PROJECT REPORT

# Hartford Blueprint for Young Children

## Delivering the Promise of Success

**Mayor Eddie A. Perez's Blueprint Team**

Supported with grants from the Hartford Foundation for Public Giving, the Early Childhood Partners Project of the Connecticut Department of Public Health, with additional in-kind contributions from the Mayor's Office, City of Hartford, the Hartford Public Schools, the Hartford Foundation for Public Giving, and the Connecticut Commission on Children.

**May 2005**

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March, 2005

Hon. Eddie A. Perez
Mayor, City of Hartford
City Hall
550 Main Street
Hartford, CT 06103

Dear Mayor Perez:

Last June 9th your office asked the Hartford Public Schools, the Connecticut Commission On Children, and the Hartford Foundation for Public Giving to join you in carefully examining the needs of Hartford's young children, birth to eight years old.

In launching this joint effort you wrote: "In order to develop a citywide system that promotes the healthy growth and development of all Hartford's young children and their families, I ask that you consider, in collaboration with my office, drafting an early childhood blueprint for the City of Hartford that would address the basic building blocks – taking into account and building on those already in place – that would constitute a 'Passport to Success'."

You asked us to incorporate the following building blocks as part of that plan:

1. Universal screening and home visiting for all newborns and their families
2. Neighborhood-based family support programs for families with young children
3. Universal access to quality childcare and early education programs
4. Transition planning to assist families as their children enter kindergarten
5. Strategies to promote K-3 educational excellence, including literacy and numeracy
6. Universal access and use of well-child and other health care services

At this time, the team has completed its review of Hartford's current programs, policies and structure regarding the health, safety and learning of its young children. There are a great many positive outcomes occurring on behalf of the city's young children, however more can be accomplished.

We have integrated existing and new policies and programs to form this *Hartford Blueprint For Young Children*. We have outlined for your consideration a comprehensive plan to address the needs of the city's youngest citizens. We welcome your feedback, that of the Hartford Court of Common Council, and the community. We are confident that this ***Blueprint*** can provide strength and depth to the "Passport To Success" initiative, as well as improve the lives of Hartford's young children.

Sincerely,

***BLUEPRINT TEAM***

# Preface

For Hartford's children, birth to eight, to have the best foundation in life and an opportunity to succeed, particularly in school, there is an economic and social imperative that we strengthen and deepen the city's focus and action during a child's early years. A wealth of research clearly demonstrates the importance of early brain development, of effective best practices in child rearing, and the cost-effectiveness of school readiness. All this presents a compelling rationale to concentrate on the early years. To perform better in school and in life we cannot wait until children enter kindergarten to promote their health, safety, and learning.

Historically, Hartford has been committed to providing quality services for its young children. Some 50 years ago the Hartford Public Schools boasted "lower kindergarten", a formal pre-kindergarten program initiated to help young children get a head start on elementary school. During this same period, Hartford opened one of Connecticut's few municipally-run early care centers, high quality services that continue today at nine locations under the aegis of the city's Department of Health & Human Services.

The nurturing of young children begins at birth. It happens within families. It happens in formal, high quality early care and education settings. It depends upon quality community-based services. Hartford is a city where significant numbers of its youngest children, birth to eight years old, are being prepared for success in school.

- Nearly two-thirds of Hartford's children who are enrolled in early care and education centers attend high quality *accredited** programs. This is nearly three times above the state average.[1]

- Hartford is among the top three American cities of its size in the number of early childhood programs accredited by the National Association for the Education of Young Children.[2]

- In Hartford, children moving up to kindergarten from 14 early care and education programs affiliated with the Brighter Futures Childcare Enhancement Project showed significant gains on every measure of school readiness compared to national standards, and also scored above the national average.[3]

- In Hartford, the screening rate to identify lead poisoning in young children is one of the highest in Connecticut, 73.8%.[4]

- In the late 1990s, Hartford demonstrated it could provide better health care to young children by increasing the number of children who received annual well-child visits by 30% over an 18-month period.[5]

- In the past three years, the Hartford Public Schools has more than doubled its preschool enrollment.

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* Accreditation is a measure of quality pre-kindergarten education. NAEYC, along with the New England Association of Schools and Colleges (NEASC), are recognized organizations that accredit programs.

- In 2003, families with young children who received parent education and support at seven Brighter Futures Family Centers improved parenting practices; and increased parent social supports.[6]

Still, positive outcomes for many young children and their families in Hartford remain a challenge.

- Over a third of Hartford families with children live in poverty. For families with children under five years old, 40% live in poverty.[7]
- Nearly half the city's children continue to arrive at kindergarten having had little or no organized pre-school experience.[8]
- Of Hartford families with children, single women head an extraordinary high number of these families; several thousand children live in families where a grandparent is the sole responsible caregiver.[9]
- Despite recent progress in student performance, academic success – measured by state achievement tests – remains a serious concern. Only 17% of the city's 4th graders achieve reading mastery on state tests.[10]
- Access to prenatal care, and infant health outcomes in Hartford are among the worst in Connecticut.[11]
- In the last four years, state services reductions have eliminated $10 million in subsidies in Hartford to low income families, funds that once supported early care and education services in centers and in the home.[12]

City institutions – schools, municipal government, community organizations, business – can do more. To make the entire city a vibrant community for young children, positive early childhood experiences must happen for *every* young child in Hartford. The city's future depends on healthy and successful young children. To achieve this, we must work together to nurture young children and strengthen each family's capacity to take the lead in child rearing.

Today this promise may be beyond reach for too many Hartford children, but with increased public will, with political leadership, and with a long-term commitment, the community can make a difference.

Hartford can make good on its promise to its young children…one child at a time, repeated 18,600 times.

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# EXECUTIVE SUMMARY

***Vision for Hartford:***

A city that nurtures every child and creates an environment where young children are healthy, safe, and find early success in school and life.

Hartford's future depends on healthy and successful young children. Every child deserves critical elements – building blocks – that can guarantee a healthy start in life: nurturing families, good health care, and safe, enriching learning environments. The "Passport to Success" is a ***Blueprint*** over five years to unite diverse programs and services in the City of Hartford and meld them into a cohesive coordinated, family-centered system that focuses public policymaking and financial investment to improve the lives of young children, ages birth to eight. The ***Blueprint*** identifies action steps that:

**1.** Articulate six building blocks to form a comprehensive framework that constitutes a continuum important to the early success of young children.

**2.** Create a nine-member Mayor's Cabinet For Young Children, and an Office For Young Children in the Mayor's Office to direct and coordinate the myriad of early childhood programs and organizations with a single goal.

**3.** Consolidate a variety of existing city government and school services for young children, providing high-level capacity to coordinate over 305 different public and private programs spending $106 million annually, and oversee $37 million in programs under direct city control.

**4.** Establish 26 short and long-term strategic actions that over the next five years will implement the building blocks. The ***Blueprint*** assigns responsibility, and recommends an information system to set goals and measure outcomes.

**5.** Build and strengthen practices that engage parents, families and adults. This means inviting parents to help govern programs, build parental capacity to participate, and build their own skills to make their families stronger.

## The *Blueprint* establishes these long-term goals:

- Expand and maintain universal screening of *all* Hartford newborns and their families, accompanied by support by home visits through a child's fifth birthday.
- Provide *every* Hartford family with young children access on a neighborhood level to quality family support, including family literacy, training in child development, and parent education.
- Provide universal, voluntary access to full-time, quality childcare and early education for *every* Hartford infant, toddler, and pre-school youngster.
- Assure each child experiences a smooth transition from pre-school to elementary school, building an effective, formal connection among parents, pre-school provider, and the child's kindergarten teacher.
- Assure educational excellence, high performance, and a positive school environment for all Hartford children in early grades (K-3), with prime focus to achieve proficiency in reading and mathematics.
- Assure that every Hartford family with young children has health care -- universal and timely access to care, and families are able to use comprehensive, affordable well-child and allied health care services.

## BUILDING BLOCKS

The five-year ***Blueprint*** consists of six building blocks and 26 strategic actions that constitute a comprehensive approach to meet the early childhood needs of Hartford's children birth to eight years old, and their families. (See Section III for details.)

### Building Block 1: Newborn Screening & Home Visiting For Families

- Expand and sustain a permanent system at Hartford Hospital and St. Francis Hospital and Medical Center to screen and all refer families with newborns, as appropriate, for home visiting support.
- Expand neighborhood-based home visiting services for all families with newborns, maintaining relationships with each child and family through child's fifth birthday. Use the Nurturing Families model supported by the Children's Trust Fund.
- Provide public financing through Medicaid S-CHIP and other initiatives to fully fund Hartford's Nurturing Families Network to pay for coordinated screening and home visiting services for all pregnant and post-partum mothers and families.

### Building Block 2: Neighborhood-Based Family Support & Development

- Maintain, for every family in Hartford with a young child, nearby culturally appropriate places to obtain comprehensive education and training in positive practices that promote the healthy development of young children.
- Combine Hartford's two major independent family support systems (Brighter Futures Family Centers and Family Resource Centers) into a single *Family Support Network*, using common outcomes, consistent service philosophies, core services, and unified structure to maximize organizational efficiency.
- Institute a neighborhood-based parent education and training program available to every family in Hartford, with companion focus on family literacy.
- Provide long-term financial support for the *Family Support Network* through public/private partnerships. Seek full and adequate state funding for Family Resource Centers, and public-private funding for the Brighter Futures Family Centers through a partnership of state, city, and private sources.

### Building Block 3: Childcare And Early Childhood Education

- Provide every pre-school child in Hartford, ages three and four years old the opportunity to enroll in a quality, full-time early childhood education program.
- Expand availability of *licensed* infant and toddler childcare for Hartford residents in programs that meet national quality standards.
- Assure every center-based early care and education program in Hartford meets the quality standards as defined by nationally recognized accrediting organizations.
- Strengthen and unify efforts to assure adequate training, improved qualifications and adequate compensation for Hartford's childcare and early education program staffs, including creating a training "institute" to coordinate early care training activities.

- Improve quality of family childcare services, both formal and informal providers of care.
- Ensure sufficient state school readiness and other public financing to enable Hartford to reach early care and education enrollment targets.

## Building Block 4: Transition From Pre-school To Kindergarten

- Institute a uniform, citywide pre-K/Kindergarten transition system to assess pre-school experiences, and provide timely information to families and kindergarten teachers to respond to each child's needs as the child enters kindergarten.
- Establish and maintain comprehensive community and parent-centered engagement strategy that involves them in planning, implementation of pre-K/Kindergarten transition programs.
- Develop agreement among center-based early childhood education providers and the Hartford Public Schools to use common set of measures to assess each preschool child's status as the child nears kindergarten.
- Investigate the feasibility of a citywide individualized "pre-enrollment exchange" program for every entering kindergartner, enabling home visits for personal exchanges between family and kindergarten teacher prior to start of school.

## Building Block 5: Educational Excellence And School Success In Early Grades

- Implement fully state laws requiring systematic, focused programs in elementary grades to improve reading and literacy of youngsters, Kindergarten through third grade.
- Improve comprehensive elementary school teacher staff development program to increase proficiency in reading and math instruction.
- Create and implement classroom organizational models in K-3 grades that assure environments that promote social, behavioral development of young children.
- Articulate and advance comprehensive community schools, embracing models that provide maximum array of services for young children.

## Building Block 6: Universal Access And Use Of Primary Health Care

- Create a comprehensive system that reaches every family with a young child (outreach), organizes care at the places where families obtain health services (care coordination), and help families to manage the care (case management), thus providing children a "medical home".
- Consolidate and unify into a single delivery network, hospital and community-based primary care providers, creating a multi-site, single primary care model in Hartford.
- Advocate changes in the HUSKY Program to remove barriers that deny children uninterrupted access to health services.
- Assure key preventive and behavioral health services are in place to address issues affecting children, including early prenatal care services to every pregnant woman in Hartford.
- Create a comprehensive system to link school-based clinics with hospital and community-based primary care centers in Hartford.

# I. BACKGROUND & CONTEXT

## A. Importance Of The Early Years

Children birth to eight years old who are nurtured – their beginning years safe, healthy, full of learning and prepared for success in school – achieve productive adolescence and adult lives. Birth to eight is a critical time because the physical, social and emotional foundations for later behavior, for success in school and eventual success in the workforce and society are formed in these early years.

- **For children and their families, birth to three is most critical**. In the very early years, birth to three the brain grows rapidly, reaching 90% of its adult size.[13] It is the time when a child's brain makes the neurological connections (over one trillion synapses, they are called) that determine everything from language skill to social and emotional development. Research shows that as children interact these pathways grow; when unused, they are eliminated. The majority of these important links that lead to better learning, reading and socialization happen in the first three years of a child's life.[14]

- **Strong and effective families are the foundation.** Positive experiences – loving and caring adults, playing with other children, being read to, living in a safe environment, visiting a medical professional regularly – help children grow, and arrive at kindergarten ready and eager to learn. Research shows a positive family foundation is the most important single influence to increasing the likelihood of academic success and sound social adjustment by young children. Of equal importance, there must be recognition by the system serving young children of the value of diversity, and that childhood experiences must be culturally appropriate, reflecting a respect and dignity regarding all cultures and races.

- **Being prepared for school is vital to early childhood success.** For children, particularly three and four-year-olds, the opportunity to have formal early care and education experiences enable a child to be better prepared for kindergarten. Good health, positive parent and peer play, and structured learning environments all contribute to healthy growth and development. Children who have positive experiences prosper in the early grades. When these early experiences are poor or nonexistent research finds the effects on young children vastly increase their risk of failure in school, and having other problem behaviors. Consequences ripple outward beyond a single family. They lead to communities that struggle to fix stubborn, expensive problems in special education, juvenile crime, and child abuse.

- **Investing in young children pays tangible dividends.** National research has documented that a dollar invested in a young child's quality early education reaps a $7 or higher return.[15] Some economic models show that this return nearly doubles ($16) when extended out a lifetime.[16] In Connecticut communities such as Milford and Bridgeport spending on early care and education showed financial savings to taxpayers through lower costs for special education, and fewer children held back in school. (See Appendix 5.)

## B. Demographic Findings

This section highlights a demographic analysis conducted by Harold Hodgkinson, Ph.D., who reviewed Hartford census data, and other city and regional demographic statistics.

- **City population decline reverses**. After decades of decline, the City of Hartford has reversed its population loss. In 2000-2003, slight growth continued. This is caused mainly by a decrease in the number of people leaving Hartford. The city's population currently is 125,000.

- **Hartford is a young city**. The median age, 29.7 years, is significantly younger than the regional average. Youth (birth to 18 years) represent 40% of Hartford's population, and young children (birth to eight years) constitute approximately 15%.

- **Racial shifts continue**. The city's White and Black populations have declined; the number of Asians has increased, and most growth continues in the Hispanic population. Overall, non-English speakers doubled in the last decade to 27,000.

- **Family structure is diverse**. In Hartford, more children live in families headed by a single woman than any other town in the Capital Region. For households with children under 18 years old, approximately 5,000 are led by married couples, and 9,000 are female-headed households with children. Diverse types of parenting relationships are increasing, with more children supported by their grandparents, about 2,000, and some with two mothers or fathers, or raised by an aunt, uncle or other relative.

- **Child poverty is widespread**. 36% of families with children lived in poverty in 2000; the poverty rate is 40% for families with very young children. Virtually every Hartford student is eligible for free or reduced lunch, a significant indicator of poverty.

- **Some school trends are challenging**. 54% of Hartford students do not speak English at home. 20% of students move each year (same as the national average), and about only about half of kindergarten students attended pre-school.

- **Teaching staff changes loom**. Large numbers of Hartford teachers are nearing retirement, and the city may lose veteran teachers. At present the city boasts average teacher tenure of 14 years, many with advanced degrees.

- **Workforce decline persists**. The last decade saw a 25% reduction in Hartford's workforce, evenly cut across four major employment sectors (management, technical-sales, service-maintenance-construction, production-transport).

## C. Highlights Of Current Issues*

### Programs And Services

▪ Over $106 million is spent annually on early childhood programs and services for Hartford children, birth to eight. Municipal government and the schools have direct control over an estimated $37.7 million. Funding comes from 44 sources, goes through 532 discrete budget line items or contracts, 98 public and private agencies serve Hartford children, operating 305 distinct programs.

▪ Hartford's pre-school programs deliver high quality services compared to others in Connecticut.

▪ The city's need for childcare exceeds current supply, and only 50.7% of Hartford's students reach kindergarten having had a formal early care and education experience.

▪ Municipal government and the Hartford Public Schools together constitute major deliverers of quality pre-kindergarten services in Hartford, approximately one-third of school readiness spaces. Unlike other communities where private organizations deliver most services, this means in Hartford the public sector is a significant player in the early care and education business.

▪ A wide array of early childhood services exists, but they are a poorly coordinated collection of programs, not a system. There are insufficient services in some locations, and almost all programs are under funded.

▪ A multitude of organizations offer parent education and engagement programs using varied approaches and strategies. Most are small, under-financed, and unable to reach the full-range of families that could benefit from services.

### Policy, Leadership And Organization

▪ No cohesive system exists in Hartford to guide and target early childhood policymaking and financial investment. Often, decision-making is fragmented, and isolated.

▪ The city's School Readiness Council fulfills its state obligations to monitor programs, but has not succeeded in developing a broader, organized system of early childhood services in the city. Also, it is unable to lead and to offer cohesion to early childhood policy.

▪ In some years, Hartford has had to return hundreds of thousands of dollars to the state for school readiness slots that went unfilled; this despite a documented need for program spaces. While Hartford is not alone in returning money, its returned funds are far greater than all other communities.

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***** This section highlights major findings of a citywide inquiry. For entire summary, see Appendix 2.

▪ State and local early childhood policies and ongoing fiscal constraints contribute to disorganization and ongoing system weaknesses in Hartford. Since 2000, the number of children covered by Care4Kids dropped 68%; the city has lost over $10 million in subsidies for center-based and home care services for low-income residents.

▪ Business and philanthropic contributions, while substantial, often lack a shared strategy on early childhood.

## Operations And Information Systems

▪ Day-to-day management of the array of separate programs and services lacks a citywide structure to address problems, advance a shared mission, and measure impact.

▪ Data collection and analysis of trends regarding early childhood – for individuals and for the entire city – is not well organized, resulting in limited information to guide decision-making.

▪ Inadequate information exists to understand fully the changing characteristics of Hartford's young child and family populations. With many young families migrating from other Connecticut communities and nations, this gap in demographic information inhibits planning and effective response to community needs.

▪ At present, the diffuse nature of the structure and organization of early childhood services leaves the city with no entity responsibility and accountable for interdisciplinary or interagency activities regarding early childhood.

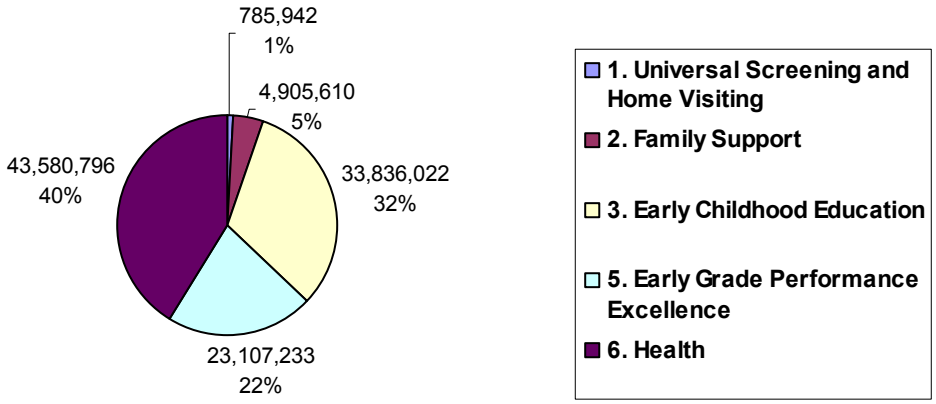
# D. Current Financing Services For Young Children in Hartford

This section highlights a detailed financial analysis conducted by Holt, Wexler & Farnam of New Haven, CT. The entire report can be found in Appendix 3.

**Total Spending.** Hartford organizations and government agencies delivering early childhood services received $106.2 million in public and private funds for activities directed at the six core building blocks for children birth to eight years old, and their families. This reflects total spending for the single fiscal period 2003-2004.

**Complex Funding Structure**. The study identified a total of 532 discrete budget line items or individual contracts for services to children birth to eight and their families. These services came from 44 funding sources, went to 98 different public and private agencies that serve Hartford children, and paid for a total of 305 distinct programs.*

**Figure 1.1. Total Funding Invested in Services to Children 0-8 by Six Major Building Blocks**




**Spending by Building Block.** Total spending in Hartford was analyzed according to the six building blocks of the ***Blueprint***. Of the six building blocks, only five were found to be receiving substantial financial support during the period studied (see Table 1.1). Building Block 4, Transition from pre-Kindergarten to Kindergarten, showed no investments.

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* The study did not include funds for income maintenance, basic needs, adult education, workforce development, or teacher salaries and fringes. In some cases, amounts were adjusted to reflect the percent of funding allocated to Hartford, and the percent allocated to children ages birth to eight years.

