program funders (DSS, SDE) or through standards and reimbursement level (DSS, SDE), licensing (DPH), or quality improvement.

Current Situation. There is a tremendous need among Connecticut families for early care and education for their young children. Approximately 25% of Connecticut children enter kindergarten with no preschool experience. As a result, many of these children, particularly those from lower-income or less-educated families, start school behind and never catch up to their peers.

More than one-third of children from low-income communities enter formal kindergarten classes already behind their peers. By fourth grade more than 50% of these children will not meet the standard for reading proficiency. If a child is poor, attends school with other poor children, is retained at least once during the first three years of school and is reading below grade level at the end of the third grade, the chance of that child graduating from high school is near zero.

In addition, low literacy is associated with a host of social and health problems. These include school failure, increased unemployment, lack of opportunity for job advancement, reduced self-esteem, lower health status, substance abuse, teen pregnancy, violence, higher rates of chronic illness, more frequent and longer hospitalizations and higher death rates from injuries, communicable diseases, and chronic conditions.

The need for quality early care and education is particularly acute for infants and toddlers. According to the latest available figures, there are 15 infant/toddler regulated child care slots per 100 children under the age of 3 in the state; only 18% of the slots are in accredited programs.²⁵

Even when spaces are available in child care programs, the cost of care is beyond the reach of many lower-income families. The state funding that helps low-income families afford child care, Care4Kids, has been dramatically reduced over the past three years. This program provides monthly child care subsidies to providers who serve families with incomes under 50% of State Median Family Income with a sliding scale of co-payments. Care4Kids closed to new families not receiving Temporary Family Assistance (TFA) as of July 1, 2002. A budget cut by over 25% (\$30 million) over the past three years has reduced services.

Families deserve to have choices when selecting child care so that they can choose the setting, type, and location of care that best meets the needs of their children and their family. According to the Urban Institute, 60% of children under the age of five in the United States are cared for in home-based settings.²⁶ Infants and toddlers are more likely to receive care from relatives and at home, while three- and four-year-old

²⁵ Keeping Children on the Path to School Success: How is Connecticut Doing?, Child Health and Development Institute. 2004.

²⁶ Child Care Arrangements for Children Under Five: Variation Across States. (2000). Jeffrey Capizzano, Gina Adams, and Freya Sonenstein. www.urban.org

children are more likely to receive center-based care. This choice allows families to choose child care that is meaningful to them and respects their values and beliefs. The ECP plan incorporates strategies to enhance the quality of the full range of child care options in recognition of the need for parent choice.

One of the areas of focus for improving quality is to increase teacher quality. Increasingly, publicly funded programs are requiring higher educational credentials for teachers, but there is limited support to help teachers afford the cost of additional coursework. In addition, the overall low rates of teacher pay and the lack of financial incentives tied to increases in education and certification are barriers to attracting and keeping top quality teachers. In 2000, turnover rates in Connecticut child care centers were 26% on average.

While the needs are significant, there has been considerable activity in Connecticut to address these needs. Some of these efforts that have embodied the kind of partnerships and collaborative work outlined in the ECP plan include:

- Connecticut's landmark School Readiness (SR) program is a partnership between SDE and DSS. At the local level, School Readiness Councils allow local providers, parents, and advocates to establish community priorities for young children and allocate funding to those priorities. While the School Readiness program has been lauded as a national example, funding has not increased to serve all children who need the program, nor have state reimbursement rates increased to match cost of living adjustments. In addition, state Quality Enhancement funds, designed to enable local communities to improve program quality, have declined over time.

- Healthy Child Care Connecticut (HCCC), now subsumed within the ECP structure, provided training to build the capacity of child care health, education, social service, and mental health consultants, as well as child care directors. HCCC used as a foundation the National Training Institute (NTI) curriculum and expanded it to include more information on children's mental health and education.²⁷ Healthy Child Care Connecticut also completed a five-year review of state child care regulations to reflect the National Health and Safety Performance Standards for Out-of-Home Child Care developed by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care. Recommended revisions to state regulations are under consideration by the Child Day Care Council and the Department of Public Health and will likely include more specific information about the roles and responsibilities of consultants.
- To help frame public policy deliberation about how to get all Connecticut children to kindergarten ready for school success, the ECE Finance Project, a public-private collaborative, is developing a set of cost formulas, an analysis of current funding, and a review of financing models in use in other states and large municipalities. The ECE Finance Project is in active collaboration with the work of the CT Early Childhood Alliance, the CT Career Ladder Task Force, and the Early Childhood Partners effort.

²⁷ Although the foundation of the NTI curriculum is health, the Connecticut training sessions embraced a multi-disciplinary approach in terms of the content of the training and the inclusion of consultants from other disciplines.

- Connecticut Charts-a-Course (CCAC) is the state’s career development system for early care and education and school-age care. Established in 1992 by the Department of Social Services, CCAC mission is to improve program outcomes for young children, by promoting a well trained and skilled workforce of early care and education and school-age professionals. This is accomplished through access to professional development opportunities, which lead to the acquisition of credentials and advancement on the CCAC Career Ladder. In addition, CCAC strives to improve programs in all settings through the achievement of national accreditation standards and its Accreditation Facilitation Projects.