**Funders**. Funding was analyzed by source. Of four major sources, federal and state governments combined to account for 91% of funding. Major sources include:

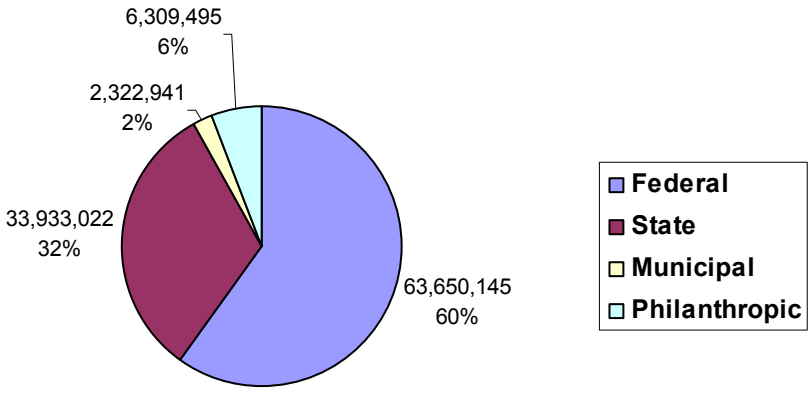
- **Federal**. Hartford receives $63.7 million in funding from federal sources. Two departments represent 95% of all federal funds: US Department of Health and Human Services, $46 million; US Department of Education, $14 million.

- **State**. Nine Connecticut state agencies provide $33.9 million. Three agencies provide 87% of state funds:* Department of Education, $13.7 million; Department of Children and Families, $11.5 million; and Department of Social Services, $4.1 million.

- **Municipal**. An estimated $2.3 million in municipal funds were devoted to services to young children. This represents less than 1% of total annual funds raised from local sources to support Hartford government, although fully 37% of all funds are under local control by municipal government or the Board of Education.

- **Philanthropy**. An estimated $6.3 million is derived from the 26 private sources, with the Hartford Foundation for Public Giving and United Way leading with 60% of total philanthropic resources in the period. The full report includes 99 foundations investing in children's services, and some smaller foundations are unreported.

**Figure 1.2. Total Funding Invested in Services to Children 0-8, by Source Level**




* The study attempted, where possible, to screen out state funds whose underlying source is federal funds.

**Table 1. Funding By Building Block, By Source, 2003-2004**

| Building Block | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| 1. Universal Screening and Home Visiting | 279,175 | 464,662 | | 42,104 | 785,941 |
| 2. Family Support | 1,428,478 | 2,012,867 | | 1,464,265 | 4,905,610 |
| 3. Early Childhood Education | 20,813,704 | 11,109,786 | 131,158 | 1,781,375 | 33,836,022 |
| 4. Transition to Kindergarten | | | | | |
| 5. Early Grade Performance Excellence | 11,469,643 | 7,961,989 | 1,719,967 | 1,955,635 | 23,107,233 |
| 6. Health | 29,659,146 | 12,383,717 | 471,817 | 1,066,117 | 43,580,796 |
| **Grand Total** | **63,650,145** | **33,933,022** | **2,322,941** | **6,309,495** | **106,215,603** |

**Programs.** Table 2, below, identifies the number of Hartford programs by Building Block.

**Table 2. Total Number of Programs, by Building Block**

| Building Block | Number of Programs |
|---|---|
| 1. Universal Screening, Home Visiting | 3 |
| 2. Family Support | 44 |
| 3. Early Childhood Education | 43 |
| 4. Transition to Kindergarten | 0 |
| 5. Early Grade Performance Excellence | 93 |
| 6. Health | 122 |
| **Grand Total** | **305** |

**Funding Under Local Control.** Table 3 lists the amount of funding under local control. This totaled $37.7 million, nearly 36% of all funds identified. 62% of this was received by the Board of Education, mostly from federal and state sources.

**Table 3. Funds Under Local Public Control**

| Agency | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| Hartford Board Of Education | 14,350,263 | 7,700,152 | | 1,218,270 | 23,268,684 |
| Hartford Department of Health and Human Services | 3,547,385 | 1,182,428 | 1,641,608 | 19,550 | 6,390,971 |
| City of Hartford | 718,679 | 632,729 | 174,514 | | 1,525,922 |
| Hartford Public Library | | | 431,136 | 21,000 | 452,136 |
| Total | 18,616,328 | 9,515,308 | 2,247,258 | 1,258,820 | 31,637,713 |
| School Readiness Program Grants to Centers (currently through CREC) | | 6,103,203 | | | 6,103,203 |
| **Total Funds under Local Public Control** | **18,616,328** | **15,618,511** | **2,247,258** | **1,258,820** | **37,740,916** |

## E. Purpose of The *Blueprint*

Despite impressive gains in early childhood among certain programs in Hartford, more must happen if the city is to achieve substantial measurable progress for all 18,600 young children under nine years of age. Major obstacles to progress are the absence of a plan to set direction, a champion to lead, and the failure to operate a cohesive citywide structure and system of services.

While the city has experienced a proliferation of programs, interagency committees, and councils that promote growth and development of young children, there has been no unifying plan. The community has seen various entities – public, private, and nonprofit – each for a time take the lead, advancing a portion of an early childhood agenda. A ***Blueprint*** is needed because:

**1.** First, and foremost research on the importance of the early years is so compelling and the city's needs so urgent that we cannot "waste" another generation; early childhood education is a critical key to the lifelong success of Hartford's children.

**2.** The existing diffuse "system" that delivers early childhood services needs to plan and grow in an organized way to be more effective, and to assure quality.

**3.** The loose and informal network of services affecting young children is a $106 million business; it is not a cottage industry. This kind of investment demands a more unified way to set public policy, to assure expenditures are effective, and lead to positive outcomes for children.

**4.** Early childhood services in the past decade have advanced as a "science" with many research-based best practices that result in early childhood success. The time is ripe for Hartford to provide more visible leadership to capitalize on these advances.

**5.** State government -- always a force in financing and in setting standards – is likely in the next several years to increase its investment in early care and education in cities such as Hartford. City government must position itself to grab hold of these new resources, assure they are used effectively, see these funds achieve results, and set a high municipal standard.

To prepare Hartford's young children for school success, the shareholders in the success must be willing to rally around a ***Blueprint*** as the road map for the first five years of the journey. Absent unified direction, Hartford will continue to employ a "problem of the moment" strategy. The ***Blueprint*** and its building blocks will allow the mayor's "Passport To Success" to emerge as an integrated long-term strategy.

# II. BLUEPRINT FOR YOUNG CHILDREN

## A. Principles, Vision, Mission

### Principles

- Parents are the child's first and foremost teachers and, in partnership with other family members, are *the* core that support each young child.
- All children can and shall be expected to achieve their highest potential.
- Families and the entire community share in the responsibility for our children to assure their health, safety, and readiness for success in school.
- Respecting varied cultural and linguistic backgrounds and beliefs is a centerpiece in nurturing successful young children in Hartford.
- All practices in early childhood must offer equal access, and provide consistent and continuous high quality experiences for Hartford's young children.

### Vision For Hartford

A city that nurtures every child and creates an environment where young children are healthy, safe, and find early success in school, and life.

### Mission of The *Blueprint*

To build a city where people, institutions, and government work together to promote the health and development of young children, and sustain partnerships, policies, and investments that deliver success to every young child.

## B. Summary Of The Building Blocks

The ***Blueprint*** has six building blocks that encompass the range of supports that a young child and family need to insure early success for that child. Detailed explanations of the building blocks and their strategic actions are found in Section III of this report.

**1. Newborn Screening & Home Visiting For Families**
Screen and assess newborns and their families, and provide home visits, as appropriate, to promote a positive bond of caregiver and child, especially for families at risk. Improving knowledge and skills in child development for families from the beginning gives them tools to increase participation in the child's physical, educational, and emotional growth. Home visits and support from paraprofessionals using "best practice" models produce measurable benefits in parental attitudes towards children, improve parent-child interaction, significantly reduce child abuse and neglect, and increase readiness for school.

**2. Neighborhood-Based Family Support and Development**
Parents and the family are a child's first and foremost teachers. Children need effective and nurturing families capable of offering comfort, joy, physical and emotional support. While individual circumstances differ, all parents benefit from support, information, and skill building in child rearing. The essence of family support is to nurture and avoid costly crisis responses, which often are ineffective.

**3. Childcare And Early Childhood Education**
Quality early childhood experiences are fundamental to the social, emotional, cognitive and physical development of every child. Affordable, dependable, quality early childhood care and education are an integral part of family life in the 21st century. Structured childcare and early education opportunities provide children with experiences that set the stage for later school success.

**4. Transition From Pre-school To Kindergarten**
Effective transition from pre-school to kindergarten is a critical pathway in a young child's development. Effective kindergarten transition means sharing pre-school experience information at the right time, in a uniform way, with the family and the child's kindergarten teacher. It emphasizes continuous communication between the family, the school, and early childhood providers during this important time in a child's educational life.

**5. Educational Excellence and School Success In Early Grades**
Early competence in literacy and mathematics create the strongest foundation for a student's long-term academic achievement. Mastering reading at an early age is the greatest predictor of success in subsequent school years. Along with focus on early reading success, schools must create and sustain positive and safe environments, with a culture that enables better teaching and make schools a secure place in which children can learn.

***6. Universal Access And Use Of Primary Health Care***
Access and regular and effective use of comprehensive health services promotes the healthy growth and development of young children. Promoting well-child care for infants through regular visits to a health care provider, and early identification of health concerns helps insures a child's health and early success in school. Important components are: insurance coverage to guarantee access; providing comprehensive well-child care, not simply treating disease; and making the family an active partner with the health care provider.

## C. Parent And Family Engagement

To be successful, each building block must embed practices that engage parents, families building blocks must provide a welcoming atmosphere, and real opportunities for families to become full partners in strengthening the education of their children. Three principles guide parental involvement, drawn from the work of Family Support America:[17]

- "Programs affirm and strengthen families cultural, racial, and linguistic identities and enhance their ability to function in a multi-cultural society;
- Programs are embedded in their communities and contribute to the community-building process; and
- Practitioners work with families to mobilize formal and informal resources to support family development."

Each building block must incorporate five components into their planning, governing, and operating practices. Many of these are based on the work of Joyce L. Epstein, director of the Center on School, Family, and Community Partnerships.[18] While some elements reflect family-school relationships, the underlying principles can be applied to *all* programs affecting early childhood services, and the family.

### 1. Inclusive Atmosphere & Welcoming Attitude

Physical surroundings, the way families seek and obtain information and services must reflect in substance and style an atmosphere that is inviting and welcoming. It must emphasize the customer. At an organizational level, it means early childhood programs regularly must obtain feedback, actively must involve families in framing needs, in designing the services, and in understanding their effects on the family.

### 2. Shared Governance

In most programs, parental inclusion means active participation and a meaningful role in the governance of service organizations. This means designing a board and leadership structure that not just invites, but actually creates in practice a community role in governing the organization. Similarly, it means adopting practices that formalize and embed in staff behavior practices that make the family a full partner in decision-making.

### 3. Advocacy & Civic Engagement

Building the skills, capacity and confidence of parents and families to engage around issues affecting their children must be an integral to involving families. Programs that prepare adults to be actively engaged need to be expanded and strengthened in Hartford. Building civic involvement integrates parents into decision-making systems.

## 4. Learning At Home

Involving families as active participants in their child's preschool and schoolwork (homework, curricula-related activities) and in making educational decisions help assure their child's success. As Epstein has written: "Actions include: information for families on required skills in all subjects at each grade; information on homework policies and how to monitor and discuss schoolwork at home; information on how to assist students with skills that they need to improve; regular schedule of interactive homework that requires students to demonstrate and discuss what they are learning in class; calendars with daily or weekly activities for parents and students to do at home or in the community; summer learning packets or activities; and family participation in helping students set academic goals each year…"[19]

## 5. Volunteering

Volunteer services are an integral part of increasing adult, parent and family involvement. Such opportunities are important, not just in school settings, but across the full range of building block activities -- family support centers, health care organizations, school transition programs, pre-schools, etc.

Joyce Epstein outlines a number of key elements to "organize volunteers and audiences to support early childhood and students, particular to school-based settings. They include: annual survey to identify interests, talents, and availability of volunteers; parent room or family center for volunteer work, meetings, and resources for families; class parent, telephone tree, or other structures to provide all families with needed information; parent patrols to increase school safety; annual review of schedules for students' performances, games, and assemblies to encourage all families to attend as daytime and evening audiences."[20]

# D. Implementing The *Blueprint*

**New Organizational Structure**

Hartford city government – municipal government and the schools – must take firm command of early childhood policymaking for the city. Other players and stakeholders are integral to this process, and a new structure should continue to involve these significant partners.

The Mayor's Office, with the superintendent of schools, should establish a cohesive management structure for the city to unify and consolidate all policymaking, planning, coordination, and oversight of early childhood policies and services. Elected and appointed public leaders in Hartford should assume leadership of this unified structure. It should establish policy; make decisions, and provide the mayor and school superintendent information and research and a means to demand accountability.

The Blueprint Team recommends that the city create a structure with two interrelated parts at the highest level in municipal government to unify and coordinate all activities relating to young children and their families. The two parts are:

- A Mayor's Cabinet For Young Children
- An Office For Young Children located in the Mayor's Office

The Cabinet would advise the mayor in setting policy on all matters affecting young children. The Office For Young Children would perform day-to-day planning, coordination, implementation, and oversight.

**Mayor's Cabinet For Young Children**

The mayor, in consultation with the school superintendent, should establish a Cabinet composed of nine individuals to advise on policies and services affecting young children, birth to eight, and their families in the City of Hartford. The cabinet would consist of both elected and appointed public sector leaders, and include non-governmental appointees to represent important constituencies that have a stake, and are expert in matters affecting young children. Its purpose is to unify and coordinate all public and non-governmental officials who share responsibility for any portion of the building blocks that contribute to the early childhood system.

The mayor, in consultation with the superintendent of schools, would name cabinet members. The mayor would chair the Cabinet. This structure recognizes the importance of both municipal government and the schools in directing and carrying out early childhood policy.

The Cabinet would serve as the local agency to fulfill state mandates regarding school readiness, succeeding the present School Readiness Council.

Cabinet appointees and categories are:

1. Mayor (chairperson)
2. Superintendent of Schools
3. Chief Operating Officer, City of Hartford
4. An early care and education professional
5. A representative of the agency that runs Head Start
6. Representative of a children's health care delivery organization
   (hospital, community clinic, or medical home coordinating agency)
7. At-large representative of the philanthropic community
8. At-large parent representative
9. At-large member of the Hartford Business Community

The Cabinet would:

1. **Recommend Policies on Early Childhood**. Frame cohesive policies regarding early childhood for the mayor, providing a unified approach for programs and services to improve the lives of young children and their families.

2. **Establish Goals, Targets**. Formulate short and long-term targets and performance measures to assess progress on outcomes among key indicators that affect the health, safety and learning of all young children, birth to eight, in Hartford.

3. **Advance the Passport To Success *Blueprint***. Articulate policies to implement the ***Blueprint***, unifying activities affecting young children to implement the plan's goals and strategies. This includes recommending action regarding information systems, measures, and providing ongoing strategic counsel.

4. **Assume Functions of School Readiness Council.** Serve as the state-mandated School Readiness Council, providing the highest level of focus on early childhood policy, and broadening the council's role to fulfill the entire early childhood agenda.

The Cabinet would have no designees or substitutes. Initially, the Cabinet should convene monthly, recognizing the importance of its early leadership tasks. Moreover, the Cabinet should strive to remain apart and above the "bureaucracy" of early childhood, stressing innovation and action. Operationally, it may convene short-term, targeted ad hoc task groups to take on special assignments, which would disband when the assignment was completed.

## Office For Young Children

An Office For Young Children would be established as part of the Mayor's Office, and serve as the permanent operational arm of the Cabinet. The Office For Young Children would be the lead agency to plan, coordinate, oversee, and implement the ***Blueprint***. The office would have a director and be authorized to have such staff as necessary to carry out the office's mission.

The Office would be responsible to:

1. **Implement Early Childhood Policy**. Reporting to the mayor, the office would be responsible to carry out policies recommended by the Cabinet and adopted by the mayor and superintendent of schools.

2. **Coordinate Early Childhood Planning**. Bring together on a regular basis organizations delivering early childhood services, and coordinate public and non-governmental planning activities in Hartford around policies and services to young children and their families.

3. **Develop A Children's Budget.** Coordinate (with the city's Office of Management and Budget) developing an annual "Children Budget" as a distinct part of the city budget, with proposed revenues and expenditures linked to the early childhood goals and objectives as described in the ***Blueprint***.

4. **Participate in Boards, Commissions**. Participate or lead, as appropriate, boards, commissions, advisory groups, etc., established to work on early childhood issues. This includes administering, on behalf of the Cabinet, the responsibilities mandated for the School Readiness Council as defined in §§10-16(o-t) of the Connecticut General Statutes.

5. **Report Bi-Annually.** Issue a "Report Card" every other year to the chief executive officer, legislative body, and the community regarding the status, emerging needs, and recommendations for action to improve services for young children and their families.

6. **Seek Additional Revenues**. Develop and coordinate a comprehensive resource development plan to obtain additional revenues from public and private sources to advance early childhood policies and programs in the city.

Three important "networks" should be established through the Office For Young Children to provide important counsel and insure that issues affecting childcare, health and family are closely integrated with early care and education. Those networks, discussed in some detail in Section III, are:

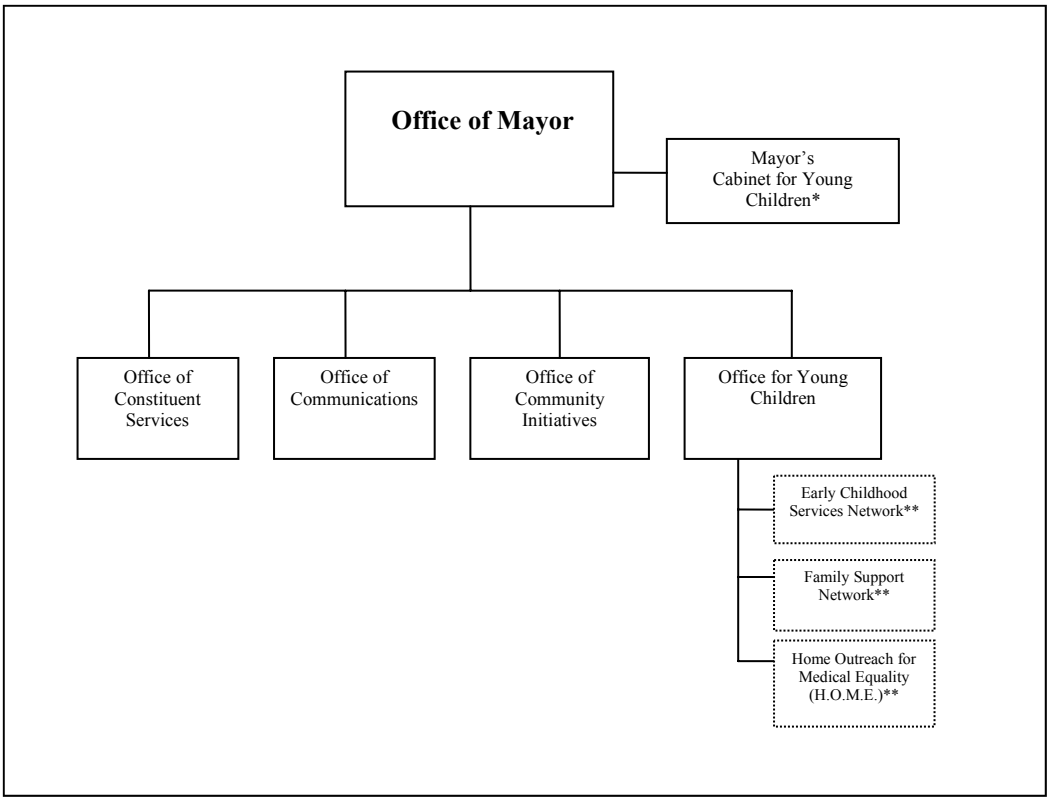
1. **Early Childhood Services Network**. The Office should continue to involve providers of early care and education services, a group currently operating under the aegis of the School Readiness Council. This network should be expanded to represent *both* deliverers and consumers, joining service deliverers with parents, the consumers of services. The network would form a single formal body to provide a service delivery "voice" and advise the Office For Young Children and the Cabinet.

2. **Family Support Network**. In Building Block 2, the ***Blueprint*** recommends a unified network of major family support services, primarily the Brighter Futures Family Centers and the Family Resources Centers. Along with other significant family services providers, these organizations, in collaboration with families (the consumers of these services) should coordinate and link formally to activities involving young children through the Office.

3. **H.O.M.E – Home Outreach For Medical Equity**. Linking and integrating health access and primary health care services to early childhood policy is critical. The Office should form a formal link with a new Hartford initiative now being developed under auspices of the Connecticut Children's Medical Center, H.O.M.E.*

# City of Hartford

## Organization Structure For Cabinet & Office For Young Children

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* School Readiness Council responsibilities mandated under C.G.S. §§ 10-16(r) would be assumed by the Mayor's Cabinet For Young Children.

** H.O.M.E. is a concept for a pilot program to establish a "medical home" for 2,000 of Hartford's families with young children. The acronym stands for **H**ome **O**utreach for **M**edial **E**quality. It would provide unified outreach, case coordination, case management to assure families with young children were connected to the medical system, and to a specific caregiver. This emerging health network should formally link to the Office. A partner is endeavor should also be the Hartford Public Schools Health Services.

## Information Systems & Performance Monitoring

To set goals, targets, and outcomes for young children and their families, there must be an adequate information system. It would serve these purposes:

1. Provide baseline statistical information on the status of Hartford's young children and their families to allow the government and early education programs to identify and track key indicators affecting children. This will enable the city to set goals and targets, and to measure results.

2. Provide a statistical means to track progress, at least through the life of the first five years of the ***Blueprint***. It will be meaningless to set goals to improve particular indicators for young children unless there is ability to track change over time.

3. Provide individual programs with access to information about specific children. This is important if the city hopes to link all services – health, family support, early care and education. This data is needed to implement the Mayor's "Passport To Success" program as it plans to track individual children.

Creating an information system from scratch is expensive. As the financial review revealed, the fragmented nature of early childhood education means it will not be easy to centralize information, and access must meet the reality that organizations are spread across the city.

The Blueprint Team proposes that the Cabinet examine closely collaborating with the Hartford Connects System operated by Capital Workforce Partners, Inc., as primary mechanism to unify information collection and data sharing on early childhood in Hartford.

This system was started with funding from a federal Youth Opportunities Grant and private sources. It currently serves public and private agencies in Hartford involved with youth, ages 9 through 21 years. Workforce Partners reports that the system is capable of being extended to encompass younger children. The system is web-based, making it accessible to multiple agencies, and its protocols and operating rules are based on having multiple organizations - known as "entities" - becoming partners to frame rules of operation, provide input data, and access information.

Many major players in early childhood – Hartford Public Schools, Hartford Department of Health & Human Services, Head Start (participation pending), and others -- already are or are planning to become participants in the Hartford Connects System. Protocols and rules that protect privacy, that limit and organize the exchange of data have been worked through. The system currently embraces children in the Hartford Public Schools' database (SASI), although not the elementary grades. Work needs to be accomplished to bring the Hartford Connects System to the next level, to identify key data and information important for young children, and to engage as "entities" early childhood providers who are the backbone of implement the ***Blueprint.*** If utilized, this system must be closely linked with existing data systems affecting the city's young children, including those operated by health care organizations, schools, and private service organizations.

## A. Key Indicators

To work effectively, both policy and services in early childhood policy have outcome measures. These targets must reflect realistically the current status of children in the city, and set short and long-term goals. Setting these outcomes is a community exercise, not the task of the small "Blueprint Team" to prescribe targets and goals that ultimately others are responsible to meet. Nevertheless, there is a strong body of research describing key indicators to improve outcomes for children. The Blueprint Team suggests the city use as indicators the work of Connecticut's Early Childhood DataCONNections Project[21], which outlined indicators in five "domains". While certain indicators do not match precisely the building blocks, the "domains" were congruent and represent measures of early childhood success. Four domains were in the purview of early childhood policymakers, and a fifth, economic stability, is one the Cabinet must monitor. Key indicators include:

**Building Block 1: Newborn Screening & Home Visiting For Families**

- Child abuse/neglect…% of children with substantiated incidence of abuse or neglect
- Access to preventive care…% of infants regularly seeing a health care professional

**Building Block 2: Neighborhood-Based Family Support And Development**

- Foster care…number of children under six years old living with relatives or other caregivers
- Family literacy…% of families whose adults have ability to function in society and have command of English, both oral and/or written skills
- Maternal education…% mothers with high school diplomas at time of birth of child

**Building Block 3: Childcare And Early Childhood Education**

- Supply of regulated early care and education…supply of licensed infant/toddler care; licensed family childcare; supply of center-based programs
- Pre-school experience…% of children who enter kindergarten having experienced formal pre-school
- Quality of early care and education…number of center-based programs that achieve and sustain accreditation from national organizations
- Childcare subsidies (Care4Kids)…number of children receiving subsidies; and use of formal childcare by families who have subsidies

**Building Block 4: Transition From Pre-school To Kindergarten**

- Early literacy…% of children possessing appropriate cognitive skills to make them ready to read
- Home visits…% of four-year-olds and families visited at home by child's kindergarten teacher
- Attendance…%of kindergarteners in school at start of classes in fall

**Building Block 5: Educational Excellence And School Success In The Early Grades**

- Full-day kindergarten…number of children who are enrolled in full-day kindergarten
- Average kindergarten class size…number of children in a kindergarten classroom, measured as average across system's kindergarten classrooms
- Literacy…% of children reading at or above grade level

**Building Block 6: Universal Access And Use Of Primary Health Care**

- Maternal health…% of women who enter care in first trimester
- Smoking during pregnancy…% of women abstaining from smoking during pregnancy
- Infant mortality…targets for number children who die at birth to one-year of life
- Low birth weight…% of infants weighing less than 5.5 pounds at birth.
- Births to teens…number of adolescents pregnant, and having children
- Health insurance…% of children who have health insurance
- Access to preventive care…% of young children regularly seeing a health care professional
- Lead poisoning…% screened; % with elevated levels of lead in blood
- Special needs…prevalence and interventions for infants with developmental issues
- Child deaths…rate of children, birth to 14 years, who die from variety of causes

# III. BUILDING BLOCKS IN DETAIL

This section describes each building block, including specific strategic actions and implementing activities necessary to carry out the ***Blueprint***.

Building Block 1: Newborn Screening & Home Visiting For Families

Building Block 2: Neighborhood-Based Family Support And Development

Building Block 3: Childcare And Early Childhood Education

Building Block 4: Transition From Pre-school To Kindergarten

Building Block 5: Educational Excellence And School Success In The Early Grades

Building Block 6: Universal Access And Use Of Primary Health Care

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 1:
## *Newborn Screening & Home Visiting For Families*

**Expand and maintain universal screening of all Hartford newborns and their families, accompanied by support by home visits through a child's fifth birthday.**

## PURPOSE

Screen and assess newborns and their families, and tailor appropriate home visiting services to promote positive bond between family caregiver and child, particularly for families most at risk. Promote better knowledge and skills in child development for family and primary caregiver, giving them tools to increase active participation in the child's physical, cognitive, and emotional growth. National and Connecticut research has demonstrated that home visits and support by paraprofessionals using "best practice" models produce measurable benefits in parental attitudes towards children, parent-child interaction, and significantly reduce child abuse and neglect.

**Accountability:** Hartford's two birthing hospitals; Hartford Nurturing Families Network

## STRATEGIC ACTIONS

1. **Expand and sustain a permanent system at Hartford Hospital and St. Francis Hospital and Medical Center to screen and refer all families with newborns, as appropriate, for home visiting support.**

   1.1 Screen all newborns, approximately 800 children born to Hartford families considered to be *at-risk*. (2006)

   1.2 Expand screening/referral system to reach every ***first*** child born to a Hartford family, approximately 900 births annually. (2007)

   1.3 Institute screening and assessment system for ***all*** births to Hartford families, approximately 2,200 annually. (2009)

2. **Expand neighborhood-based home visiting services for all families with newborns, maintaining relationship with each child and family through child's fifth birthday. Use the Nurturing Families model supported by the Children's Trust Fund.**

   2.1 Expand Hartford Nurturing Families Network to serve 350 at-risk families, using a network of 10 neighborhood-based programs to deliver home visiting services to newborns, their mother and families. (2005)

   2.2 Expand network to provide regular home visits to ***all*** Medicaid-eligible Hartford families having their ***first child***, approximately 500 families. (2006)

   2.3 Provide follow-up home visiting and/or appropriate family support for every Hartford family with a newborn, approximately 2,200 new families annually. Maintain program at a scale to allow regular contact and ongoing relationship with these families through child's fifth birthday. (2009)

3. **Provide public financing through Medicaid S-CHIP and other initiatives to fully fund Hartford's Nurturing Families Network to pay for coordinated screening and home visiting services for all pregnant and post-partum mothers and families.**

   3.1 Pursue new federal discretionary grant programs to provide new funds to enhance and expand the model. (2005)

   3.2 Secure interim financing from the Children's Trust Fund and TANF to reimburse expenses for expanded services in Hartford for the screening/home visiting network. (2006)

   3.3 Obtain permanent expansion of Medicaid health coverage to extend care coordination and case management to pay for screening/home visiting services. (2007)

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 2:
## *Neighborhood-Based Family Support And Development*

**Provide every Hartford family with young children access on a neighborhood level to quality family support, including family literacy, training in child development, and parent education.**

## PURPOSE

Parents and the family are a child's first and foremost teachers. Children need effective and nurturing families, families capable of offering comfort, joy, physical and emotional support. The most effective family support approaches promote and meet child and family needs by offering positive development. While individual circumstances differ, all parents benefit from support, information, and skill building in child rearing. The essence of family support is to nurture, avoiding response to crisis and their costly and often ineffective results.

**Accountability:** Brighter Futures Family Centers (BFC) of Hartford Foundation for Public Giving
Hartford Public Schools' Family Resource Centers (FRC)

## STRATEGIC ACTIONS

1. **Maintain, for every family in Hartford with a young child, nearby culturally appropriate places to obtain comprehensive education and training in positive practices that promote the healthy development of young children.**

    1.1 Make available opportunities for 1,100 Hartford families with children up to eight years old to join and establish a relationship with a family support center. Set annual expansion targets to achieve this capacity to serve families. (2005-2009)

    1.2 Maintain effective customer focus with each BFC and FRC center, jointly, where appropriate, convene community discussions with families in their neighborhoods, responding to emerging community needs. (2005)

    1.3 Assure every Hartford family with a young child lives within 15 minutes of a family center. (2009)

2. **Combine Hartford's two major independent family support systems (Brighter Futures Family Centers, BFC, and Family Resource Centers, FRC) into a single *Family Support Network*, using common outcomes, consistent service philosophies, core services, and unified structure to maximize organizational efficiency.**

    2.1 Initiate process to coordinate family support services among 15 major locations offering family support. Establish unified structure to streamline, strengthen these services. (2006)

    2.2 Provide system where *all* family centers offer a common set of "core services", each free to offer its own types of programs, but use accepted "best practice" standards. (2008)

    2.3 Provide year-round services at each family center, at convenient times for residents, at level capable of increasing school readiness, and parental capacity. (2008)

Building Block Two (continued)

**3. Institute a neighborhood-based parent education and training program available to every family in Hartford, with companion focus on family literacy.**

3.1 Assess array of parent education and engagement programs, creating unified inventory of types. (2005)

3.2 Expand family literacy services, increasing by 20% each year opportunities for adult literacy instruction, including, ABE, and GED. Ultimate goal is sufficient capacity in Hartford literacy programs so they are available at all 15 Brighter Futures and FRC sites when an adult request the service; and each uses evidence-based instructional models. (2006-2009)

3.3 Examine capacity of programs to provide comprehensive training to enable parents to assume increased community leadership on issues affecting young children. (2006)

3.4 Enable Family Support Network through public partnership to serve 50% of estimated 2,000 Hartford grandparents, those responsible for young children under eight years old. (2008)

**4. Provide long-term financial support for the *Hartford Family Support Network* thorough public/private partnerships. Seek full and adequate state funding for Family Resource Centers, and public-private funding for the Brighter Futures Family Centers through a partnership of state, city, and private sources.**

4.1 Begin statewide multi-year campaign to secure full funding for Family Resource Centers by the CT Department of Education, including refinement of FRC model to maximize school-based strengths of school and neighborhood-based systems. (2006)

4.2 Advocate refinement of state-mandated FRC model in Hartford to make requirements more flexible. (2006-2009)

4.3 Establish municipal government as lead organization to create a financing partnership with state and the private sector to invest in parent leadership, civic engagement, and expanded family centers. Seek line item in city budget to initiate partial underwriting of Family Support Network. This includes developing an integrated fund development plan for the Family Support Network. (2006)

4.4 Establish formal relationship among city and three state agencies – Departments of Children & Families, Education, Social Services – to partner to build family and community capacity. (2006)

4.5 Seek state, federal, and private funds to underwrite expansion of funds to support adult literacy programs. (2006)

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 3:
## *Childcare And Early Childhood Education*

**Provide universal, voluntary access to full-time, quality childcare and early education for every Hartford infant, toddler, and pre-school youngster.**

## PURPOSE

Quality early childhood experiences are fundamental to the social, emotional, cognitive and physical development of every child. Affordable, dependable, full-time quality early childhood care and education are an integral part of family life in the 21st century for a majority of families. They are part of the fabric of a community's ability to begin early to ready youngsters for school, and to assist working parents. Structured childcare and early education opportunities provide children with developmentally appropriate experiences that set the stage for later school success. As a community, Hartford must provide every family the choice of these quality early services –formal and informal – and thus help parents prepare their children for success in school.

**Accountability:** Mayor's Office For Young Children

## STRATEGIC ACTIONS

1. **Provide every pre-school child in Hartford, ages three and four years, old the opportunity to enroll in a quality, full-time early childhood education program.**

   1.1 Create approximately 600 new center-based childcare spaces in the city specifically for *Hartford* residents. Increase 120 new spaces annually for Hartford children. (2006-2009)

   1.2 Assure all three and four year-olds in Hartford, approximately 4,000 youngsters, have opportunity if parents choose, to experience two years of formal school readiness education prior to kindergarten. This means a program that meets state preschool and national accreditation standards and provides at minimum 6 hours per day, five-days per week, year-round services. (2009)

   1.3 Assure 75% Hartford kindergarteners arrive at elementary school having participated in a quality, formal preschool program for two consecutive years. (2009)

2. **Expand availability of *licensed* infant and toddler childcare for Hartford residents in programs that meet national quality standards.**

   2.1 Advocate at state level for increased reimbursement for licensed infant and toddler care, including subsidizing income eligible families. (2006)

   2.2 Provide assured choice for parents to a continuum of early childhood services, linking infant and toddler care to available school readiness programs. (2008)

   2.3 Increase to 900 spaces (10% of Hartford's infants and toddlers), the number of licensed slots available to offer quality childcare. (2009)

3. **Assure every center-based early care and education program in Hartford meets Connecticut quality standards as defined by nationally recognized accrediting organizations.**

   3.1 Adopt CT Department of Education's "Connecticut Framework: Preschool Curriculum " as instrument to measure early childhood development. Programs may use varied curricula, but all curricula and child measures should be congruent with this framework. (2006)

   3.2 Assure all state School Readiness-funded sites achieve formal accreditation from nationally recognized organizations. (2008)

## Building Block Three (continued)

### 4. Strengthen and unify efforts to assure adequate training, improved qualifications and adequate compensation for Hartford's childcare and early education program staffs, including evaluate creating a "training institute" to coordinate early care training activities.

4.1 Assure all early childhood personnel in center-based programs are trained and can implement, as intended, research-based early childhood curricula, including evidence they are continuously trained in best practices. (2007)

4.2 Unify under single coordination and leadership, all existing programs providing in-service and training support to early childhood education teachers in Hartford. Investigate creating a training "institute" to coordinate early care training activities in Hartford. (2007)

4.3 Seek salary parity among Hartford early childhood providers. Participate in state partnerships to increase salary support for professionals, including local Early Childhood Professional Retention Program, mixing financial incentives, career ladder, etc. (2007)

4.4 Assist all center-based programs in Hartford to significantly strengthen teaching expertise. Require that all "lead" teachers have minimum bachelor's degree; assistant teachers associate's degrees, aides a Child Development Associate certificate. (2009)

### 5. Improve quality of family childcare services, both formal and informal providers of care.

5.1 Advocate state incentive program for "At Home Infant Care" to income eligible stay-at-home parents. Offer choice to remain home with their infant and require child development skill building and job training for parents. (2006)

5.2 Adopt for Care4Kids Program guidelines that establish a "standard home environment" to be required for informal childcare settings (kith and kin). (2006)

5.3 Establish formal "mentor program" linking each licensed Hartford family childcare provider with a center-based organization or professional child development expert for ongoing counsel and technical assistance. (2007)

### 6. Ensure sufficient state school readiness and other public financing to enable Hartford to reach early care and education enrollment targets.

6.1 Seek 100% restoration in "Care4Kids" funding to FY 2003-04 appropriation. This would restore center and family (kith and kin) childcare services to over 5,000 Hartford children. Continue to increase funding for this program. (2005-2009)

6.2 Increase state-funded scholarships to assist early childhood educators to obtain academic degrees and educational certification. (2007)

6.3 Increase publicly funded scholarship aid available to early childhood providers to pursue academic degrees in early childhood. (2007)

6.4 Seek 100% reimbursement for actual cost of subsidized childcare slots from CT Department of Social Services. (2007)

6.5 Obtain 100% state reimbursement from CT Department of Education for actual cost of school readiness slots. (2009)

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 4:
## *Transition From Pre-school To Kindergarten*

**Assure each child experiences a smooth transition from pre-school to elementary school, building an effective, formal connection among parents, pre-school provider, and the child's kindergarten teacher.**

## PURPOSE

Effective transition from pre-school years to kindergarten sets a pathway for a young child's developmental progress, and is key to early school success. Kindergarten teachers need first hand information from parents and pre-school providers to assess a kindergartener's developmental status, and respond to the child's readiness for school. Pre-K/Kindergarten transition means sharing pre-school experience information at the right time, in a uniform way, with the child's kindergarten teacher. It emphasizes continuous communication between the family, the school, and early childhood providers during this important time in a child's educational life.

**Accountability:** Hartford Public Schools, Office For Young Children

## STRATEGIC ACTIONS

1. **Institute uniform, citywide pre-K/Kindergarten transition system to assess pre-school experiences, and provide timely information to families and kindergarten teachers to respond to each child's needs as the child enters kindergarten.**

   1.1 Assure Hartford Public Schools assign incoming kindergarteners to specific schools and assign kindergarten teachers prior to the end of school year. Provide information to parents and to center-based pre-school providers in spring. This will form context for exchange of assessment information. (2006)

   1.2 Plan and initiate pilot program in three neighborhoods (Frog Hollow, Upper Albany, Asylum Hill) to evaluate transition planning with kindergarten teachers, families, and early childhood providers. (2006)

   1.3 Establish formal mechanism for systematic and timely transfer of pre-k status of every entering kindergartener from preschool providers to each kindergarten teacher in every elementary school. (2006)

2. **Establish and maintain comprehensive community and parent-centered engagement strategy that involves them in planning, implementation of pre-K/Kindergarten transition programs.**

   2.1 Implement recommendations of 2004 community forums by transition work group on transition planning. Create ways to continue to engage parents with early care providers and elementary school personnel in the transition planning process. (2005)

   2.2 Hire and train community liaison staff and "parent ambassadors" to assist in pilot and citywide implementation of a transition program. (2005-2006)

   2.3 Collaborate with Family Support Network to provide training workshops, etc., to engage parents in transition planning, and implementation activities. (2005-2009)

Building Block Four (continued)

**3. Develop agreement among center-based early childhood education providers and the Hartford Public Schools to use common set of measures to assess each preschool child's status as the child nears kindergarten.**

3.1 Reach joint agreement between Hartford Public Schools and preschool providers to use as common pre-k assessment tool based on components of the CT Department of Education's "Connecticut Framework: Preschool Curriculum Framework". (2006)

3.2 Assure that formal assessment of each child is administered in spring preceding start of fall kindergarten classes and joint process in place to transfer information to each kindergarten teacher at least 90 days prior to start of school. (2006)

**4. Investigate the feasibility of a citywide individualized "pre-enrollment exchange" program for every entering kindergartener, enabling home visits or personal exchanges between family and kindergarten teacher prior to start of school.**

4.1 Convene parent-teacher teams to review and recommend "promising practices" for effective kindergarten transition to be adopted by the Hartford Public Schools. (2005)

4.2 Implement and evaluate voluntary "pilot" home visiting project between kindergarten teachers and students-parents in three elementary schools. Evaluate results compared to schools where a transition program was not implemented. (2008)

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 5:
## *Educational Excellence And School Success In The Early Grades*

**Assure educational excellence, high performance, and a positive school environment for all Hartford children in early grades (K-3), with prime focus to achieve proficiency in reading and mathematics.**

## PURPOSE

Early student competence in reading and mathematics creates the strongest foundation for long-term academic achievement. Research has demonstrated that mastering reading at an early age is the greatest predictor of success in subsequent school years. Capitalizing on the early instruction by families and early childhood professionals, Hartford schools must build and strengthen literacy and numeracy skills. Along with this focus on early success, schools must create and sustain a positive and safe environment, with a culture in our schools that enables better teaching and a make schools a secure place in which children can learn.