Goals	Objectives	Performance Measures	Partners
<p>Goal 2.1 <i>Ensure access to quality early care and education for children ages 0-5 years through a variety of best practice models, targeting communities where children are achieving at lower rates.</i></p>	<ul style="list-style-type: none"> ▪ Support the work of the Early Childhood Education Cabinet towards implementation of this goal. ▪ Ensure culturally appropriate approach to the provision of early care and education services in all settings. 	<ul style="list-style-type: none"> – Number of quality early care and education slots (statewide and for targeted towns) – Percentage of children entering kindergarten with quality early care and education experience. – Rate of quality slots available by age (slots per 100 children) (statewide and for targeted towns) – Percent of child care facilities that are accredited and/or percent of centers and homes with a 4 star rating of 5 (new quality rating system to be designed and implemented) 	<p>Lead: ECP Co-chairs</p>
<p>Goal 2.2 <i>Meet the developmental needs of children through access to</i></p>	<ul style="list-style-type: none"> ▪ Develop and fund a model for integrating health, mental health, and educational consultation services into early care and education settings. 	<ul style="list-style-type: none"> – Number of centers and homes receiving multi-disciplinary consultation model – Number of centers and homes receiving 	<p>Lead: CHDI Partners: DPH, DSS,</p>

Goals	Objectives	Performance Measures	Partners
<i>comprehensive health, mental health, and educational consultation to early care and education providers.</i>	<ul style="list-style-type: none"> ▪ Institutionalize existing child care consultation services 	consultation in any of the ECP domains. <ul style="list-style-type: none"> – Number of children expelled from early care and education settings 	SDE, DCF, AFP, ABH, YSN
Goal 2.3 Ensure that low- and moderate-income families have access to child care subsidies to offset the costs of quality early childhood education.	<ul style="list-style-type: none"> ▪ Continue restoration of Care4Kids eligibility to meet the needs of Connecticut’s low- and moderate-income families, with link to quality criteria. ▪ Consider instituting market studies to inform payment adjustments to ensure provider payments are competitive with the early care and education market, a best practice identified from Rhode Island. 	<ul style="list-style-type: none"> – Amount of funding for child care subsidies (Care4Kids) – Number of families on the Care4Kids waiting list 	DSS, COC, Children’s Policy and Research Council
Goal 2.4 Expand access to child care for children with special needs in appropriate settings.	<ul style="list-style-type: none"> ▪ Develop a plan to expand special needs care in dedicated and mainstream programs (with ECE providers and school district preschool special education programs). 	<ul style="list-style-type: none"> – Early care and education providers have the capacity to serve children with special needs – Percent of children needing care served – 	DSS, SERC, CHDI

Goals	Objectives	Performance Measures	Partners
<p>Goal 2.5 Increase credentials and qualifications for early childhood teachers to enhance the cognitive development of young children.</p>	<ul style="list-style-type: none"> ▪ Require higher education credentials/certification for child care teachers. ▪ Provide financial support to enable teachers to pursue additional education. ▪ Partner with higher education to establish professional development standards, credential requirements, and articulation agreements among two- and four-year institutions for associate’s, bachelor’s, and master’s degree programs in early childhood care and education. ▪ Create an incentive structure that rewards teachers by offering bonuses for educational advancement and by supplementing salaries they move along the Ct Charts-a-Course Career Ladder. 	<ul style="list-style-type: none"> – Percent of teachers in School Readiness programs that meet educational requirements (CDA + 12 college credits in early childhood) – Percent of teachers in Head Start programs that meet Head Start educational requirements – Percent of teachers in DSS-funded programs with at least a CDA 	<p>SDE, DSS, provider groups, CT Charts-a-Course</p>
<p>Goal 2.6 Ensure effective transitions from birth to Kindergarten.</p>	<ul style="list-style-type: none"> ▪ Assure that all preschool early care and education programs are linked with the community’s kindergarten program and that children’s transition to kindergarten is managed through a formal process involving parents, preschool program providers and the school district’s kindergarten educators. 	<ul style="list-style-type: none"> – Early care and education providers who have been trained on the preschool curriculum and assessment frameworks – Number of communities with a locally-developed plan for kindergarten transition 	<p>SDE, local School Readiness Councils</p>
<p>Goal. 2.7 Improve the capacity of center and home-based early care providers to serve hard-to-reach populations, including homeless children.</p>	<ul style="list-style-type: none"> ▪ Coordinate the work of home-based service providers and other support services (such as Family Resource Centers) to improve identification of families in need of home-based services. ▪ Provide additional training to home-based service providers to increase their capacity to provide comprehensive services, including early literacy skills 	<ul style="list-style-type: none"> – Capacity of home-based service providers to provide comprehensive early care and education experiences to hard-to-reach populations 	<p>DSS, local School Readiness Councils</p>

Outcome 3 All families will have access to the information and resources they need to raise healthy children, and parents will be involved as partners in the planning of early childhood services.

Parents are a child's first teacher. Thus it is critical to recognize the central role parents play in ensuring children grow, thrive and achieve optimal health and school readiness. The ECP plan seeks to establish a statewide parent support network based on the principle of parents as partners, building on the strengths of parents and enhancing existing family, relative, and community support systems. This Plan recognizes that all parents, including non-custodial fathers, need support regardless of their socio-economic situation. It's necessary to create a universal system of supporting parents and strengthening their socio-economic environment in culturally appropriate way. This plan focuses on parent education in the context of providing parents opportunities to gain the skills, knowledge and information necessary to ensure children receive appropriate and consistent health care, access to affordable quality early care and education and are successful in raising healthy, responsible, productive, and joyous children. The plan also focuses on facilitating access by low-income families to services designed to support their economic progress, including education, training, and employment.

Current Situation: There are currently a myriad of parent education and family support services available in Connecticut. Family support is viewed as part of the social service delivery system and needs to be enhanced to support families to raise healthy and successful children.

A partial list includes the state-supported Family Resource Centers; Head Start; Hartford's Brighter Futures Initiative Family Centers; the DSS Fatherhood Initiative; the Connecticut School-Family-Community Partnerships Project; State MCH

programs; the Parent Leadership Training Institute; CT Parents Plus; and the Nurturing Families Network. Some of these services are provided by organizations for whom this is their primary focus; in other cases, parent education and family support are just one service among many offered. Although these programs exist in communities in health care systems, early care and education and schools, there is little coordination or ability to serve all families. Funding streams determine services and are driven by income eligibility, severity of health, family stress, or other types of crisis. Examples include families in homeless shelters, on public assistance, or those involved with substance abuse or the correctional system.

Federal and State policies provide guidance for serving families, but stakeholders identified the difficulty of providing appropriate education to parents to support them and provide services to meet their needs in a culturally appropriate manner. Existing systems are not adequately funded or knowledgeable to support families in communities where they live. Capacity is limited, and it is difficult to monitor or track progress or efficacy of most programs. There is also a need to strengthen the role of fathers, both custodial and non-custodial.

Parents acquire the skills, knowledge and understanding of sound family development through personal experience in their families of birth, within the cultural and linguistic context of their primary communities, through social experiences and self-initiated educational experiences.

Some families, however, need additional education and more direct support to succeed in raising children who will enter school healthy and ready to learn. These families have

developed some skills and knowledge about parenting, child rearing, and family life, but require more direct and short-term support. Examples of programs that provide this level of support include Home Visiting (e.g. Nurturing Families, Parents As Teachers); Adult Education, which is available to all parents without High School Diploma or GED; and two-generational strategies for addressing family literacy.

There are other families that – because of unfortunate life circumstances or poor choices – are unable to provide a safe, stable, or nurturing environment for their children. Because of their personal histories of instability, disruption, violence, illness and/or addiction, these parents require intensive and long-term education, training, and support from the community before they will be able to assume the full responsibility for their children and their families. Some of the programs for these parents include intensive home visiting (e.g. DCF Parent Aide Services); family focused therapeutic interventions such as Multi-Systemic Therapy (MST), Intensive Family Preservation through DCF; DMHAS-funded access to recovery supports; and TANF, Temporary Assistance for Needy Families.

Importance of Early Literacy Activities. Adult literacy and is a significant factor in family economic success and ability to support positive child outcomes.²⁸ One of obstacles to healthy development faced by economically disadvantaged children is a lack of early exposure to books and reading. Children who live in print-rich environments and are read to during the first years of life are much more likely to learn to read on schedule, yet parents of children living in

²⁸ For instance, Hartford has the second lowest adult literacy rate of any city in the country. In 1998 the National Institute for Literacy reported that roughly equates to three-quarters of Hartford's adults reading at or below a third grade level.

poverty may lack discretionary income to purchase books, may lack access to libraries and book stores, may be uncomfortable with their own literacy skills.

Workforce Investment and Human Services

Infrastructure. The Plan builds on efforts by the Department of Social Services, the Office of Workforce Development and Governor's Jobs Cabinet to build and connect services systems to support moves to self-sufficiency and family economic strength.²⁹ DSS is in parallel working with the state's Community Action Agencies and the 211 Infoline system to implement the Human Services Infrastructure, a system to provide information and guidance to families in accessing services and on their eligibility for various state entitlements.

Strategies in the Draft Plan to Achieve Outcome 3.

The strategies in the draft plan are designed to move the state toward a more effective system of parent support and education that meets families' varying needs both in terms of content and intensity.

Outcome 3 Results

- All children, birth to age 6, will grow up in a family with income above 200% of the poverty level.
- All parents of young children will have an understanding of child development.
- Public early childhood planning and governance bodies will have representation from parents.

²⁹ OWC and the Jobs Cabinet oversee the development of the Workforce Investment System, working with and through the state's five Workforce Investment Boards.