**Accountability:** Hartford Public Schools

## STRATEGIC ACTIONS

1. **Implement fully state laws requiring systematic, focused programs in elementary grades to improve reading and literacy of youngsters, kindergarten through third grade.**

   1.1 Restore onsite, full-time certified reading specialist at each elementary school to assist students, provide training and support to teachers/administrative staff on reading performance. (2005)

   1.2 Enhance Hartford Public Schools-Public Library partnership, promoting regular classroom visitation to libraries, each classroom to visit branch libraries up to three times each academic year. (2006)

   1.3 Establish consistent, regular schedule of assessment and reporting of each child's progress in reading and numeracy, Kindergarten through Grade Three. Create measurement systems to screen/assess reading skill levels of every entering kindergartener, and respond with appropriate services. (2007)

   1.4 Strengthen in elementary grades systematic, intensive instruction in reading and reading comprehension, using components based on "scientifically-based" reading research (phonemic awareness, phonics, reading fluency, vocabulary, comprehension), with instruction responsive to assessment data. (2007)

2. **Improve comprehensive elementary school teacher staff development program to increase proficiency in reading and math instruction.**

   2.1 Seek alliance with Connecticut Department of Education to become partner in LEAD, an initiative of SDE and the Center for Performance Assessment targeted to improve teacher performance and effectiveness. (2005)

   2.2 Assure full implementation of Hartford Public Schools strategy to regularly observe elementary school teachers, assess quality of their teaching, and provide appropriate support and assistance to maintain and enhance instructional quality. (2006)

   2.3 Incorporate into each School Improvement Plan at the elementary level requirements in professional development, instructional methodologies to strengthen teacher capacity to implement research-based instruction in reading and mathematics. (2006)

   2.4 Provide regular cross communication among pre-kindergarten, kindergarten and first grade teachers through cross-training, joint professional development opportunities, and regular joint staff interaction. (2006).

Building Block Five (continued)

### 3. Create and implement classroom organizational models in K-3 grades that assure environments that promote social, behavioral development of young children.

3.1 Implement structural changes in elementary classrooms to assure attention to social, behavioral development of young children companion to academic curricula. (2006)

3.2 Create comprehensive "new families" orientation program for all families with children new to Hartford and entering elementary schools for first time. Llink each family with a "coach" and connect them to the services of Hartford Nurturing Families Network and Family Support Network. (2006)

3.3 Promote comprehensive policies to enhance school safety, review district and school building expulsion/ suspension practices, and "zero-tolerance" policies. Develop programs (student assistance teams, etc.) to address behavioral issues. (2006)

3.4 Investigate and implement methods to increase participation in the federally-funded free breakfast program, including potential to adjust bus schedules to be compatible with class-times, and evaluating effect on program enrollment if breakfast is served in classrooms. (2007)

3.5 Align elementary school practices with state law that promotes bullying prevention, insuring each school has a systemic prevention and intervention program. (2007)

### 4. Articulate and advance comprehensive community schools, embracing models that provide maximum array of services for young children.

4.1 Commit to implement plans for intra-district and inter-district early childhood magnet schools, embracing a "full-service" school model with school/community activities, extended hours of facility use. (2005 – 2008)

4.2 Integrate elementary grade after school programs with Hartford Public Schools' curricula, and use best practice after school models. Have School Improvement Teams in elementary schools formally evaluate and report, annually, regarding the quality of after school programs operating in their buildings. (2006)

4.3 Expand links with Connecticut Department of Children & Families and other state agencies to assign staff (community liaisons), to provide on-site state-local partnerships targeted to assist the schools to better serve children at-risk. (2006)

4.4 Establish public-private Before/After School endowment to provide scholarships to expand availability of spaces in programs in city elementary schools. (2007)

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 6:
## *Universal Access And Use Of Primary Health Care*

**Assure that every Hartford family with young children has health care -- universal and timely access to care, and that families are able to use these comprehensive, affordable well-child and allied health care services.**

## PURPOSE

Access *and* regular and effective use of comprehensive health services promotes the healthy growth and development of young children. Promoting well childcare for infants through regular visits to a health care provider, and early identification of specific health issues help insure a child's health and early success in school. There are three critical ingredients: first, providing insurance coverage that guarantees access and payment for services; second, developing effective ways to deliver health care services – comprehensively -- not simply when there is a disease or crisis; and third, making the family a strong and active partner with providers in assuring the wellness of young children.

**Accountability:** University of Connecticut School of Medicine, Department of Pediatrics

## STRATEGIC ACTIONS

1. **Create a comprehensive system that reaches every family with a young child (outreach), organizes care at the places where families obtain health services (care coordination), and help families to manage the care (case management), thus providing children a "medical home".**

    1.1 Support the Mayor's Task Force on Uninsured & Under-insured, recommending system-wide changes to assure universal coverage for families and young children without health insurance in Hartford. (2005-2009)

    1.2 Formalize working relationship between Hartford Nurturing Families Network, its home visiting program, and each of the city's primary care providers. (2005)

    1.3 Conclude negotiations among providers and public/private funders to launch H.O.M.E. (**H**ome **O**utreach for **M**edial **E**quality – a consortium of health care providers, insurers, government – to coordinate primary and preventive child health care in Hartford, forming a "medical home" to link providers and bring outreach, case management, and care coordination for every HUSKY A family. (2006)

    1.4 Assure, as part of H.O.M.E., that every family and child (birth to eight) is linked not simply to a health care institution, but has a consistent relationship with a specific medical or health care professional. (2006)

    1.5 Provide all families with young children at-risk (approximately 12,500) with a medical provider, and mechanism to track care, provide comprehensive well-care/follow-up services. (2007)

2. **Consolidate and unify into a single delivery network, hospital and community-based primary care providers, creating a multi-site, single primary care model in Hartford.**

    2.1 Make operational a contractual partnership between at least one federally qualified community health center and one major hospital-based ambulatory clinical service. (2005)

    2.2 Extend that contractual relationship to one other provider. (2006)

    2.3 Establish a fully integrated system linking all major hospital-based primary care providers with each federally qualified health center in Hartford. (2008)

### 3. Advocate changes in the HUSKY program to remove barriers that deny Hartford children uninterrupted access to health services.

3.1 Work with the state to restore "continuous eligibility" for young children, eliminating or reducing barriers that cause children to lose their HUSKY health insurance due to requirements for annual re-certification. (2006)

3.2 Restore "presumptive eligibility" for all eligible children under eight years old, meaning every Hartford child whose family meets income criteria for HUSKY are enrolled *automatically*. (2006)

3.3 Advocate at state level extension of Title XIX reimbursement to include care coordination and case management for Hartford's H.O.M.E. project. (2006)

3.4 Enroll in HUSKY every Hartford young child assessed with special health care needs. (2007)

3.5 Increase from 54% to 85% the percent of Hartford children who annually receive a well child care visit, including comprehensive assessment of the child's health status, and appropriate follow-up services. (2008)

### 4. Assure key preventive and behavioral health services are in place to address issues affecting young children, including early prenatal care services to every pregnant woman in Hartford.

4.1 Establish true "presumptive eligibility" for all pregnant women in Hartford (2,200), insuring immediate enrollment, and thus early entry to prenatal care (first trimester). (2006)

4.2 Work with HUSKY program and Hartford medical providers to assure managed care companies (MCO) comply with provisions of EPSDT to provide comprehensive well-child services, including lead poisoning prevention screening, asthma prevention and treatment, immunizations, etc. Establish citywide performance measures for these core services, to be met by MCOs. (2006)

4.3 Develop creative changes in Medicaid reimbursement for behavioral health services, including: wrap-around strategy for children presenting serious behavior health issues in schools; extended coverage to group homes or therapeutic foster care; and revamping rehabilitation codes for behavioral health. (2008)

4.4 Assure permanent funding by Connecticut Department of Social Services of H.O.M.E. project, extending of Medicaid reimbursement to cover case management and care coordination. (2009)

### 5. Create a comprehensive system to link school-based clinics with hospital and community-based primary care centers in Hartford.

5.1 Convene working group under auspices of Hartford Public Schools to develop formal relationship and protocols to link community-based health care providers and Hartford Public Schools Health Services at elementary schools. (2006)

5.2 Implement operational changes, as needed, to better integrate services and information systems to link primary care services of school and community health care delivery systems. (2008)

## END NOTES

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# APPENDICES

## *"Passport To Success"*

## HARTFORD BLUEPRINT FOR YOUNG CHILDREN

# APPENDIX 1

## *Strategic Action Timetable*

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 1:
## Newborn Screening & Home Visiting for Families

**1. Expand/sustain hospital screening/referral system.**

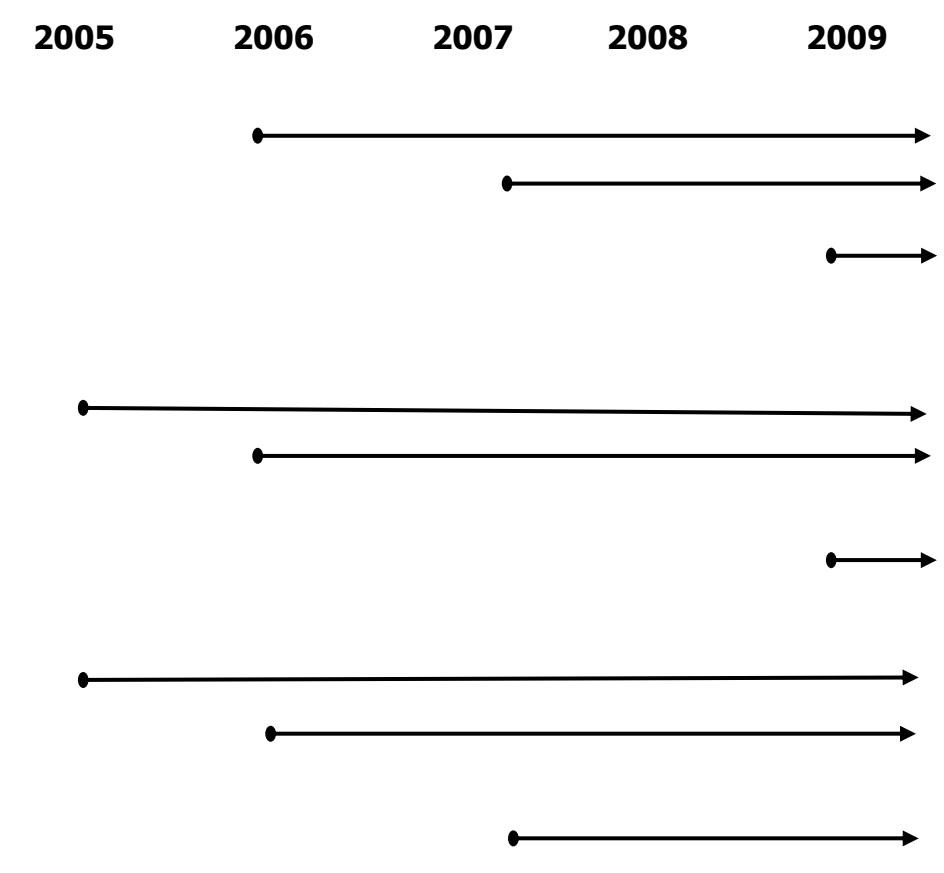
1.1 Screen/refer 800 at-risk children-families.
1.2 Expand to reach every *first child* born to Hartford families (900).
1.3 Expand to screen/assess/refer *all* births to Hartford families (2,200).

**2. Expand home visiting services for all families with newborns.**

2.1 Screen/refer 350 at-risk children-families.
2.2 Expand system to reach all Medicaid eligible *first child* born to Hartford families.
2.3 Expand to serve *all* births to Hartford families.

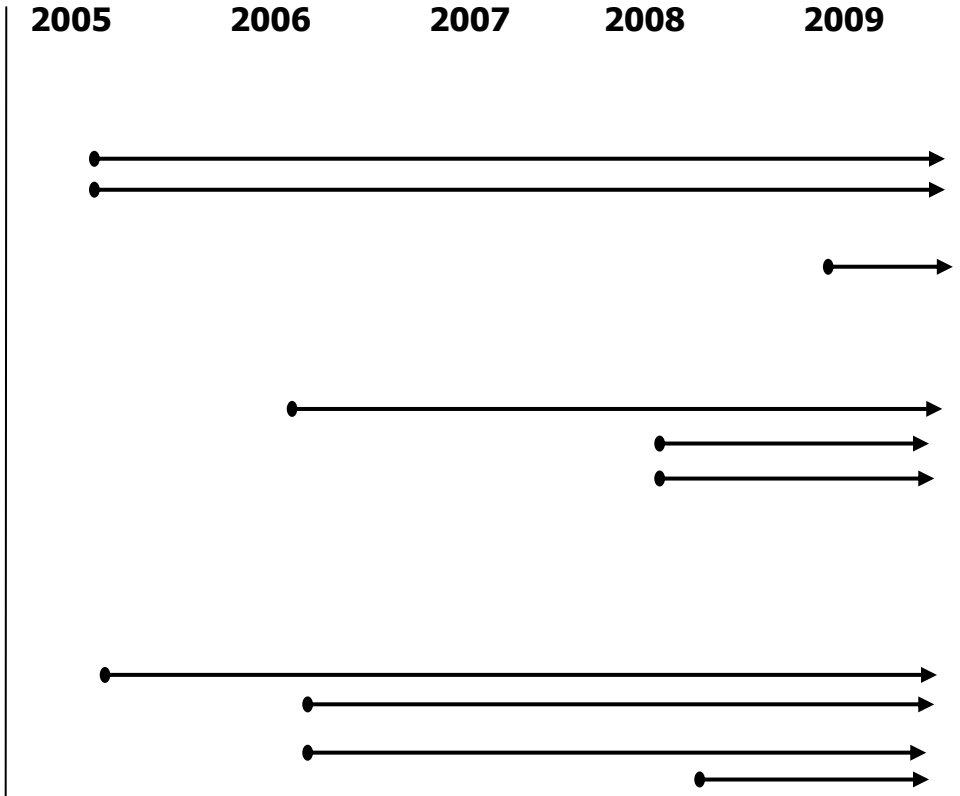
**3. Pursue new federal discretionary grants.**

3.1 Pursue new federal discretionary grant programs to enhance and expand the model.
3.2 Secure interim financing from Children's Trust Fund/TANF to reimburse expenses for expanded services in Hartford for the screening/home visiting network.
3.3 Obtain permanent expansion of health coverage in Medicaid to extend care coordination and case management to pay for screening/home visiting services.



# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 2:
## Neighborhood-Based Family Support and Development




**1. Maintain neighborhood places for comprehensive family education and training.**

1.1 Opportunity for (1,100) Hartford families-young children to join centers.
1.2 Enhance customer focus, hold periodic community discussions.
1.3 Centers located within 15 minutes of each home.

**2. Combine two major independent family support systems to form one network.**

2.1 Coordinate family support services among 15 major organizations.
2.2 All family centers offer common "core of services".
2.3 Provide year-round services at each family center.

**3. Make parent education training available to every family; stress literacy.**

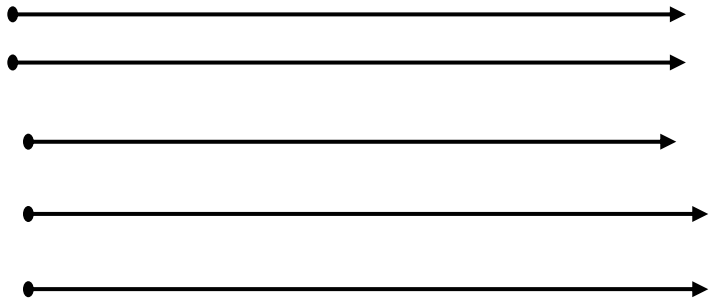
3.1 Assess array of parent education, engagement programs.
3.2 Make literacy services available at all family support centers.
3.3 Review programs providing comprehensive services citywide.
3.4 Create public-private funding partnership for network.

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 2 (continued):

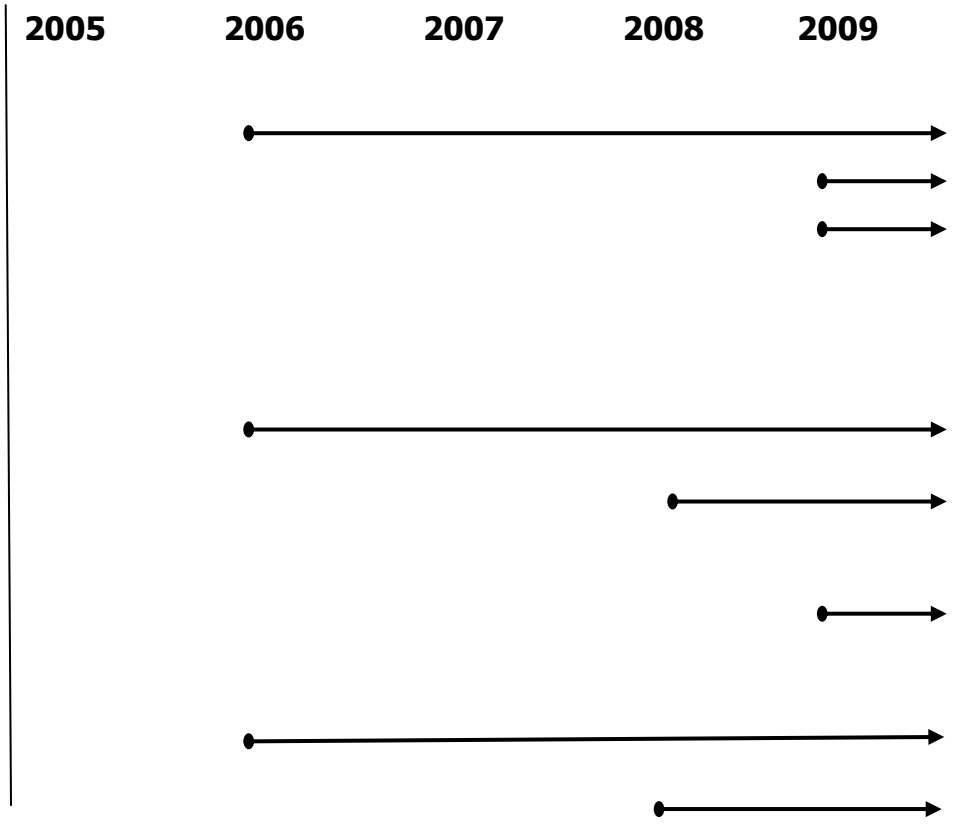
### 4. Explore Long-term financial support for Family Support Network through public-private partnerships.

4.1 Begin statewide multi-year campaign to secure full funding for family resource centers by CT Department of Education.
4.2 Advocate refinement of state-mandated FRC model to make requirements more flexible.
4.3 Establish municipal government as lead organization to create financing partnership with state & private sector. Seek line item in city budget, create an integrated fund development plan for the family center network.
4.4 Establish formal relationship among city and state agencies – DCF, DOE, DSS – to partner with Network to build family and community capacity through demonstration grants.
4.5 Seek state and federal funds to underwrite adult literacy programs.



# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 3:
## Childcare and Early Childhood Education




**1. Increase enrollment in early education programs.**

1.1 Open 600 new center-based childcare spaces in the city for residents (120 new spaces annually).
1.2 Assure all three and four year-olds in Hartford (4,000) experience two years school readiness.
1.3 Assure 75% Hartford kindergarteners have two years quality preschool.