Goals	Objectives	Performance Measures	Partners
<p>Goal 3.1 <i>Involve parents as partners in the planning and delivery of all early childhood services.</i></p>	<ul style="list-style-type: none"> ▪ Increase the capacity of both providers and parents to work in partnership on the design and delivery of services. ▪ Reflect parents’ needs and desires in the design and delivery of programs and services. 	<ul style="list-style-type: none"> – Number of parents trained in civic action. – Number of parents engaged in state agency-sponsored planning processes and committees. – Parent satisfaction with early childhood services 	<p>Lead: Commission on Children</p>
<p>Goal 3.2 <i>Provide families with the skills and knowledge to nurture their children’s development.</i></p>	<ul style="list-style-type: none"> ▪ Connect and enhance various parent education and family support programs currently offered throughout the State to disseminate best practices, identify gaps, and eliminate overlaps or redundancy. ▪ Connect families engaged through Temporary Family Assistance (TFA) with family support resources. ▪ Connect families engaged in DCF child protection programs with family support resources. 	<ul style="list-style-type: none"> – Number of families involved in high quality family support and parent education programs. – Number of DSS and DCF frontline workers trained in early childhood development and referral skills. – Number of family support and parent education program staff trained in early childhood development. – Percent of families who read to their children daily. – Incidence of child abuse and neglect involving children under 6 	<p>Lead: Commission on Children (see Sec II for partners)</p>
<p>Goal 3.3 <i>Enhance Connecticut’s coordinated State-local information, referral, and assessment system to ensure that all families and care providers have access to information and services to ensure optimal child health and</i></p>	<ul style="list-style-type: none"> ▪ Expand, further integrate and market Child Development Infoline services as core function of comprehensive state-local outreach, engagement, and family services system. ▪ Develop and distribute screening guidelines to promote healthy development and detect any special needs and train all early care and education and health providers in their use. 	<ul style="list-style-type: none"> – Number of families provided with information and referral by Child Development Infoline – Number of families participating in Ages and Stage Questionnaire monitoring program – Number of children referred to Birth to Three System, Preschool Special Education, Regional Medical Home Support Center, Help Me Grow services. 	<p>Lead: United Way of CT Partners: CTF,DMR,SDE, DPH Child Development Infoline Agency Team</p>

Goals	Objectives	Performance Measures	Partners
<i>optimal child health and development.</i>	<ul style="list-style-type: none"> ▪ Utilize Child Development Infoline data to inform early childhood service system. 		
<p>Goal 3.4 Facilitate access to social and economic supports to promote self-sufficiency among low-income families.</p>	<ul style="list-style-type: none"> ▪ Develop and link resource systems that promote self-sufficiency among low-income families with young children, working to build and enhance the Human Services Infrastructure and connect with the workforce investment system. ▪ Create a comprehensive, family-centered support program for families on TFA that links them to all early childhood, ECE, and family support systems. ▪ Assess the use of child poverty rate as indicator for parent wellbeing. 	<ul style="list-style-type: none"> – Number of families assisted – Number of families leaving shelters and establishing stable homes – Number of families moving from TANF – Increase in families graduating from ESL and Adult Ed classes – Increase in number of parents with higher education – Percentage decrease in child poverty 	<p>DSS HSI, DCF, SDE-FRCI, DMHAS, CT-PEN, UCONN Coop. Ext</p>

Outcome 4. Effective local or regional early childhood collaborative structures will ensure the provision of integrated services.

The ECP members recognize that local planning and oversight is necessary to ensure that the early childhood system is integrated and responsive and accessible to all families.

The Plan's intent is to create a local service delivery system focused on child outcomes, supportive and respectful of the family values, beliefs and needs, and accessible to all through multiple points of entry. Community level governance and infrastructure with a strong family voice should inform and implement state policies, based on the needs of families and communities. The Plan will provide mechanisms for providers and other key stakeholders to launch new or expanded public-private partnerships bringing together local government, education, business and philanthropy to make expanded birth to five investments.

In designing this system of effective community early childhood partnerships, Connecticut will build on the work of existing early childhood collaboratives such as School Readiness Councils; local health departments; and several existing public-private initiatives, including the Graustein Memorial Fund's 50-community Discovery Initiative, the Hartford Foundation for Public Giving's Brighter Futures Initiative, the Community Foundation for Greater New Haven's First Years First initiative, the United Ways' Success by Six efforts, and the Promoting Early Health and Learning initiative, funded by a collaborative comprised of the Children's Fund of Connecticut, the Connecticut Health Foundation, the Community Foundation for Greater New Haven, the Graustein Memorial Fund, and the Hartford Foundation for Public Giving.

Local efforts are diverse and most effective when reflective of the culture and values of the local community. Some impressive recent developments have increased awareness of the potential of local collaboratives. The Mayor of Hartford recently formed a local Early Childhood Cabinet to implement a comprehensive Blueprint for Early Childhood Services. In Middletown, the local School Readiness Council has included health providers. Thompson addressed the issues from an asset-based approach and secured bonding through referendum for a new early care facility. In Bridgeport, one local collaborative effort, Child FIRST, has built a local system of care providing comprehensive assessment, referral, and treatment for a large number of at-risk families and working with local early care and medical providers. Child FIRST was recently recognized with expansion funding from the Robert Wood Johnson Foundation.

The basic functions of community-based collaborations to coordinate comprehensive early childhood service delivery system for young children should include:

- Assessment of local needs and assets that impact young children and their families;
- Systems planning and development of local/regional early childhood action plan;
- Developing local services to fill identified needs and service improvement initiatives;
- Collecting and analyzing data, including measures of family satisfaction, to evaluate services and their impact;
- Tracking barriers to service access and gaps in the system;

- Developing mechanisms to coordinate services for families with multiple needs;
- Using a participatory approach to involve and support family engagement in local decision-making; and
- Representing a unified local voice in state level decision-making.

Membership on this local or regional group should include but not be limited to: community stakeholders, parents, private sector representatives, education, social service and health providers, the mayor, superintendent of schools, and economic development representatives.

Current Situation. While the current School Readiness Council model provides a foundation on which to build effective local collaborative groups, Council leaders consistently identify the need for additional early childhood specialists and parent organizers to improve the effectiveness of the community early childhood system.

In addition, some communities have multiple local collaboratives working on some aspect of issues affecting young children and their families because of the requirements of different funding sources, both public and private regarding the formation and membership of local planning groups. These groups often have overlapping membership and missions, but are different enough to make it difficult to combine. There is also the issue of turf.

In a meeting to discuss the Plan, local collaborative leaders expressed strong support for the principles of the plan and urged the state agencies to move to address what they see as needed changes in order to support good local work. Suggestions included:

ECP and State Agency Processes

- Improve communications at all levels with adequate representation from local communities on the State level and better information on funding and programs;
- Create an expectation that all state agencies will consult with recognized local early childhood collaboratives in their service planning and become more engaged in communities, participating on local collaboratives;
- Urge State agencies to model behavior of working together & show communities that they can collaborate and accomplish goals through system change;
- Build on local groups and what they are doing well; and
- Include more parents and community directly in the planning work

State Services and Funding

- Examine how State agencies award grants – many funds are still “siloes” and few follow the child.
- Making services more user-friendly and easier to understand and access
- Address state rules & regulations to be more flexible/responsive to communities
- Recognize differences among communities in establishing requirements

Outcome 4 Results

- Communities will have a full range of services available for all young children and families.
- Communities will Have visible entry points and clear processes for helping families gain access to comprehensive services.

Goal.	Objectives	Performance Measures	Partners
<p>Goal 4.1 <i>Support the development of local/regional early childhood collaboratives.</i></p>	<ul style="list-style-type: none"> ▪ Strengthen capacity of local and regional early childhood collaboratives. ▪ Strengthen local provider networks to meet diverse family needs including implementation of in-depth assessments and strength-based family service plans. ▪ Develop consistent revenue streams to support coordinated, integrated local services including in-depth assessment, strength-based family plans, care coordination, and tracking of service delivery and family and child outcomes. 	<ul style="list-style-type: none"> – Number of local or regional comprehensive early childhood collaboratives supported through state resources. – Number of formal local/regional partnerships designed for comprehensive planning and service delivery. – Number of discrete service improvements or system changes accomplished through the work of local collaboratives. 	<p>Lead: ECP Co-chairs DPH, CoC, SDE, DSS, DCF, CTF, CHDI, Discovery Initiative, United Ways</p>
<p>Goal 4.2 <i>Engage existing local collaboratives in state agency planning and service design.</i></p>	<ul style="list-style-type: none"> ▪ Work across the Partner State agencies to align and strengthen processes for working with local collaboratives 	<ul style="list-style-type: none"> – Number of service delivery improvement/systems changes related to service integration at the local level resulting from collaborative efforts at the state and local levels. – Develop measures (“customer satisfaction”) to monitor state agency response to local input 	<p>Lead: ECP Work Group Partners: DSS, DCF, DPH, CTF, DMR Professional Associations</p>

Outcome 5 A state level infrastructure with community representation will guide, support, and monitor implementation of a comprehensive, integrated system of services for children and families.

Based on the Governor’s proposals, the Connecticut General Assembly created by statute an Early Childhood Education Cabinet in 2005. Members include the Governor’s Office, Commissioners or designees of the State Department of Education, Department of Social Services, Department of Children and Families, Department of Mental Retardation, Office of Policy and Management; the Executive Director of the Commission on Children; Co-chairs of Education and Human Services Committees of the legislature; and representatives of School Readiness Councils and Head Start. The Cabinet will seek cross-agency policy and regulatory improvements, more integrated fiscal planning and expenditure, more robust performance outcomes, and better strategic planning. It will also allow the State to better evaluate and more equitably fund diverse programs.

The Governor has also created a **Connecticut Early Childhood Research and Policy Council** with business, higher education, and philanthropic participation. The Council will act as the research and development arm of the Cabinet and provide guidance in key areas of policy-relevant early childhood research and finance.

The **ECP Steering Committee**, comprised of high-level agency staff from all the agencies and organizations represented on the Cabinet and representatives of communities and statewide organizations, will coordinate the ongoing implementation process through integration of work across state, local, and private stakeholders.