**2. Expand availability of licensed family childcare programs.**

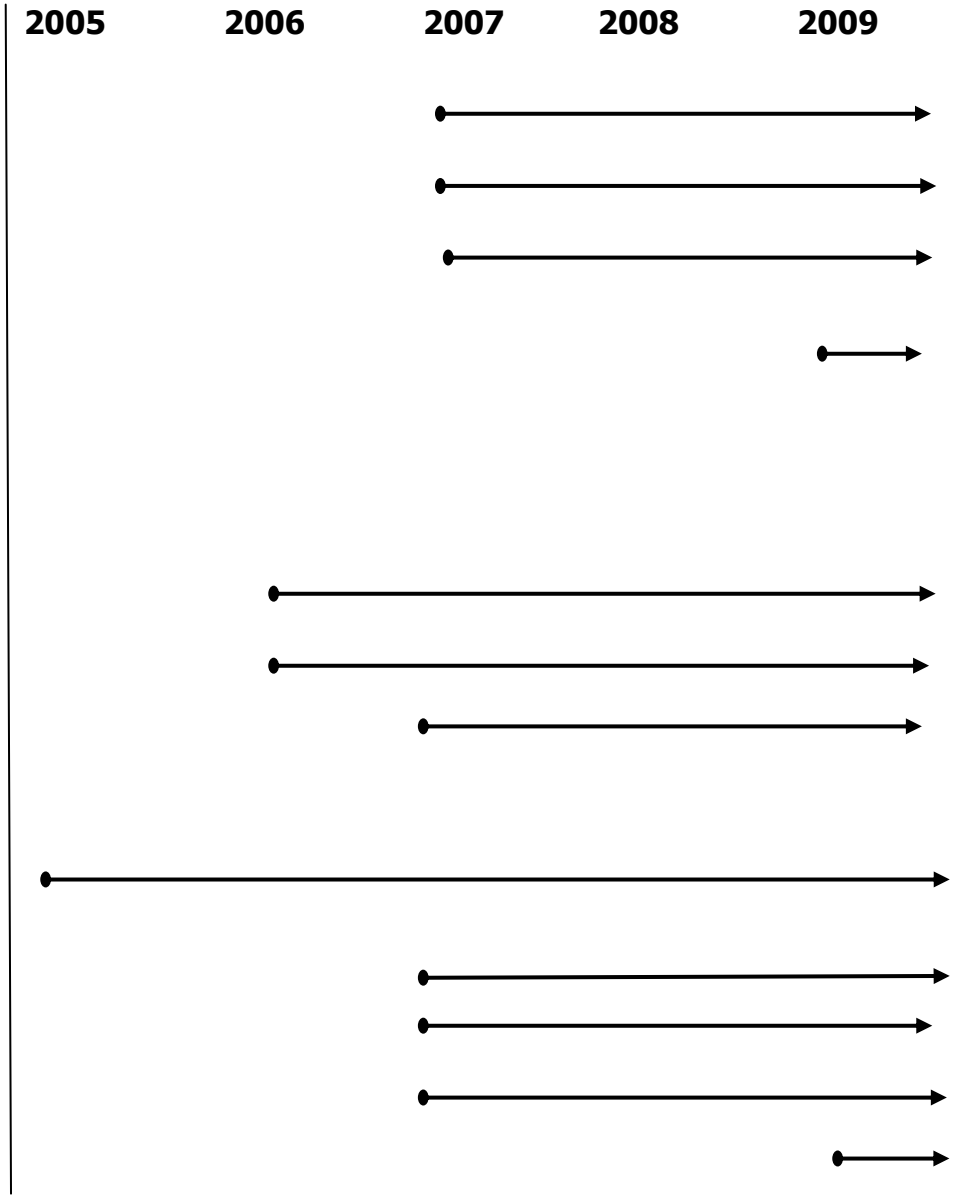
2.1 Advocate increased state reimbursement for licensed infant and toddler care for income eligible households.
2.2 Offer parental choice for continuum of early childhood services.
2.3 Increase to 900 children (10% of infants/toddlers) licensed childcare slots available.

**3. Assure early childhood education programs meet quality standards.**

3.1 Adopt SDE "Connecticut Framework: Preschool Curricula Goals and Benchmarks" to measure child readiness for school.
3.2 Assure state School Readiness-funded sites in Hartford achieve formal accreditation.

# BLUEPRINT FOR YOUNG CHILDREN

**Building Block 3 (continued):**




### 4. Improve training for childcare education staffs.

4.1 All early childhood personnel in center programs implement research-based curricula.
4.2 Coordinate all existing ECE training support activities, possibly create city "institute".
4.3 Seek salary parity among Hartford early childhood providers. Participate in state partnerships to increase salary support for Professionals, including local Early Childhood Professional Retention Program, mixing financial incentives, career ladder, etc.
4.4 Center-based programs strengthen teacher credentials. "Lead" teachers minimum bachelor's degree; assistant teachers associate's degrees; aides, CDA certificates.

### 5. Improve childcare services

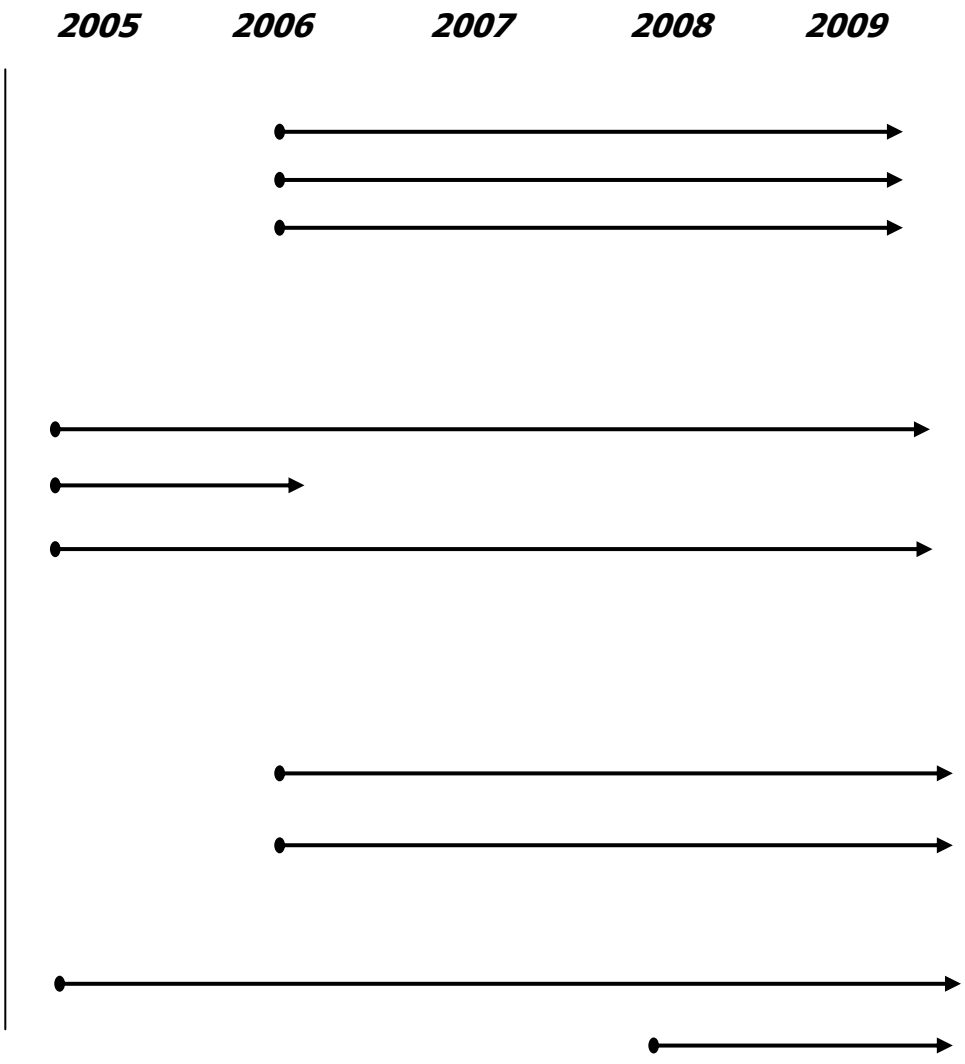
5.1 Advocate state incentive for "At Home Infant Care" for income eligible stay-at-home parent.
5.2 Adopt mandatory guidelines to establish "standard home environment" for informal childcare settings.
5.3 Establish "mentor program" to link licensed Hartford family childcare providers and center-based organizations.

### 6. Ensure sufficient public financing.

6.1 Seek 100% restoration in "Care4Kids" funding to FY 2003-04 DSS appropriation to restore center and family (kith-kin) childcare services to over 5,000 Hartford children.
6.2 Increase state-funded scholarships to assist early childhood educators to obtain minimum BA educational certification.
6.3 Increase publicly-funded scholarship aid available to early childhood providers to pursue academic degrees in early childhood.
6.4 Seek 100% reimbursement of rates by CT DOE for actual cost of school readiness slots.
6.5 Obtain reimbursement from CT Department of Education for actual cost of school readiness slots.

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 4:
## Transition from Pre-school to Kindergarten




**1. Create citywide pre-K/Kindergarten transition system.**

1.1 Provide kindergarteners with early school-specific assignments to facilitate exchange of assessment information.
1.2 Initiate pilot transition planning programs in 3 neighborhoods.
1.3 Establish formal mechanism to transfer pre-k status of entering kindergarteners from providers to each kindergarten teacher.

**2. Strengthen community and parent engagement.**

2.1 Implement recommendations from 2004 community forums.
2.2 Hire and train community liaison staff, "parent ambassadors" to implement transition program.
2.3 Collaborate with Family Support Network to provide training workshops on transition planning.

**3. Childcare provider and schools use common measures for Kindergarten readiness.**

3.1 Hartford Public Schools, preschool providers use as common pre-k assessment tool based on SDE "Connecticut Framework".
3.2 Assess readiness preceding start of fall kindergarten classes, transfer data to kindergarten teachers prior to start of school.

**4. Establish K pre-enrollment contact system.**

4.1 Parent-teacher teams recommend "promising practices" to HPS for effective kindergarten transition.
4.2 Test, evaluate in 3 schools, voluntary "pilot" teacher home visitation.

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 5:
## Education Excellence and School Success in the Early Grades

**1. Strengthen programs to improve reading of students in K-3.**

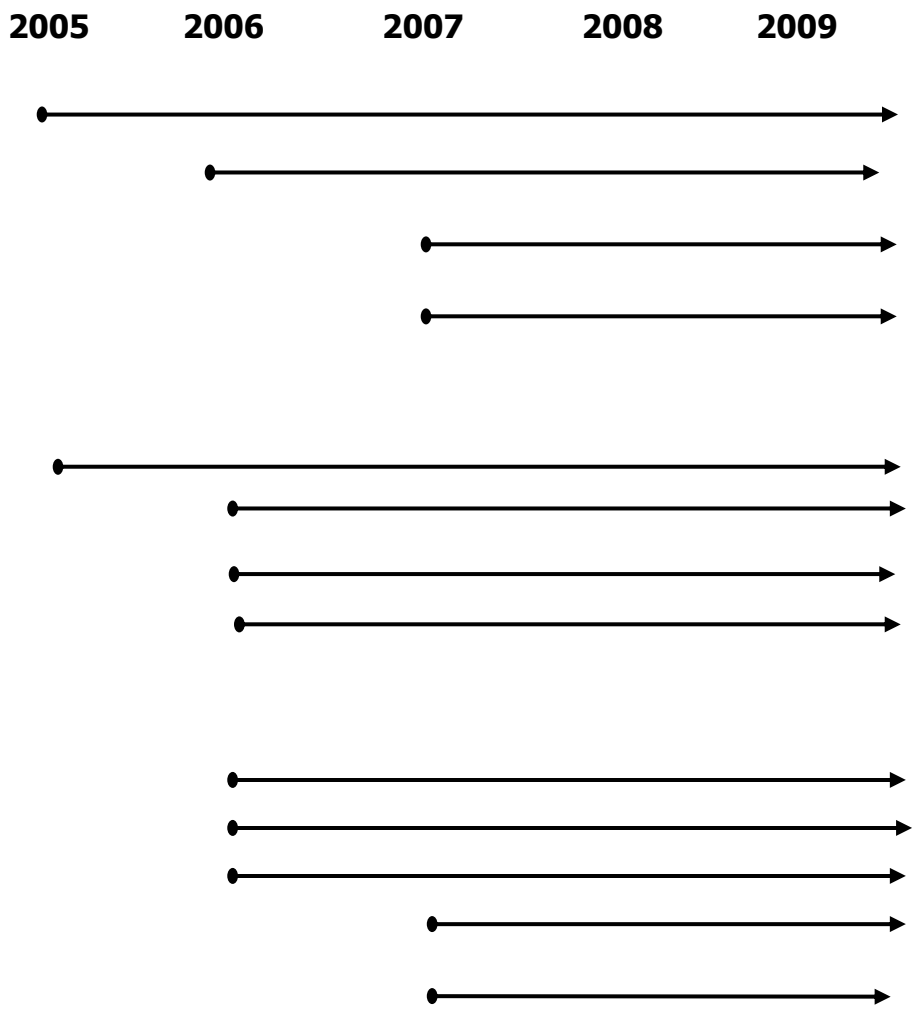
1.1 Restore onsite, full-time certified reading specialist at elementary schools.
1.2 Enhance HPS/Library partnership, promoting 3 classroom visits annually to libraries.
1.3 Establish regular assessment/reporting of child progress in reading-numeracy, K-3.
1.4 HPS strengthens intensive reading and reading comprehension instruction.

**2. Enhance elementary school teacher staff development for reading and mathematics.**

2.1 Seek alliance with State Department of Education on Project LEAD.
2.2 Fully implement HPS strategy to observe/assess elementary school teachers' performance.
2.3 Implement professional development/ instructional methodologies in Reading and mathematics in School Improvement Plans.
2.4 Establish cross training of pre-K, kindergarten, first grade teachers.

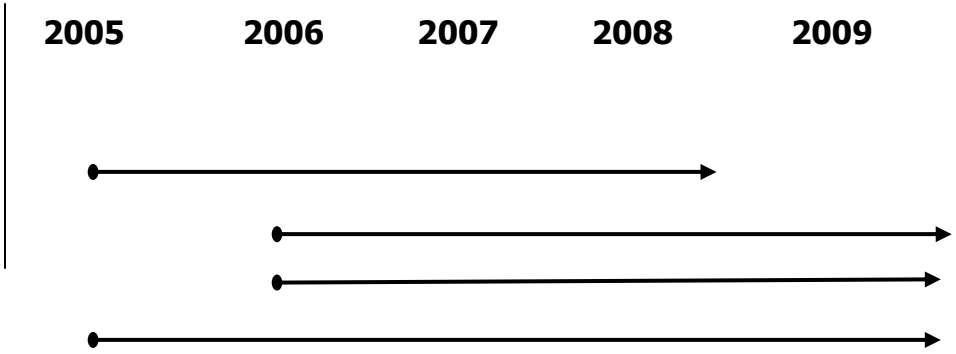
**3. Improve classroom organizational models for development of K-3 students**

3.1 Effect structural changes in classrooms.
3.2 Create "new families" orientation program for families new to elementary schools.
3.3 Promote policies to enhance school safety.
3.4 Implement methods to increase participation in federally-funded free breakfast program.
3.5 Align elementary school practices with state laws, create bully prevention- intervention programs.



# BLUEPRINT FOR YOUNG CHILDREN

**Building Block 5 (continued):**

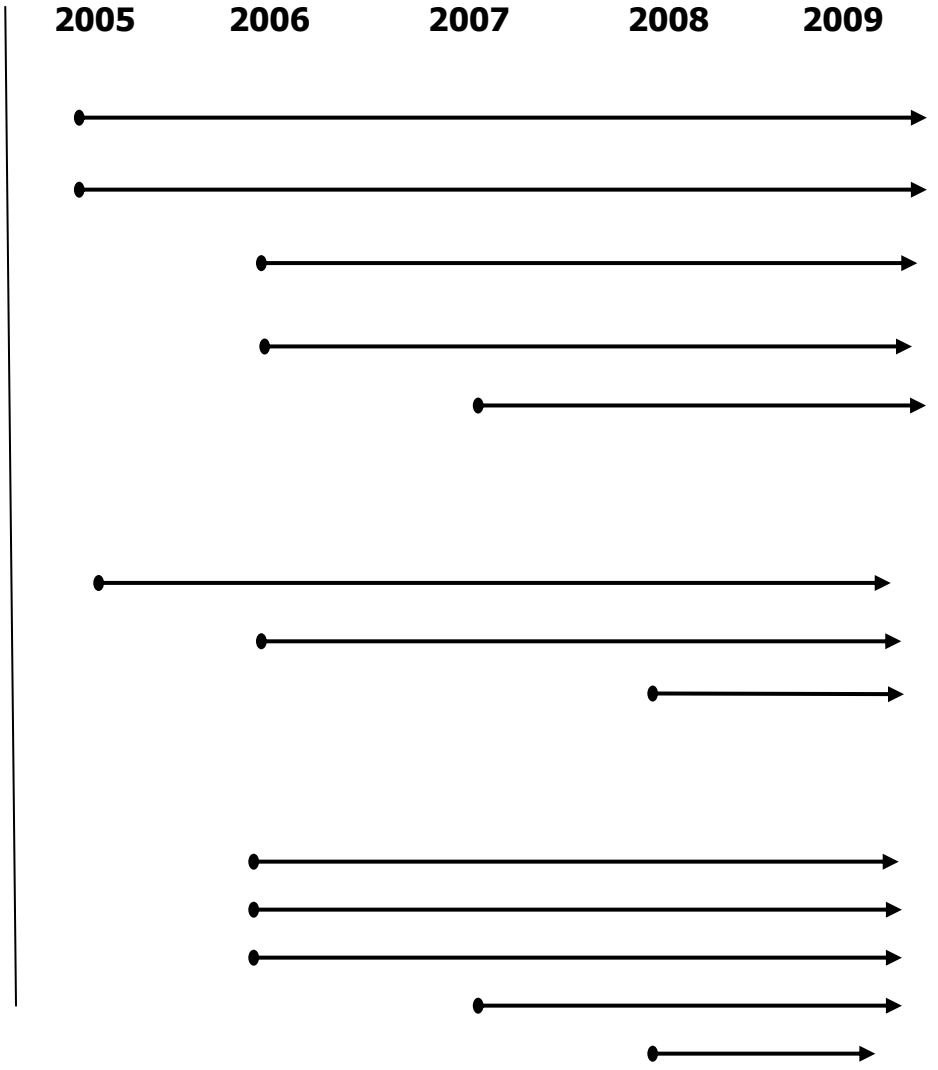



**4. Full service community schools**

4.1 Implement plans for intra-district and inter-district early childhood magnet schools.
4.2 Integrate after school programs with HPS academic curricula.
4.3 Expand links with state agencies to assign staff to schools.
4.4 Establish public-private Before/After School endowment to expand availability of spaces in programs in elementary schools.

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 6:
## Universal Access and Use of Primary Health Care




### 1. Create comprehensive system of care for children.

1.1 Support the Mayor's Task Force on Uninsured and Under-insured families and children.
1.2 Formalize working relationship between Hartford Nurturing Families Network home visiting program, and the city's primary care providers.
1.3 Conclude negotiations among providers and public/private funders to establish H.O.M.E. to coordinate primary and preventive child health care in Hartford.
1.4 Assure every family and child (birth to eight) has a link to health care institution, and a specific medical or health care professional.
1.5 Link 12,500 children with medical provider, finance mechanism to track care.

### 2. Create single primary care model in Hartford.

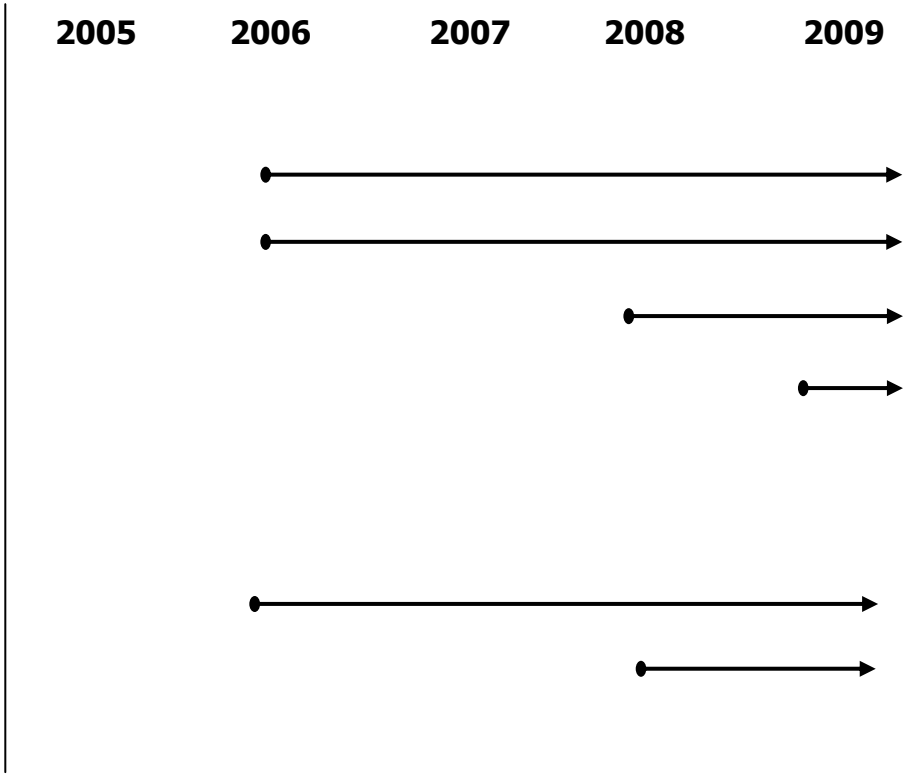
2.1 Form contractual partnerships with federally qualified health center, one major hospital-based ambulatory clinical service.
2.2 Extend that contractual relationship to one other provider.
2.3 Integrate links of hospital-based primary care providers and community health centers

### 3. Remove barriers to children's uninterrupted access to health services.

3.1 Restore "continuous eligibility" for young children.
3.2 Restore "presumptive eligibility" for all eligible children.
3.3 Advocate extension of Title XIX reimbursement to include care coordination and case management
3.4 Enroll in HUSKY, children assessed with special health care needs.
3.5 Increase to 85% Hartford children who get annual well-child care visit.

# BLUEPRINT FOR YOUNG CHILDREN

## Building Block 6 (continued):




### 4. Extend preventive services in prenatal care.

4.1 Establish true "presumptive eligibility" for all Hartford pregnant women (2,200) to provide early entry to prenatal care.
4.2 Work with HUSKY program, Hartford medical providers to assure managed care companies (MCO) serving Hartford children comply with provisions of EPSDT to provide comprehensive well-child services.
4.3 Develop changes in Medicaid reimbursement for behavioral health services.
4.4 Assure permanent funding of H.O.M.E. project by CT Department of Social Services.