The Current Situation. “Siloed” decision-making, uncoordinated funding streams, inconsistent policies, and fragmented planning processes create inefficiency and ineffectiveness. The lack of a formal mechanism to have these discussions about early childhood policy and programs has led

to the development of numerous ad hoc groups, and the fragmentation described in Section I.³⁰ In addition, the underdeveloped data collection, analysis, and reporting mechanisms for early childhood services disadvantage policymakers and administrators, as well as community leaders, advocates, parents and other stakeholders who need to know what services and programs are in place, who is being served, the level and distribution of funding, and the outcomes of these public efforts.³¹

Outcome 5 Results

- State agencies will share a commitment to clear early childhood goals and priorities.
- The performance of the early childhood systems will be measured and publicly reported.
- Ongoing and relevant policy research and data analysis will inform state and local decision-making.
- Financing for effective early childhood systems will be stable and strategic, maximizing efficient use of resources.

³⁰ Legislatively established and other official groups include the State Prevention Council, Child Poverty Council, Children’s Health Council, Child Daycare Council, and Medicaid Managed Care Council. However, none of these councils performs all the functions of a state level governance structure for early care and education; nor does any one of them address early childhood issues in a broad context.

³¹ Early Childhood DataCONNECTIONs, a partnership of the Child Health and Development Institute (CHDI) and the Department of Social Services (DSS) has effectively identified the cross agency research and data needs in state and local early childhood operations and has demonstrated the potential of a fully-built data and research infrastructure.

Goals	Objectives	Performance Measures	Partners
<p>Goal 5.1 <i>Enhance the capacity of state and community to use data for planning, administration and quality enhancement.</i></p>	<ul style="list-style-type: none"> ▪ Identify and propose indicators to support establishment of a results-based accountability system across all early childhood service systems. ▪ Assist state agencies to build an appropriate data and research infrastructure to support administrative, planning and accountability functions included in the plan ▪ Develop capacity for sharing early childhood data across state agencies and local communities 	<ul style="list-style-type: none"> – Data system improvements to support early childhood initiatives. – Inter-agency consistency in reporting early childhood results and system performance. – Policy-relevant early childhood studies produced on key issues identified by the Early Childhood Education Cabinet. – Research studies done in partnership among state agencies and outside researchers. – Increase in number of state data reports on early childhood services accessible to communities and the public. 	<p>Lead: CHDI (DataCONNectio ns), Partners: OPM, DPH, SDE, DSS, DCF, DMR, COC, United Way of CT, CAHS, CT Voices, higher educ.</p>
<p>Goal 5.2 <i>Develop tools and resources to ensure cultural competence in the delivery of all early childhood services.</i></p>	<ul style="list-style-type: none"> ▪ Develop common framework of goals for culturally effective practice in all Partner agencies. ▪ Monitor the ongoing work of ECP and the Early Childhood Cabinet to ensure that the strategies/activities adopted are culturally effective. ▪ Develop web-based listing of existing cultural competence resources (trainings, guidelines, policies, etc.) in Partner agencies. ▪ Develop performance measures to track progress on cultural effectiveness in early childhood service delivery (linked to the Results Based Accountability initiative of the legislature). 	<ul style="list-style-type: none"> – Common framework for cultural competence across all Partner agencies. – Establishment of web-based cultural competence resource bank including performance measures. 	<p>Lead: ECP Co-chairs Partners: SDE, DHMAS, DMR, DPH and DCF</p>
<p>Goal 5.3 Launch the</p>	<ul style="list-style-type: none"> ▪ Establish Early Childhood Cabinet. 	<ul style="list-style-type: none"> – Adoption of the ECP 	<p>Lead: Cabinet</p>

Goals	Objectives	Performance Measures	Partners
<p>Early Childhood Education Cabinet as the state level accountability structure with community representation to provide statewide leadership and direction for the comprehensive early childhood system.</p>	<ul style="list-style-type: none"> ▪ Advance Cabinet priorities for Early Childhood policy ▪ Recommendations to the Governor by 6/16/06 	<p>Implementation Plan</p> <ul style="list-style-type: none"> – Allocation of resources from state agencies to implement the ECP Plan – Monitoring of the ECP Plan results and performance measures by the Cabinet 	<p>Co-chairs Partners: Cabinet members.</p>
<p>Goal 5.4 Establish an Early Childhood Research and Policy Council to inform planning and policy.</p>	<ul style="list-style-type: none"> ▪ Establish CT Early Childhood Research and Policy Council to advise the state level governance structure on specific programmatic questions and best practices, drawing on stakeholders to strategize on issues and solutions and maintain current information on all efforts in support of the system-building efforts of communities. 	<ul style="list-style-type: none"> – Number of studies initiated that address policy research agenda items – Funds allocated for research on specific early childhood outcomes – Findings used to adjust policy to improve specific early childhood outcomes 	<p>All EC Partners Statewide institutions and associations; Higher Ed; Business; Early Childhood DataCONNECTIONs</p>
<p>Goal 5.5 Implement a cross-cutting financing plan that maximizes and integrates the use of the myriad federal, state, municipal, and private resources.</p>	<ul style="list-style-type: none"> ▪ Develop a shared legislative agenda annually driven by policy and budget options needed to achieve the shared outcomes for early childhood. ▪ Develop an early childhood budget annually that requires legislative approval and monitoring. ▪ Include language in RFPs and contract requiring bidders to participate and link to ECP initiatives and best practices strategies where appropriate. 	<ul style="list-style-type: none"> – Policies that allow funding to “follow the child” and bridge the gaps in eligibility in place – Early childhood budget developed annually – Incentives in place for public-private funding partnerships that increase resources for research, evaluation and implementation of best practices. 	<p>Lead: New state level structure All ECP Partners EC Alliance Advocacy Partners</p>