### 5. Link school-based clinics, hospitals, and primary care centers.

5.1 Schools, community health care providers, hospitals develop formal protocols to link their services.
5.2 Implement operational changes to better integrate services and information systems linking school and community primary care services for children.

# APPENDIX 2

## *Summary of Current Issues*

## Current Issues

This section describes major findings that result from a citywide inquiry about programs, policies, services and organizational structure surrounding early care and education in Hartford. The findings are based on nearly 30 interviews with public officials, non-profit providers of care, and a variety of individuals in the city. It was supplemented with a review of the major programmatic activities affecting young children and services in the city.

## Issues in Detail

As part of the review a. Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis was completed to capture external and internal environmental contexts that impact young children in Hartford. The SWOT on the following page summarizes the major issues affecting early childhood in Hartford.

Additionally, the range of key issues revealed in the review are presented in this report in three areas:

- Programs and Services
- Policy Leadership and Organization
- Operating and Information Systems

## SWOT

| ***Strengths***<br>*Internal to the organization, what the organization is consistently good at, what resources the organization has to use* | ***Opportunities***<br>*External to the organization, possibilities that exist in the environment, or could exist in near future, that the organization is uniquely qualified to use to its advantage* |
|---|---|
| • Positive working relationship between mayor, school superintendent<br>• Strong mayor form of government, able to set direction, implement<br>• Sophisticated partners from various sectors<br>• Consensus that early childhood (birth-to-eight) emerging as major community concern<br>• Hartford leadership diverse, reflecting city's make-up<br>• Existing pre-k programs extensive, high quality | • Promise of new state funds for early care and education<br>• Mayor/superintendent see value in early childhood issues will work together<br>• Major foundations have 7 to 10-year commitment to young children, family issues<br>• Parent, community organizations ready to participate, engage<br>• Optimism exists around chance to improve the lives and potential for young children<br>• Important leadership shifts occurring among major health care institutions |
| ***Weaknesses***<br>Internal to the organization, capacities and resources an organization needs to develop | ***Threats***<br>*External to the organization, what possibilities exist in the environment that may undermine an organization's efforts* |
| • Fragmented structure for early childhood policy<br>• No champion in city and schools; bureaucracies resist change, and often slow-to act<br>• Lots of children with special needs, families requiring high levels of support<br>• School system losing ground academically with students after third grade<br>• Multiple delivery institutions competing for funds, space; overlapping services | • Persistent poor outcomes for children, particularly in health, threaten progress<br>• Unfocused business community involvement<br>• Refocusing power-authority-responsibility, may upset current balance<br>• Leadership by city government could shift certain funding streams, endangering some agencies<br>• State-planned initiatives could weaken Hartford's high level of existing quality pre-k services<br>• Continued state deficits may cut HUSKY, other programs<br>• Rise in undocumented young children and families stretches resources |

## Programs and Services

**Hartford's pre-school programs deliver high quality services compared to others in Connecticut.**

- The percentage of Hartford children who participate in *fulltime* preschool is far above the state average.
- 67% of Hartford children who are enrolled in pre-school attend high quality, accredited programs. This is three times the state average.
- The number of publicly funded pre-school spaces in Hartford significantly exceeds the state average.
- A 2003 study of school readiness outcomes among Hartford children demonstrated that those children who attended quality programs entered kindergarten significantly *above* national standards for school readiness. Participating Hartford preschoolers scored even better when compared to Hartford children who had experienced no preschool.

**The city's need for childcare exceeds current supply, and only half of Hartford's students reach kindergarten having had a formal early care and education experience.**

- 50.8% of Hartford kids enter kindergarten without formal preschool. The state average is 75.9%.
- The need persists for *hundreds* of additional pre-school spaces for Hartford children of all ages.
- Infant/toddler services are particularly in short supply.

**Municipal government and the Hartford Public Schools together constitute major deliverers of quality kindergarten services in Hartford. Unlike other communities dominated by private organizations, this means in Hartford the public sector already is a significant player in the early care and education business.**

- The Childcare Division of the city's Department of Health & Human Services and the Hartford Public Schools together serve 944 children; 30% of city's pre-schoolers ages 3 and 4 years old.
- Every site operated by these two city agencies is fully accredited.
- The school system has doubled the number of early care spaces in the last three years. Its pre-K and elementary curricula are integrated.
- These two city systems – childcare division, schools — have developed their programs in parallel. They operate independently; sometimes compete.
- CRT is community's other largest early education provider, 1,442 spaces among all its programs in various towns. (Of that total, approximately 1,000 are Hartford children). 40% of its programs are accredited. CRT also runs Head Start.
- An estimated 80% of school readiness sites in Hartford are accredited.

## Programs and Services (continued)

**A wide array of early childhood and family services exist, but they form poorly coordinated collection of programs, not a system. There are insufficient services in some locations, and almost all programs are under funded.**

- One in five city elementary schools have *three* separate and independent early care providers using classrooms in the same school building. Another 11% of the city schools have *two* different providers in same building.
- At times, these programs compete for customers, classrooms, and staff. Each has its own supervisors, training, and support systems.
- No coordinated intake/referral system matches families with openings. Despite an overall shortage of center-based spaces in the city, vacancies exist in early care programs; in some cases nearly 10% of program capacity.
- The Childcare Division, Department of Health & Human services operates one of few and one of the oldest city-run early care programs in state, serving 286 children. The school system's program was launched in 1999 and grew rapidly to 658 spaces. These programs operate separate managements.
- Many Hartford early care, education and family support programs use "best practice" research-based models for their curricula, for training, for parenting education, for classroom management, and after school services.
- The city has two major, uncoordinated family support programs: 7 sites are based in neighborhoods; 8 in elementary schools.
- The Hartford Public Schools sponsor an after school program in the elementary schools, providing a total of approximately 1,380 spaces. Delivery is through a group of 11 vendors, each of which runs an independent program.
- Health services for poor children exist at two hospitals, four major community-based clinics. There is little coordination, and most coordination that exists is limited to middle management.

**A multitude of organizations offer parent education and engagement initiatives using varied approaches and strategies. Most are small, under-financed, and unable to reach the full range of families that could benefit from services.**

- The Brighter Futures Family Centers have community-driven boards, and operate services in 7 neighborhoods.
- School-based Family Resource Centers run by two private vendors provide parent education programs. The programs are very small, reaching 9 to 30 parents per site/per year.
- A national foundation, Annie E. Casey, has launched a separate neighborhood empowerment strategy; it has formed its own Early Childhood Task Force.
- School Improvement plans in elementary schools all target parent engagement; inconsistent collaboration exists with community organizations.
- Adult literacy is major and growing family issue. Greater Hartford Literacy Council reports that 66,000 Hartford adults have English literacy skills below that needed to function in today's society, representing 73% of city's adult population. 11,000 residents speak no English. Adult literacy programs are inadequate to meet need, with long waiting lists.

## Policy, Leadership and Organization

**No unified, cohesive system exists in Hartford to guide and target early childhood policymaking and investment. Often, decision-making is fragmented, and isolated.**

- There is no clear locus of accountability, responsibility in public sector. No one is setting goals, establishing an early childhood agenda, or measure overall effectiveness.
- There are over two dozen major players, but no leader: Hartford Public Schools, Mayor's Office, Department of Health & Human Services, CRT, Hartford Foundation, among other philanthropies, Childcare Provider Network; School Readiness Council; Hartford Area Childcare Collaborative, United Way, Capitol Region Education Council, hospitals, community clinics, Children's Health Team, nonprofit providers, etc.
- Existing oversight and coordination is mostly operational.
- A positive atmosphere exists among major players. People cooperate…up to a point, but weaknesses in leadership leave a policy vacuum that impairs progress, and diminishes cooperative ventures.
- Weak coordination results in lost grants, missed opportunities, and potential for duplication, and inconsistent policies.

**The Hartford School Readiness Council meets its state obligations to monitor programs, but has not succeeded as an effective organization. It is unable to lead and offer cohesion to early childhood policy in Hartford.**

- The council meets irregularly, has minimal influence on major decision-making on early childhood policy.
- Council serves diverse, at times competing "masters", with no clear accountability. Makes recommendations, but to whom?
- Membership looks strong and varied on paper. But in actuality is an unwieldy organization, filled with early care and education providers.
- Council in 2003 allocated $6.1 million annually in state funds. In 2004-2005, the amount rose to $7.53 million. Only a small portion of those funds can be used to coordinate and manage the system. Council purview is limited. It is responsible for a small part of total funding for birth to eight activities, with council focus primarily on early care and education.
- Bottom line: School Readiness Council in Hartford is an inadequate vehicle to strategically and operationally manage birth to eight agenda for a complex urban system such as Hartford.

**In some years, Hartford has had to return hundreds of thousands of dollars to the state for school readiness slots that went unfilled; this despite documented need for program space.**

- In 2003-2004, over $427,000 was returned to the state because 14 providers were unable to use funds for total spaces allocated to the city.
- Part of problem is due to inflexible nature of state funding, which does not allow programs to flexibly use funds to meet family needs, however Hartford returns more money than any other priority school district (see Appendix 4, Building Block 3).

**State and local early childhood policies, and ongoing fiscal constraints contribute to disorganization and ongoing weaknesses in Hartford.**

- Early childhood funding is a complicated patchwork. Over 532 separate contracts or line items funnel resources from 44 sources to 98 organizations.
- Several years fiscal retrenchment by state government has severely cut the Care4Kids program. This has jeopardized childcare centers and funding for informal childcare deliverers. For CRT alone, cutbacks contributed to layoffs of over 30 childcare workers. Citywide, slots were cut 67%, with a loss of more than $10 million in childcare subsidies since 2000.
- Lack of flexible state rules for school readiness grants discourages private participation, and impairs program effectiveness. State reimbursement does not reflect the total cost of school readiness slots.
- In 2004, state increased school readiness funds by $1.3 million and gave virtually no lead-time for implementation.
- State changes in the HUSKY program (health services for poor children) have undermined a city campaign to increase enrollment. In five years, HUSKY enrollment increased only 3% in Hartford. Only approximately 39% of young children six to ten years receive required annual physicals.
- The new state administration is investigating an early care initiative that promises universal access to preschool in Hartford. If not coordinated effectively, its policies and design may force changes in Hartford programs that could reduce hours of learning; threaten quality, and create new organizational challenges.

**Business and philanthropic contributions, while substantial, often lack a shared strategy.**

- Business community and foundations contributed $7.2 million in 2002-03. Absent strategy, money concentrated on mentoring and tutoring; involvement reflects uncoordinated relationships to individual schools.
- The Hartford Foundation makes substantial grants to improve delivery of early care and education services. In the vacuum created by weak leadership the foundation constitutes a major private policymaker, functioning with little benefit of public input and decision-making.
- Two other philanthropies, Graustein Memorial Fund and Annie E. Casey Foundation, are making grants affecting school readiness and community engagement processes. Coordination among these initiatives is weak.

## Operations and Information Systems

**Day-to-day management of the wide array of separate programs and services lacks a citywide structure to address problems, advance a shared mission, and measure impacts.**

- Problem solving relies on every-changing individual informal relationships. This works until issues bump against unsettled policy, must address new and potentially competing needs, and affect funding, turf.
- No outcome measures have been established for early childhood in the city to measure overall improvement in the health, safety and learning of young children.
- Operational weaknesses are costing the city services. The School Readiness Council has in past struggled to fully utilize state-allocated slots. In 2001, utilization was low as 58% some months; 2002 average 85-90%. In 2003-2004, the state reported that the city turned back $427,495 it was unable to spend on school readiness slots. Unused slots mean money returned to state; services lost.
- Funding for administration and management of the program by the School Readiness Council is minimal, totaling about 3% of total funds under its direction.

**Data collection and analysis of trends regarding early childhood – for individuals and for the entire city – is not well organized, resulting in limited information to guide decision-making by policymakers.**

- One city program has four unlinked databases. A city department has two data systems that are unable to talk to each other.
- Two different estimates were produced to project the need for childcare spaces in the city. The estimates do not match, by a significant margin.
- Hartford Public Schools' information system (SASI) is challenged to share information with other city agencies and private organizations, and protect privacy. A data committee has been reviewing the issues, but has been slow to resolve all concerns.
- Linking state data with city agencies is hit or miss; depriving city agencies of data they could use to better serve clients.
- Most individual health care data remains accessible only to staff of that health care provider, compromising the promise of "medical home" to coordinate health care for young children across the city.
- Late kindergarten teacher assignments (often just before or after school begins) deny information to parents, childcare programs, and inhibit efforts to build an effective pre-K/Kindergarten transition system.
- No mechanism is in place to establish outcome measures on the key indicators of early childhood success, and to track changes in health, safety and learning of children.

**Inadequate information exists to understand fully the changing characteristics of Hartford's young child and family populations. With many young families migrating from other Connecticut communities and nations, this gap in demographic information inhibits planning and effective response to community needs.**

- Ongoing in-migration is believed to be quite different from past migrations; more varied ethnic groups, races.

- The size and dimensions of in-migration of undocumented children and families is uncertain; there is little hard data to inform decision-making.
- Often, these families are extremely disenfranchised from service systems.

**At present, the diffuse nature of the structure and organization of early childhood services leaves the city with no entity responsibility and accountable for interdisciplinary or interagency activities regarding early childhood.**

**APPENDIX 3**

# *Financing Of Services to Young Children in Hartford*

## Fiscal Year 2003-2004

## A Report to the Mayor's Blueprint Team

**Prepared by**
**Holt, Wexler & Farnam, LLP**
**900 Chapel Street**
**New Haven, CT 06510**

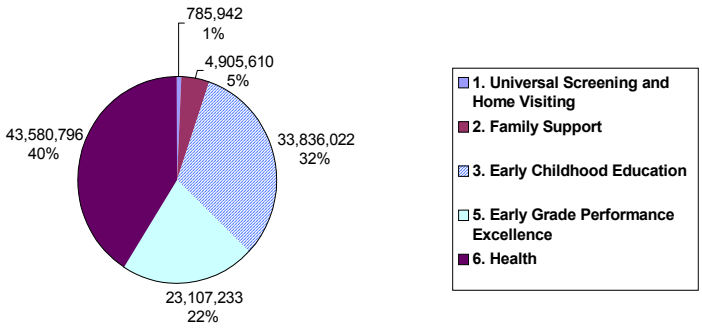
**March 2005**

# Executive Summary: Financing of Children's Services in Hartford
## A report to the Mayor's Blueprint Team

Hartford agencies received $106.2 million in public and private funds to provide services to children ages 0-8 and their families in the 2003-2004 fiscal year. The Blueprint Team enlisted Holt, Wexler & Farnam, LLP to assemble and analyze financial information on programs and policies affecting young children (birth to age 8) in the City of Hartford to provide a financial context to existing efforts in early childhood and identify funding opportunities in support of blueprint development.

HWF collected financial data from local, state and federal sources for the 2003-2004 fiscal year. Amounts were adjusted to reflect the percentage of program funding allocated to Hartford, and the percentage of program funding allocated to children ages 0-8. The study identified a total of 532 discrete financial investments in services for children birth to eight in Hartford. These financial resources came from 44 funding sources, and were granted or paid to 98 different public and private agencies that serve Hartford children through a total of 305 distinct programs. The study did not include funds for income maintenance, basic needs, and adult education and workforce development efforts. Although we attempted to be as comprehensive as possible, additional funding may exist that was not identified.

**Figure 1.1. Total Funding Invested in Services to Children 0-8 by the Six Major Building Blocks**




**Overall Financial Landscape.** The study team identified $106.2 million in funding for children's services in Hartford for children ages 0-8 across the six Building Blocks. Figure 1.1 identifies the amount per Building Block and Figure 1.2 presents the proportions from federal, state, municipal, and philanthropic sources.

**Funders.** The Federal and State governments provide 92% of the funding identified. The major sources of funding include:

- **Federal.** Hartford receives $63.6 million in federal funding from five identified entities. The top funder is the US Department of Health and Human Services at $46.5 million, followed by the Department of Education at $14 million. These two represent 95% of all federal funds. Most of these funds flow through state agencies.
- **State.** Nine State agencies have been identified as sources of $33.9 million in funds. The top funder is the State Department of Education at $13.7 million followed by $11.5 million from the Department of Children and Families and $4.1 million from the Department of Social Services. These three provide 87% of state funds.
- **Municipal.** $2.3 million in municipal funds devoted to children's services were identified.
- **Philanthropy.** The estimate of philanthropic funding of $6.3 million is derived from 27 identified sources, with the Hartford Foundation for Public Giving and the United Way accounting for 60% of the total philanthropic resources identified. In the full report, we include a longer list of 99 foundations investing in children's services.

**Figure 1.2. Total Funding Invested in Services to Children 0-8, by Source Level**

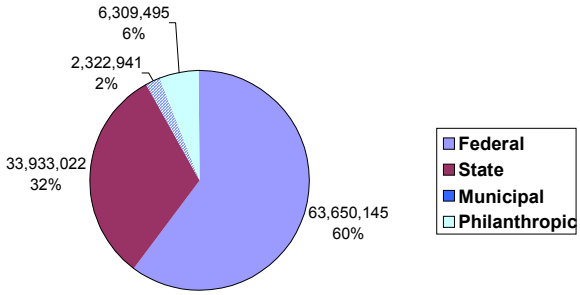


Table 1.1 identifies funding by building block by source level.

**Table 1.1. Funds invested in Building Blocks, by Source Level**

| Building Block | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| 1. Universal Screening and Home Visiting | 279,175 | 464,662 | | 42,104 | 785,941 |
| 2. Family Support | 1,428,478 | 2,012,867 | | 1,464,265 | 4,905,610 |
| 3. Early Childhood Education | 20,813,704 | 11,109,786 | 131,158 | 1,781,375 | 33,836,022 |
| 4. Transition to Kindergarten | | | | | |
| 5. Early Grade Performance Excellence | 11,469,643 | 7,961,989 | 1,719,967 | 1,955,635 | 23,107,233 |
| 6. Health | 29,659,146 | 12,383,717 | 471,817 | 1,066,117 | 43,580,796 |
| **Grand Total** | **63,650,145** | **33,933,022** | **2,322,941** | **6,309,495** | **106,215,603** |

**Programs.** Table 1.2 identifies the number of programs identified by Building Block. The largest discrete program is HUSKY A at $25.4 million. The top 10 programs receive $68.5 or 64% of all funding identified.

**Table 1.2. Total Number of Programs by Building Block**

| Building Block | Number of Programs |
|---|---|
| 1. Universal Screening and Home Visiting | 3 |
| 2. Family Support | 44 |
| 3. Early Childhood Education | 43 |
| 4. Transition to Kindergarten | |
| 5. Early Grade Performance Excellence | 93 |
| 6. Health | 122 |
| **Grand Total** | 305 |

**Funding Under Local Control.** Table 1.3 lists the amount of funding under local control. This totaled $37.7 million, nearly 36% of all funds identified. 62% of this was received by the Board of Education, mostly from Federal and State sources.

**Table 1.3. Funds Under Local Public Control**

| Agency | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| Hartford Board Of Education | 14,350,263 | 7,700,152 | | 1,218,270 | 23,268,684 |
| Hartford Department of Health and Human Services | 3,547,385 | 1,182,428 | 1,641,608 | 19,550 | 6,390,971 |
| City of Hartford | 718,679 | 632,729 | 174,514 | | 1,525,922 |
| Hartford Public Library | | | 431,136 | 21,000 | 452,136 |
| Grand Total | 18,616,328 | 9,515,308 | 2,247,258 | 1,258,820 | 31,637,713 |
| School Readiness Program Grants to Centers (currently through CREC) | | 6,103,203 | | | 6,103,203 |
| **Total Funds under Local Public Control** | **18,616,328** | **15,618,511** | **2,247,258** | **1,258,820** | **37,740,916** |

# Financing of Children's Services in Hartford
### A report to the Mayor's Blueprint Team

## A. Context

The Hartford Foundation for Public Giving and the Connecticut Commission on Children are working with the Mayor of Hartford to develop a strategic Blueprint to improve services to families and children in order to improve child outcomes in the City of Hartford dramatically. The partners in this project enlisted Holt, Wexler & Farnam, LLP ("HWF") to assemble and analyze financial information on programs and policies affecting young children (birth to age 8) in the City of Hartford in support of the blueprint development. The purpose is to provide a financial context to existing efforts in early childhood.

The Building Blocks of this Blueprint include:

1. Newborn Screening & Home Visiting For Families;
2. Neighborhood-Based Family Support And Development;
3. Childcare And Early Childhood Education;
4. Transition From Pre-school To Kindergarten;
5. Educational Excellence And School Success In The Early Grades; and
6. Universal Access And Use Of Primary Health Care.

Holt, Wexler, and Farnam, LLP is a Connecticut-based consulting firm with extensive experience and expertise in human services and education policy and planning, including fiscal and program analysis. HWF has worked for most of the major State Departments having a role in supporting families and children, as well as many municipalities and large and small non-profit agencies delivering essential services.

### Approach

HWF worked with the Blueprint Team to establish parameters of the project, including the categories of funding that are of specific interest, and to establish the year 2003-2004 as the baseline year of analysis.[1]

We constructed a financial model and database with common fields into which all financial data was entered along with associated brief program descriptions and any program activities or output information available to get a sense of reach and impact. We collected financial data at the program level from all local, state and federal sources. Funding amounts were adjusted to reflect the percentage of program funding allocated to Hartford, and the percentage of program funding allocated to children ages 0-8 in order to more accurately show the funding reaching the target demographic. The unit of analysis is discrete budget line items or contracts for services to children ages 0-8 in Hartford.

The report begins with an overview of the financing of children's services in Hartford and then analyzes the financing associated with each building block in turn. For each area, the report briefly describes the system for service delivery, provides details on the sources and uses of funds in that area.

There are 18,600 children ages 0-8 in Hartford, making up 47.9% of the population aged between 0 and 18.[2] 8,391 are enrolled in Pre-K through grade 3 in Hartford's public schools, 37% of Hartford's school enrollment.

The Appendix provides a more detailed table listing major funders by building block.

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[1] The study used the State of Connecticut fiscal year of July 1, 2003-June 30, 2004. Some data for slightly different annual periods were included as part of this time period to provide a complete annual snapshot of funding.
[2] US Census Bureau

## B. Overall Financial Landscape

The study team identifies $106.2 million in funding for children's services in Hartford for children ages 0-8 across the six Building Blocks. The study identified a total of 532 discrete financial investments in services for children birth to eight in Hartford. These financial resources came from 44 funding sources, and were granted or paid to 98 different public and private agencies that serve Hartford children through a total of 315 distinct programs. The following figures and tables identify the amount per Building Block and the proportions from federal, state, municipal, and philanthropic.

**Figure B1.1. Total Funding Invested in Services to Children 0-8 by Six Major Building Blocks**

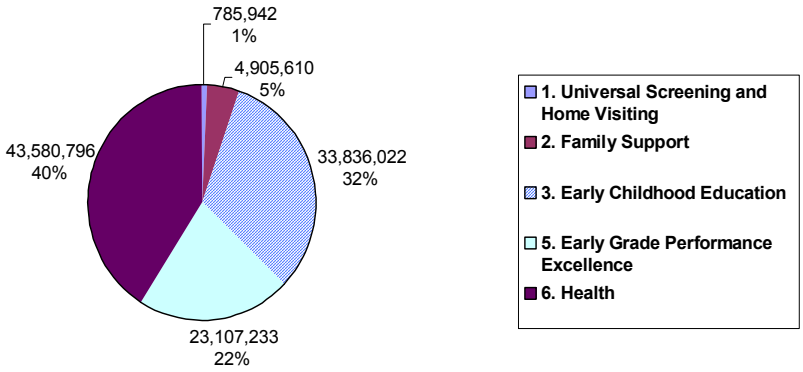


Table B1.1 details funding by source level by building block. By far the largest investments are in Building Block 6, universal access and use of primary care; Building Block 3, childcare and early childhood education; and Building Block 5, educational excellence and school success.

**Figure B1.2. Total Funding Invested in Services to Children 0-8, by Source Level**

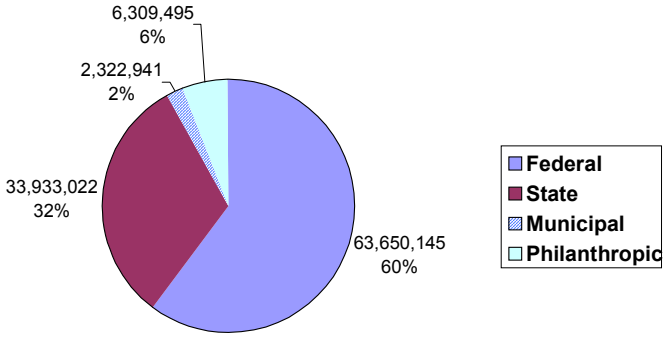


**Table B1.1. Funds invested in Building Blocks, by Source Level**

| Building Block | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
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| 3. Early Childhood Education | 20,813,704 | 11,109,786 | 131,158 | 1,781,375 | 33,836,022 |
| 4. Transition to Kindergarten | | | | | |
| 5. Early Grade Performance Excellence | 11,469,643 | 7,961,989 | 1,719,967 | 1,955,635 | 23,107,233 |
| 6. Health | 29,659,146 | 12,383,717 | 471,817 | 1,066,117 | 43,580,796 |
| **Grand Total** | **63,650,145** | **33,933,022** | **2,322,941** | **6,309,495** | **106,215,603** |

## Funders

Table B1.2 details the sources of funding for children's services by level. Hartford receives federal funding through eight identified entities, mostly from the Departments of Education and Health and Human Services. Nine State agencies have been identified as sources of funds, with the Department of Education the largest funder, followed by the Department of Social Services. The estimate of philanthropic funding is derived from the 27 identified sources, with the Hartford Foundation for Public Giving and the United Way leading the way with 60% of the total philanthropic resources identified. In the Appendix, Table A-3, we include a longer list of 99 foundations investing in children's services.

**Table B1.2. Funding Sources and Amounts by Source Level**

| Source Level | Funding Source | Total |
|---|---|---|
| Federal | US Health and Human Services | 46,491,333 |
| | US Department of Education | 13,970,880 |
| | Federal – Other, Not Specified | 3,187,932 |
| Federal Total | | 63,650,145 |
| State | State Department of Education | 13,699,646 |
| | Department of Children and Families | 11,527,395 |
| | Department of Social Services | 4,143,851 |
| | Department of Public Health | 1,829,404 |
| | Office of Policy and Management | 653,315 |
| | Department of Mental Retardation | 479,460 |
| | Children's Trust Fund | 287,116 |
| | BOE Serv to the Blind | 48,519 |
| | CT Office of Victim Services | 130,749 |
| | State's Attorney's Office | 35,925 |
| | State – Other, Not Specified | 997,642 |
| State Total | | 33,933,022 |
| Municipal | City of Hartford | 2,322,941 |
| Municipal Total | | 2,322,941 |
| Philanthropic | Hartford Foundation for Public Giving | 2,364,947 |
| | Private (Misc. incl. Donor Designations & Fundraising) | 1,567,602 |
| | United Way Capital Area | 1,410,209 |
| | Aetna Foundation | 213,483 |
| | Connecticut Health Foundation | 196,087 |
| | The Donaghue Foundation | 67,850 |
| | Children's Fund of Connecticut | 65,235 |
| | Fisher Foundation | 55,220 |
| | Hartford Courant | 50,685 |
| | Combined Individual Amounts under $50,000 | 318,177 |
| Philanthropic Total | | 6,309,495 |
| **Grand Total** | | **106,215,603** |

## Programs

Table B1.3 identifies the largest investments in children's services, with a concentration on education and health services. These represent 70% of the total funds identified.

**Table B1.3. Top 15 Programs Receiving Funds for Children's Services, Ages 0-8**

| Program Name | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| HUSKY A | 25,489,338 | | | | 25,489,338 |
| CRT Head Start | 8,793,250 | 274,698 | | 25,881 | 9,093,829 |
| Care4Kids | 5,951,351 | 2,673,795 | | | 8,625,146 |
| School Readiness Program | | 6,236,109 | 35,129 | | 6,271,238 |
| K-12 Title I (ESEA) | 4,710,490 | | | | 4,710,490 |
| Child Protection Services | | 4,303,530 | | | 4,303,530 |
| Immunizations - Infant | 2,088,000 | 853,812 | | | 2,941,812 |
| Early Reading | | 2,896,692 | | | 2,896,692 |
| Pre-K Title I (ESEA) | 2,417,910 | | | | 2,417,910 |
| Reading Excellence | 1,747,048 | | | | 1,747,048 |
| Special Ed/Agency Placement | | 1,502,812 | | | 1,502,812 |
| Safe Home | | 1,340,669 | | | 1,340,669 |
| Idea Part B, Sec. 61: Special Education | 1,305,254 | | | | 1,305,254 |
| Birth to Three System | 651,827 | 479,460 | | | 1,131,287 |
| BOE Toddler and preschool Program | 690,000 | 310,000 | | | 1,000,000 |
| **Total Top 15 Programs** | **53,844,468** | **20,871,577** | **35,129** | **25,881** | **74,777,055** |

## Funding Under Local Control

Table B1.4 lists the amount of funding under local control. This totaled $37.7 million, 36% of all funds identified. 62% of this was received by the Board of Education, mostly from Federal and State sources.

**Table B1.4. Funds Under Local Public Control**

| Agency | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| Hartford Board Of Education | 14,350,263 | 7,700,152 | | 1,218,270 | 23,268,684 |
| Hartford Department of Health and Human Services | 3,547,385 | 1,182,428 | 1,641,608 | 19,550 | 6,390,971 |
| City of Hartford | 718,679 | 632,729 | 174,514 | | 1,525,922 |
| Hartford Public Library | | | 431,136 | 21,000 | 452,136 |
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| School Readiness Program Grants to Centers (currently through CREC) | | 6,103,203 | | | 6,103,203 |
| **Total Funds under Local Public Control** | **18,616,328** | **15,618,511** | **2,247,258** | **1,258,820** | **37,740,916** |

## C. Programs and Funding by Building Block

For each building block, explanatory charts and tables are provided in the section to outline the major funding sources, and breakdown of spending within each building block. For a more detailed table of specific funding sources by building block and funding by program areas within building blocks, refer to the Appendix.

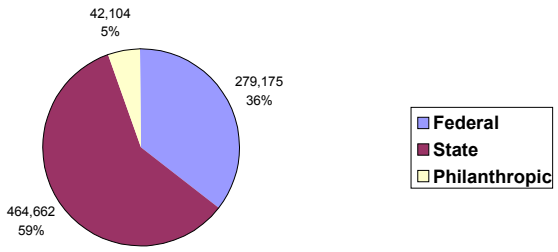
# 1. Newborn Screening & Home Visiting for Families

## System Description

Screening for risk factors begins during the prenatal care process and at the birth of the child. The challenge is to continue to maintain the connection of the family and child to the health care system through the early childhood years. Several programmatic efforts seek to maintain this connection for the highest risk families, and have created a network and body of practices that are effective but constrained by a lack of resources. In-home services are provided primarily through three programs:

1. Nurturing Families Network, formerly known as Connecticut Healthy Families, provides "Visiting Nurse and Home Care services to engage and support first time mothers with certain risk factors to prevents child abuse and neglect by families." It follows the evidence-based Healthy Families model.
2. DCF-funded Parent Aide services are provided to families refered to DCF as a means to strengthen families and prevent child abuse.
3. Neighborhoods Supporting Families, operated through the Hartford Community Partnership, is a voluntary program that coordinates services and supports with families, utilizing both formal and informal resources, to increase the safety and well being of children and their parents.

**Figure C1.1. Newborn Screening & Home Visiting For Families: Spending By Source**




These programs reach a small fraction of the total families at risk, but provide proven models and infrastructure for expanded services.

## Major Service Providers

These programs also incorporate screening. Another screening program is Help Me Grow, a referral and consultation network which provides parents, health care providers, schools and other service providers with connections to needed services for families and children 'at-risk.' This relates to efforts to secure stable "medical homes" for children with special health care needs (see Building Block 2: Neighborhood-based Family Support). The Maternal & Infant Outreach Program (MIOP) is included in building block 6 because it works with children before the delivery of their child.

Table C1.1 details the current funding identified for this Building Block by agency and source level.

**Table C1.1. Newborn Screening & Home Visiting For Families: Amounts by Agency**

| Agency Receiving | Federal | State | Philanthropic | Grand Total |
|---|---|---|---|---|
| Saint Francis Hospital & Medical Center | 83,395 | 153,268 | | 236,663 |
| VNA Health Care, Inc. | 130,481 | | 42,104 | 172,585 |
| Hartford Community Partnership, Inc | 65,300 | 48,975 | | 114,274 |
| Capitol Region Education Council | | 93,537 | | 93,537 |
| Klingberg Comprehensive Family Services, Inc. | | 92,611 | | 92,611 |
| Hispanic Health Council, Inc. | | 56,989 | | 56,989 |
| City of Hartford | | 19,283 | | 19,283 |
| **Total** | **279,175** | **464,662** | **42,104** | **785,941** |

Table D1.2 provides details funding by agency and source, regardless of source level.
Table C1.2 details agency funding by source. The major organization providing services is VNA Health Care through the Nurturing Families network, providing visiting nurse and homecare services to first time mothers. St Francis Hospital also works through the Nurturing Families Network to provide over $83,000 of services. The Hartford Community partnership provides the next largest funded segment of services, although not all of this funding goes towards home visitation. Five agencies receive a combined total of $415,068 in funding from DCF to provide in-home Parent Aide services.

**Table C1.2. Newborn Screening & Home Visiting For Families: Major Providers and Funding Sources**

| Funding Source | Provider Agency | Total |
|---|---|---|
| Department of Children and Families | Saint Francis Hospital & Medical Center | 153,268 |
| | Capitol Region Education Council | 93,537 |
| | Klingberg Comprehensive Family Services, Inc. | 92,611 |
| | Hispanic Health Council, Inc. | 56,989 |
| | City of Hartford | 19,283 |
| Children's Trust Fund | VNA Health Care, Inc. | 130,481 |
| | Hartford Community Partnership, Inc | 114,274 |
| | Saint Francis Hospital & Medical Center | 83,395 |
| United Way Capital Area | VNA Health Care, Inc. | 42,104 |
| **Grand Total** | | **785,941** |

# 2. Neighborhood-Based Family Support and Development

## System Description

Hartford has made a substantial investment in family support efforts, with a number of programs offering a range of early intervention and family support programming (Figure C2.1-C2.3). The two major family support systems are (1) the Brighter Futures Initiative (BFI), organized through the Hartford Foundation for Public Giving and supported through philanthropic efforts, and (2) the school-based family resource centers, established under a state program, operated by private agencies, and supported through state and federal funds (Figure C2.2).

**Figure C2.1. Neighborhood-Based Family Support And Development: Spending By Source**

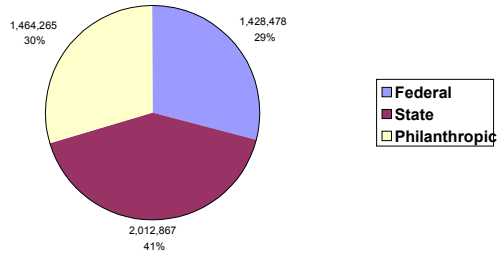



Figure C2.3 and Table C2.1 detail funding by program area and source. Early intervention programs include the Birth-to-Three system supported by the Department of Mental Retardation ($1.13 million of the total) and Help Me Grow, an information and referral program for families with children experiencing development delays or other special needs ($95,000 estimated as the portion of services going to Hartford families). Family preservation programs ($1.1 million) are primarily DCF-funded programs aimed at keeping children in their birth families. Family strengthening programs include a wide range of small program designed to strengthen families. The top five recipients of funds in this area were Village for Families & Children, Inc., Hartford Board Of Education, Klingberg Comprehensive Family Services, Inc., Center City Churches, Inc., and Catholic Family Services, Inc.

**Figure C2.2. Funding Amounts by Program and Source Level for Hartford's Family Support Centers**

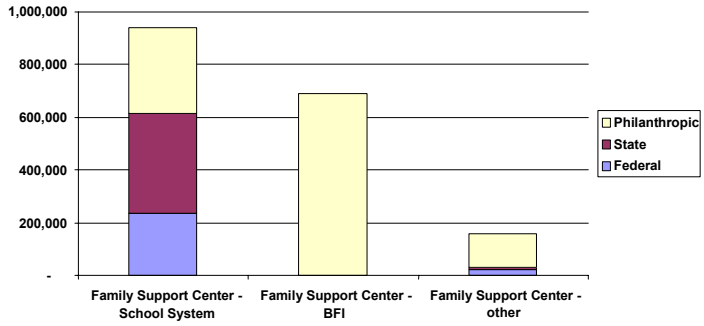
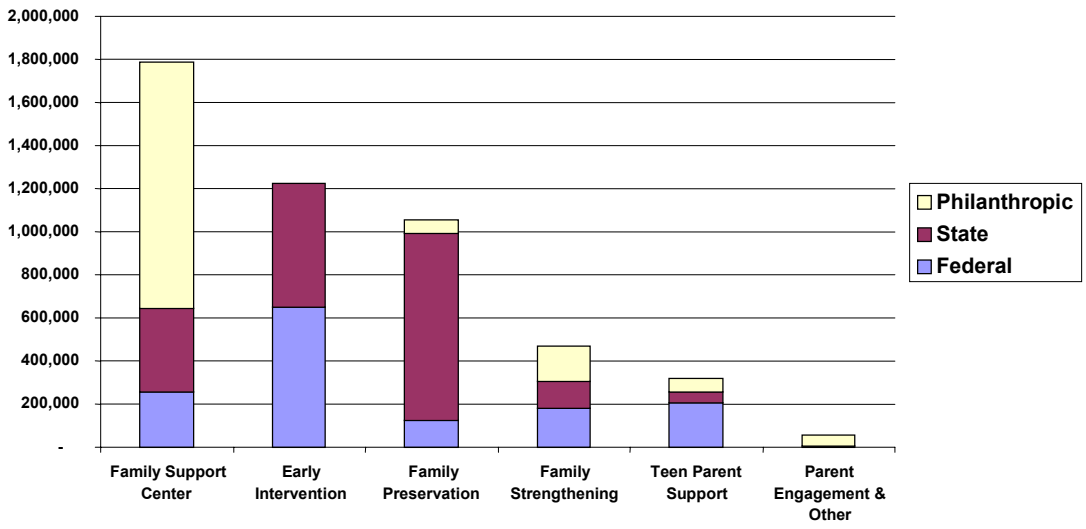



**Figure C2.3. Funding Amounts by Program and Source Level for Hartford Family Support Programming**



## Currently Operating Programs and Invested Resources

**Table C2.1. Neighborhood-Based Family Support: Funding by Program Type & Source**

| Program Type | Federal | State | Philanthropic | Grand Total |
|---|---|---|---|---|
| Early Intervention | 651,827 | 574,460 | | 1,226,287 |
| Family Preservation | 128,050 | 866,754 | 59,105 | 1,053,909 |
| Family Support Center - School System | 235,534 | 380,077 | 323,687 | 939,298 |
| Family Support Center - BFI | | | 690,704 | 690,704 |
| Family Strengthening | 180,001 | 126,702 | 160,604 | 467,307 |
| Teen Parent Support | 203,200 | 55,222 | 59,711 | 318,134 |
| Family Support Center - other | 21,483 | 9,652 | 125,000 | 156,135 |
| Parent Engagement & Other | 8,383 | - | 45,455 | 53,837 |
| **Total** | **1,428,478** | **2,012,867** | **1,464,265** | **4,905,610** |

# 3. Childcare and Early Childhood Education

## System Description

The early childcare and education (ECE) system in Hartford receives the bulk of it's public funding from five sources identified in Figure C3.2: Care4Kids, the main DSS subsidy program; Federal Head Start; the Connecticut School Readiness Program; Hartford Board of Education funding, for its pre-school programs; and the DSS Child Care Center grant program. In 2003-2004, the combined total of these five sources was $33.5 million.

Most of the funding supports basic operating costs –

**Figure C3.1. Childcare And Early Childhood Education: Spending By Source**

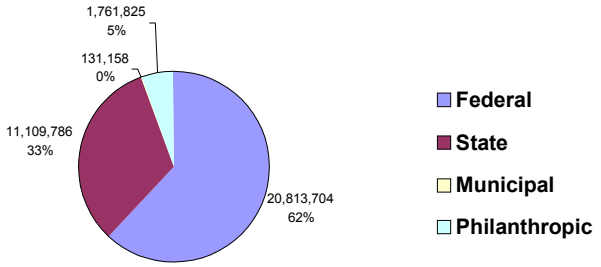
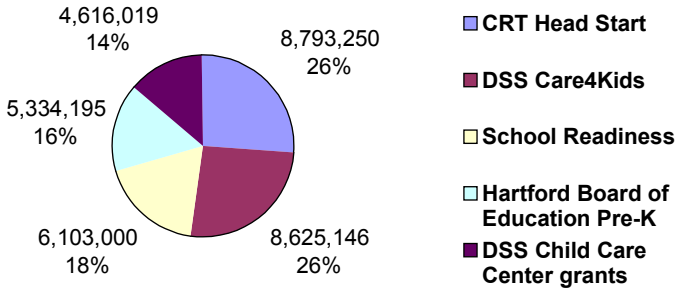



**Figure C3.2. Funding by Major Early Care System**




staff salaries and facilities. Some funds are also invested in quality enhancement, community outreach, and early literacy enhancements.

Table C3.1 presents the School Readiness Council's analysis of the current supply and unmet need for pre-school spaces in Hartford (968). At $10,000 per child per year, this would require an additional $9.7 million in funding. At 18 children per class, this would require 54 additional pre-school classrooms.