Outcome 6 A broad-based communications and engagement strategy will develop public education and public will in support of early childhood services.

In order to enhance public will and support for investments in building a more effective early care and education system for families and children, a public awareness and strategic communications effort will be mapped out as part of implementation planning. This effort will reach and mobilize parents and other concerned citizens.

The campaign needs to feature consistent messages to parents about the importance of their child’s early years (e.g. the value of talking to your child, appropriate developmental milestones, etc.) as well as messages to the broader community on the importance of public investments in the early care system both to improve children’s outcomes and to avoid the need for other remedial investments later in the child’s life.

The Current Situation. Connecticut has a number of entities working to increase public engagement and public will regarding early childhood investments. Given the small geographic size of the state and the overlapping nature of media outlets, it makes sense to coordinate these various campaigns so that they share common language and messages.

Some of the organizations or initiatives focused on public engagement around early childhood include the Connecticut Commission on Children, created by the legislature to conduct policy research and advance state policy affecting children;

Connecticut Voices for Children, which conducts policy and advocacy efforts on behalf of children; and the Connecticut Association for Human Services through its annual KidsCount report produced in collaboration with the Annie E. Casey Foundation. The Child Health and Development Institute of Connecticut supports research, programming, and publications in support of this Outcome as well. The United Way of Connecticut and local United Ways are pursuing communication strategies based on the United Way **Success By Six** model and the national **Born Learning** campaign. The Early Childhood Alliance is a collaborative of early childhood agencies and advocates that has supported the development of the **Ready Set Grow** web site and mobilization effort.

Outcome 6 Results

- The public and policy makers will support development of family early childhood services.
- Appropriations for family and early childhood services will be sufficient to meet needs.

Goal	Objectives	Performance Measures	Partners
<i>Goal 6.1 Develop broad-based support for comprehensive, integrated early childhood services for all children</i>	<ul style="list-style-type: none"> ▪ Engage policy makers in public debate around a system of integrated, comprehensive early services. ▪ Coordinate diverse communications 	<ul style="list-style-type: none"> – Prominence of early childhood issues in public debates, news articles and other public media. – Number of “early childhood champions” 	Ready, Set Grow, Early Childhood Alliance

Goal	Objectives	Performance Measures	Partners
<i>through expanded public awareness of the importance of the early childhood years.</i>	<p>campaigns across partners through the use of a strong common theme that promotes investment in early childhood services.</p> <ul style="list-style-type: none"> ▪ Create a communications and information dissemination network that knits together state agencies, child advocates, early childhood providers and others interested in understanding and promoting, integrated, comprehensive early childhood services. ▪ Reconfigure Ready Set Grow – CT KIDS campaign to promote specific early childhood policy changes. 	<p>recruited and actively promoting ECP concepts of integrated, comprehensive early childhood services.</p> <ul style="list-style-type: none"> – Number of stakeholder groups trained to deliver common public service messages. 	
Goal 6.2 Ensure that different cultural communication styles and strategies are used to inform and engage the evolving diverse population.	<ul style="list-style-type: none"> ▪ Develop local clearing house for early childhood awareness and education materials and access to web-based information ▪ Create campaign to get information into the hands of parents (related to parent education strategies). Use local libraries and 211 as clearinghouses for early childhood materials 	<ul style="list-style-type: none"> – Availability of information – Number of policymakers, administrators and practitioners trained in cross-cultural communication 	<p>EC Partners; 211 Infoline; other web sites; Schools, local libraries</p>

Appendix 1: Guide to Early Childhood Partners Acronyms

AAP	American Academy of Pediatrics	CYSHCN	Children and Youth with Special Health Care Needs	FR/SC	Family Resource/Support Centers
AFP	Accreditation Facilitation Project			HCCA	Healthy Child Care America
AHEC	Area Health Education Center	CT-AMI	Connecticut Association for Infant Mental Health	HCCT	Healthy Childcare Connecticut
CAFCA	Connecticut Association for Community Action	CTF	Children’s Trust Fund	HIS	Human Services Infrastructure (DSS/CAFCA)
CAHS	Connecticut Association for Human Services	DCF	Department of Children and Families	MCHB	Maternal Child Health Bureau
CDA	Child Development Associate	DMHAS	Department of Mental Health and Addiction Services	MCO	Managed Care Organization
CDI	Child Development Infoline			NAEYC	National Association for the Education of Young Children
CHC	Children’s Health Council	DMR	Department of Mental Retardation		
CHDI	Child Health and Development Institute of CT	DPH	Department of Public Health	NICHQ	National Institute for Children’s Healthcare Quality
CHEFA	Connecticut Health and Education Financing Authority	DSS	Department of Social Services		
		ECCP	Early Childhood Consultation Project	RMHSC	Regional Medical Home Support Center
COC	Connecticut Commission on Children	ECP	Early Childhood Partners	SDE	State Department of Education
CPEN	Connecticut Parenting Education Network	ECA	Early Childhood Alliance	UW of CT	United Way of Connecticut
CSHCN	Children with Special Health Care Needs	ECP	Early Childhood Partners		

Appendix 2: Connecticut Early Childhood Partners - Current State Services with Integration

	Programs	Brief Description	Delivery Mechanism or Platform*	Capacity	Focus Area				
					Medical	Soc Emo	EC&Ed	Fam Spt	Parent Ed
1.1	Medicaid (HUSKY A)	Medical coverage for low income children and families	Various	81,287 children	●	·	·	·	·
1.1	Children w/ Special Health Care Needs (DPH)	Care coordination, respites and durable medical supplies for children and youth with special health care needs	Pediatric practices	Approx 30,000 under 7 yrs old	●	●	·	●	●
1.1	Medical Home (DPH)	Pediatric Practices ensuring comprehensive preventive and primary health care services, targeting CYSHCN	Pediatric practices & families	Approx 1,200 families	●	●	·	●	●
1.1, 1.2, 1.3	Community Health Centers (DPH)	Provide quality community based healthcare	Community Health Centers	170,000 Individ- all age	●	●	·	·	●
1.3	Right From the Start (DPH)	Provides community based services to pregnant and parenting teens using an intensive case management model	Community Based Agencies	300 teens	●	·	·	●	●
1.3	CT Healthy Start (DSS)	Prenatal outreach and access to care program for pregnant women with family income at or below 185% of the FPG	Community Agencies	Approx 40,000	●	·	·	·	·
1.5	Birth to Three (DMR)	Services to children with dev. delays and their families	Contracted agencies	9,400 children	●	·	●	·	·
2.1	Care 4 Kids	Childcare subsidy program for targeted low-income families; parents may elect regulated or and kith and kin care	All child care providers	13,800 children on ave per mo	·	·	●	·	·
2.1	State Funded Child Care Centers	Provision of quality child care for low income children 0-5	Child care centers	3,900 children on ave per mo	·	·	·	·	·
2.1	School Readiness (SDE/DSS)	Quality preschool programs targeting children in Priority and Severe Need School Districts	Child Care Centers and School Readiness Councils	18 priority dist., 23 severe needs; 7,800 children	·	·	●	·	●

	Programs	Brief Description	Delivery Mechanism or Platform*	Capacity	Focus Area				
					Medical	Soc Emo	EC&Ed	Fam Spt	Parent Ed
2.1	Head Start (Federal HHS)	Federal comprehensive early education and family development model	School districts and community providers	8,106 children	●	●	●	●	●
2.2	Early Childhood Consultation Partnership (DCF)	Center-based mental health consultation targeting primarily classrooms	Child Guidance Clinics Mental Health agencies	26 communities	●	●	●	●	●
2.5	CT Charts-a-Course	Coordinated system of early care & education professional development, career ladder advancement and program improvement	Connecticut Community Colleges	State-wide	·	·	●	·	·
3.1	Parent Trust Act (CoC)	Grants to local programs and collaboratives to engage parents in planning, decision making	Local Efforts		●	●	●	●	●
3.1	Parent Leadership Training Institute (CoC)	Civic engagement initiative that seeks to enable parents to become leading advocates for children. Primary strategy is an annual 20-week experiential training that builds a corps of parent leaders in a community over time.	Local Design Teams	Active in 10 local/regional sites	●	●	●	●	●
3.2	Nurturing Families Network (CTF)	Home visiting program for at risk families Prenatal-5 yrs	Hosp/Community Agencies	About 3,400 children	●	·	·	●	·
3.2	DCF Early Childhood Programs (DCF)	Home and center based parenting ed and preschool services for children and families involved with DCF or id'ed at risk	Local providers	200 families	·	·	●	·	●
3.2	Parent Education and Support Centers (DCF)	16 programs statewide. Most offer early childhood play groups and parenting ed	Local providers	16 programs cover state	·	·	·	●	●
3.2	Family Resource Centers (SDE)	Programs in Severe Need Schools that provide family support services / support Kith and Kin providers	Local communities and families	22 centers across state	·	·	·	●	●
3.3	Infoline System (DSS, DMR, DPH, U Way)	Comprehensive info and referral resource with warm line case management	Telephone with community connections	Unlimited	●	●	●	●	●
3.3	Help Me Grow (CTF)	Resource, referral and linkage, MD and family friendly	Child Development Info Line	Unlimited	●	·	·	·	●