The need for child care resources is substantially greater than it's availability. The number of children in Hartford covered by the Care4Kids program dropped from 7,507 in 2000 to 2,409 in 2003, a 68% drop. If the average subsidy per child covered remained constant, this amounts to a withdrawal of over $10 million from a system that was economically marginal to begin with, a major jolt to center-based and family child care providers.

**Table C3.1 Supply and Need for Pre-School Spaces**

| | |
|---|---|
| Estimated No. Hartford 3 & 4 Year Olds* | 4,105 |
| Supply | |
| Head Start | 900 |
| School Readiness | 1,050 |
| State Funded Child Care | 563 |
| Public Schools | 459 |
| Other Licensed Providers | 165 |
| **Total available Spaces** | **3,137** |
| Number Not Served | 968 |
| Source: Hartford School Readiness Council *This number is higher than our estimate of 3,991 | |

## Currently Operating Programs and Investment Levels

Table C3.2 details funding by program type for Childcare and Early Childhood Education.

In School Readiness / Headstart, CRT received $8.8 million (47% of the category total) and school readiness program received $6.1 million (32% of the category total). In Child Care Supply, the biggest investment is the Care4Kids program at$8.6 million (66% of the category total).

Infrastructure investments identified in the study amounted to $543,167; 94% of these infrastructure costs were for operating the Hartford Area Child Care Licensing at DPH, the Child Care Collaborative, and the Brighter Futures Initiative.

**Table C3.2. Childcare And Early Childhood Education: Funding by Program Type**

| Program Type | Federal | State | Municipal | Philanthropic | Grand Total |
|---|---|---|---|---|---|
| School Readiness / Head Start | 12,014,367 | 6,612,455 | 35,129 | 120,139 | 18,782,090 |
| Child Care Supply | 8,486,479 | 4,008,718 | | 521,075 | 13,016,272 |
| Quality Enhancement | | | 22,880 | 797,086 | 819,966 |
| Infrastructure | 112,720 | 189,592 | | 240,855 | 543,167 |
| Child Care-Home-based | 85,138 | 160,708 | | 45,135 | 290,981 |
| Community Outreach | 115,000 | 313 | | 29,163 | 144,475 |
| Special Needs | | 138,000 | | | 138,000 |
| Early Literacy | | | 73,149 | 27,922 | 101,071 |
| **Grand Total** | **20,813,704** | **11,109,786** | **131,158** | **1,781,375** | **33,836,022** |

## Major Funding Sources

Table C3.3 details major funding sources in Early Childhood Care and Education by source level

**Table C3.3. Early Childhood Care and Education: Funding Source by Source Level**

| Source Level | Funding Source | Total |
|---|---|---|
| Federal | US Health and Human Services | 16,811,209 |
| | US Department of Education | 3,221,117 |
| | Federal Source - Other | 781,377 |
| State | State Department of Education | 6,607,455 |
| | Department of Social Services | 3,824,926 |
| | Department of Children and Families | 321,131 |
| | State - Other | 203,795 |
| | Department of Public Health | 152,480 |
| Municipal | City of Hartford | 131,158 |
| Philanthropic | Hartford Foundation for Public Giving | 1,081,794 |
| | United Way Capital Area | 554,736 |
| | Private (Misc. incl. Donor Designations & Fundraising) | 132,306 |
| | Sources contributing 10,000 or less | 12,539 |
| **Total** | | **33,836,022** |

## 4. Transition from Pre-school to Kindergarten

Responsibility for the process of transition to Kindergarten is divided between preschool and child care staff, school system central office and elementary school staff, and parents. A Transition to Kindergarten Task Force, convened through the School Readiness Council, is planning improvements to the transition process and is due to report its findings soon. They are focusing particularly on strengthening connections between the early care system and the schools, parent outreach, and making the registration process easier for parents. The recommendations of the Task Force will provide a basis for funding proposals.

While there are many hours of time devoted to the process of planning the transition to Kindergarten, there were no investment attributed directly to Transition to Kindergarten in this study.

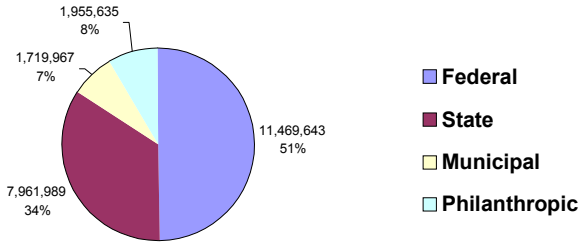
**Transition for Children with Special Needs.** There is a fairly well developed network of programs and supports for children with special needs centered in the Board of Education Early Childhood Assessment Team (ECAT), the DMR Birth-to-Three System, and the DCF Child Protection System. The Help Me Grow program offered through Infoline provides information and referrals for services to children with special needs. The Board of Education ECAT process, the Family Centers, DCF , and the Birth-to-three system identifies children that may have special needs and provides support for the transition process.

# 5. Educational Excellence And School Success In The Early Grades

## System Description

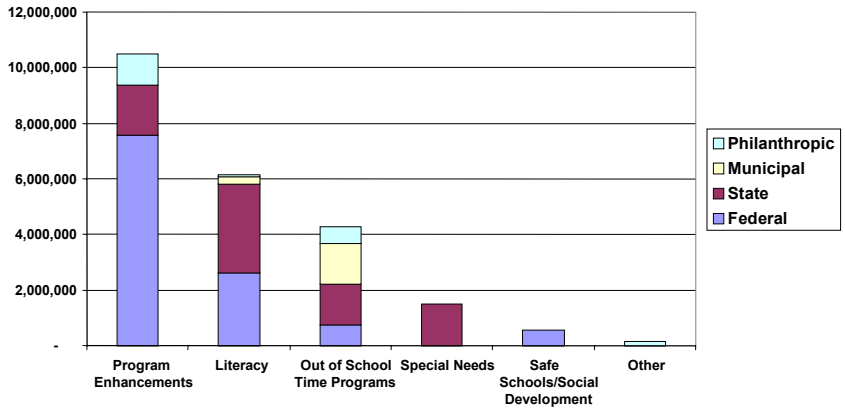
The Hartford Board of Education served 22,599 students in 2003-2004 with a total budget of $303 million. By far the largest expense was staff salaries and benefits at $235 million or 75.6%. 8,391 or 37% of the students were in our universe of Pre-K to Grade 3 in Hartford public schools.

**Figure C5.1. Educational Excellence And School Success In The Early Grades: Spending By Source**




For the purposes of the Blueprint initiative, the planning team decided not to include in this study the core teacher and administrator salaries and benefits. While this made it somewhat arbitrary as to where to draw the line between "core" K-12 education and special programs or interventions to address early school success, we have made a first cut in consultation with school officials and team members. We have included a number of special funds from the federal government that are used to address literacy instruction or provide other program enhancements.

**Figure C5.2. Educational Excellence And School Success In The Early Grades: Funding by Program Type & Source**




The total funds of this type identified in this analysis come to $23.1 million, 22% of the funds identified. The portion of this going to the board of education ($18.3 million) is 79% of the total in this building block and represents 6% of the Board of Education's total budget (Table C5.1, Figures C5.1 and C5.2).

In this analysis, **program enhancements** include a range of mostly federal investments in schools to increase the resources available for learning in K-3 classrooms, for special populations (migrant children), and for special programs.

**Literacy programs** include a portion of grants made to the district for the specific purpose of enhancing reading instruction. 80% of these funds come from two major grants received through the State Department of Education for Early Reading and Reading Excellence.

**Out-of-school time programs** include the proportion of after school and summer program funding attributable to children under age 9. This includes funding for an estimated 55 school-based and community programs offered by at least 29 agencies across the community.

The **special needs** funding included here is a portion of a grant from the State specifically to enhance special education services. **Safe schools/social development** funds are used for programs to promote social skills and behavioral health in schools.

**Table C5.1 Education Funding by Program Type and Source**

| Program Type | Federal | State | Municipal | Philanthropic | Total |
|---|---|---|---|---|---|
| Program Enhancements | 7,575,804 | 1,789,388 | | 1,126,340 | 10,491,533 |
| Literacy | 2,606,628 | 3,198,115 | 268,923 | 69,734 | 6,143,400 |
| Out of School Time Programs | 739,313 | 1,471,673 | 1,451,043 | 626,130 | 4,288,159 |
| Special Needs | | 1,502,812 | | | 1,502,812 |
| Safe Schools/Social Development | 547,898 | | | | 547,898 |
| Other | - | - | - | 133,431 | 133,431 |
| **Total** | **11,469,643** | **7,961,989** | **1,719,967** | **1,955,635** | **23,107,233** |

## Special Education

A major functional cost of the Hartford Public Schools was for Special Education Services. There were 234 Pre-K students and 951 students in Grades K-3 enrolled in Special Education for a total of 1,185 students.

Applying the estimated average of $17,856 per pupil in Special Education costs,[3] a total of $21.6 million was allocated for this purpose. If we pull out the cost to the district of providing the same core educational services that are provided to all students, the premium for special education services amounts to an estimated $9.3 million. A total of $1.02 million was spent on placement of 46 Pre-K to Grade 3 students outside of the public schools, for an average cost of $22,219 in tuition. This is 41% of the estimated $54,021 per placement across all Hartford students placed out of district.[4]

A major goal of the special education department is to address the high rate of identification students as needing special education services.

[3] Special Education expenditures totaled $69 million to serve the 3,866 children determined to require Special Education services.

[4] $15.6 million was spent on tuition to finance the placement of 289 children in programs outside the schools

# 6. Access to Health Care

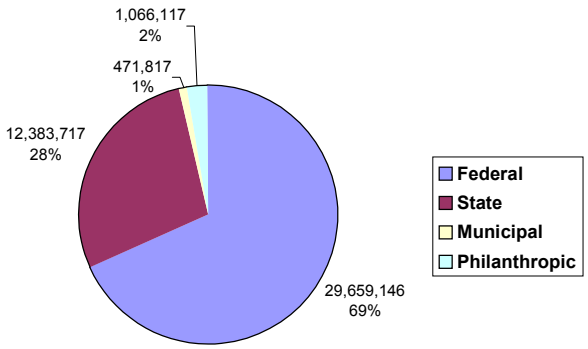
## System Description

The three major components of this building block are physical health care (including well child health care and acute health care), behavioral health care, and child protection. Total spending of $43.6 million is detailed in Table C6.1.

### Physical Health

- An estimated 24,000 children 18 and under were covered by the HUSKY A (Title 19 Medicaid) program in Hartford in 2003-2004, with the large majority enrolled in the HUSKY A Managed Care Program. An estimated 12,443 children under age nine were among them, 66% of all children under nine.
- Investment in health care for Hartford children under age 9 is estimated at $32.8 million. An estimated $25.5 million of that amount is in the HUSKY A program (Title 19 Medicaid).
- Other child health investments included $2.9 million for immunization programs and just under $1.0 million for maternal and child health programs.

**Figure C6.1. Universal Access And Use Of Primary Health Care: Spending By Source**




- HUSKY B, providing access to near-poor children under the State's implementation of the SCHIP program, was estimated to reach 490 children in Hartford in 2003-2004.
- An estimated 80% of children's health services are delivered through the combined services of the Connecticut Children's Medical Center and St Francis Medical Center in collaboration with the UConn School of Medicine.
- The most recent detailed breakdown of the HUSKY A population and its use of services is from a Children's Health Council study based on the Federal FY 2001-2002. It found that over the past four years, well-child care utilization has increased significantly in HUSKY A in all age groups; however, the rate falls far short of goals for children in Medicaid. Gaps between children of different racial/ethnic backgrounds persist, despite the improvement in well-child visit rates.
    - Nearly 9 percent of these children had special needs, that is, children in foster care or adoption assistance, and children who receive SSI benefits.
    - 85% of children had ambulatory care (office or clinic visit, emergency visit. 15% of children did not have any ambulatory care, down from 18-20% in previous year).
    - Over 4% of children had emergency care only, down from 5% in the previous year.
    - 53% of children received well-child care, up from 50% in the previous year.

**Table C6.1. Universal Access And Use Of Primary Health Care: Funding by Program Type**

| Program Type | Total |
|---|---|
| Well-child Health Care | 32,831,279 |
| Child Protection | 7,735,664 |
| Behavioral Health | 2,590,120 |
| Infrastructure | 159,928 |
| Special Needs | 148,519 |
| Parent Engagement | 60,611 |
| Quality Enhancement | 35,925 |
| Research and Development | 18,750 |
| **Total** | **43,580,796** |

**Behavioral Health**

- Behavioral health services are provided through DCF and through Medicaid. Based on the original work completed for the KidCare proposal, much is known about who is using these services and the patterns of use, with the bulk of resources devoted to the most serious cases.
- DSS and DCF are proceeding in 2005 with the "carve out" of children's behavioral health services from the managed care contracts to manage them directly through an Administrative Services Organization (ASO) that will support a "system of care" model intended to shift resources from institutional care to community-based supports and earlier intervention and prevention.
- $2.6 million in behavioral health expenditures were identified in this study. 90% of these funds were provided by the DCF. These do not include any HUSKY A or B expenditures for behavioral health, which are reflected in the figures above.

**Child Protection**

- In 2004, DCF reorganized to create a Hartford Office which covers only Hartford and West Hartford. Hartford residents make up 92% of the caseload of this office.
- An estimated total of approximately $4.3 million were invested in core DCF child protection services, mostly staffing. Another $1.86 million went to running a Safe Home for children removed from their families and the permanency diagnostic center. The costs of board and care for Hartford children in foster care were not included in this analysis but represent a significant additional expense.
- There were 895 Hartford children substantiated as abused or neglected in 2003, with an estimated 35% (313) below the age of 9 based on the state profile.
- DCF had an average caseload in its child protection and adoption program of 2,269 in 2003. Applying the state age profile, 35% or 792 of these children are likely under the age of nine. A high proportion of these children are committed to state custody.

**Table C6.2 Top Six Child Protection Expenditures**

| Child Protection Program | Amount |
|---|---|
| Child Protection Services | 4,303,530 |
| Safe Home | 1,340,669 |
| Permanency Diagnostic Center | 512,667 |
| Therapuetic Foster Care | 508,342 |
| Foster Care Sup. | 180,549 |
| Drug & Alcohol Prevention | 87,011 |
| **Total** | **6,932,767** |

**Table A-1. Major Funding Sources by Building Block and Source Level**

| Building Block | Source Level | Funding Source | Total |
|---|---|---|---|
| 1. Universal Screening and Home Visiting | Federal | US Health and Human Services | 279,175 |
| | State | Department of Children and Families | 415,688 |
| | | Children's Trust Fund | 48,975 |
| | Philanthropic | United Way Capital Area | 42,104 |
| **1. Universal Screening and Home Visiting Total** | | | **785,941** |
| 2. Family Support | Federal | US Health and Human Services | 817,421 |
| | | Federal Source - Other | 513,647 |
| | | US Department of Labor | 97,410 |
| | State | Department of Children and Families | 840,019 |
| | | Department of Mental Retardation | 479,460 |
| | | State Department of Education | 317,779 |
| | | Children's Trust Fund | 238,141 |
| | | State – Other, Not Specified | 127,816 |
| | | Department of Social Services | 9,652 |
| | Philanthropic | Hartford Foundation for Public Giving | 822,550 |
| | | United Way Capital Area | 377,654 |
| | | Aetna Foundation | 111,250 |
| | | Private (Misc. incl. Donor Designations & Fundraising) | 72,145 |
| | | Salvation Army | 25,000 |
| | | Tow Foundation | 25,000 |
| | | Fisher Foundation | 15,685 |
| | | J. Walton Bissell Foundation | 7,700 |
| | | Hartford Courant | 7,281 |
| **2. Family Support Total** | | | **4,905,610** |
| 3. Early Childhood Education | Federal | US Health and Human Services | 16,811,209 |
| | | US Department of Education | 3,221,117 |
| | | Federal – Other, Not Specified | 781,377 |
| | State | State Department of Education | 6,607,455 |
| | | Department of Social Services | 3,824,926 |
| | | Department of Children and Families | 321,131 |
| | | State – Other, Not Specified | 203,795 |
| | | Department of Public Health | 152,480 |
| | Municipal | City of Hartford | 131,158 |
| | Philanthropic | Hartford Foundation for Public Giving | 1,081,794 |
| | | United Way Capital Area | 554,736 |
| | | Private (Misc. incl. Donor Designations & Fundraising) | 132,306 |
| | | Fisher Foundation | 10,000 |
| | | Verizon Wireless | 2,539 |
| **3. Early Childhood Education Total** | | | **33,836,022** |
| 5. Early Grade Performance Excellence | Federal | US Department of Education | 10,749763 |
| | | Federal – Other, Not Specified | 702,063 |
| | | US Health and Human Services | 17,816 |
| | State | State Department of Education | 6,672,056 |
| | | Office of Policy and Management | 643,735 |
| | | State- Other, Not specified | 635,204 |

| | | | |
|---|---|---|---|
| | | Department of Social Services | 8,005 |
| | | Commission on the Arts | 2,990 |
| | Municipal | City of Hartford | 1,719,967 |
| | Philanthropic | Private (Misc. incl. Donor Designations & Fundraising) | 1,329,928 |
| | | United Way Capital Area | 289,236 |
| | | Hartford Foundation for Public Giving | 213,559 |
| | | Hartford Courant | 42,714 |
| | | Aetna Foundation | 31,343 |
| | | Hartford Steam Boiler | 15,768 |
| | | Robert & Margaret Patricelli Foundation | 15,000 |
| | | Fisher Foundation | 13,296 |
| | | Fleet | 4,790 |
| **5. Early Grade Performance Excellence Total** | | | **23,107,233** |
| 6. Health | Federal | US Health and Human Services | 28,565,712 |
| | | Federal – Other, Not Specified | 1,089,841 |
| | | US Environmental Protection Agency | 3,593 |
| | State | Department of Children and Families | 9,950,558 |
| | | Department of Public Health | 1,676,924 |
| | | Department of Social Services | 301,269 |
| | | BOE Service to the Blind | 148,519 |
| | | CT Office of Victim Services | 130,749 |
| | | State Department of Education | 102,355 |
| | | State's Attorney's Office | 35,925 |
| | | State – Other, Not Specified | 27,838 |
| | | Office of Policy and Management | 9,580 |
| | Municipal | City of Hartford | 471,817 |
| | Philanthropic | Hartford Foundation for Public Giving | 247,044 |
| | | Connecticut Health Foundation | 196,087 |
| | | United Way Capital Area | 146,479 |
| | | Aetna Foundation | 70,890 |
| | | The Donaghue Foundation | 67,850 |
| | | Children's Fund of Connecticut | 65,235 |
| | | Commonwealth Fund | 38,139 |
| | | Fox 61 | 36,000 |
| | | Solomon Family Foundation | 34,967 |
| | | Private (Misc. incl. Donor Designations & Fundraising) | 33,223 |
| | | Universal Health Foundation | 32,572 |
| | | National Children's Alliance | 25,986 |
| | | Hartford Steam Boiler | 23,906 |
| | | Fisher Foundation | 16,238 |
| | | Robert Wood Johnson Foundation | 15,152 |
| | | McPhee Family Foundation | 4,790 |
| | | Wells Fargo Housing Foundation | 4,790 |
| | | CT Trial Lawyers Assoc. | 3,832 |
| | | Combined under $3,000 | 2,936 |
| **6. Health Total** | | | **43,580,796** |
| **Grand Total** | | | **106,215,603** |

**Table A-2. Analysis of Program Type by Building Block**

| Building Block | Program Type | Total |
|---|---|---|
| 1. Universal Screening and Home Visiting | Home visitation | 785,941 |
| 2. Family Support | Early Intervention | 1,226,287 |
| | Family Preservation | 1,053,909 |
| | Family Support Center-School System | 939,298 |
| | Family Support Center - BFI | 690,704 |
| | Family Strengthening | 467,307 |
| | Teen Parent Support | 318,134 |
| | Family Support Center - other | 156,135 |
| | Parent Engagement | 33,306 |
| | Parenting Information | 8,700 |
| | Quality Enhancement | 8,383 |
| | Home visitation | 3,449 |
| 3. Early Childhood Education | School Readiness / Head Start | 18,782,090 |
| | Child Care Supply | 13,016,272 |
| | Quality Enhancement | 819,966 |
| | Infrastructure | 543,167 |
| | Child Care-Home-based | 290,981 |
| | Community Outreach | 144,475 |
| | Special Needs | 138,000 |
| | Early Literacy | 101,071 |
| 5. Early Grade Performance Excellence | Program Enhancements | 10,491,533 |
| | Literacy | 6,143,400 |
| | Out of School Time Programs | 4,288,159 |
| | Special Needs | 1,502,812 |
| | Safe Schools/Social Development | 547,898 |
| | Research and Development | 129,669 |
| | Parent Engagement | 3,762 |
| 6. Health | Well-child Health Care | 32,831,279 |
| | Child Protection | 7,735,664 |
| | Behavioral Health | 2,590,120 |
| | Infrastructure | 159,928 |
| | Special Needs | 148,519 |
| | Parent Engagement | 60,611 |
| | Quality Enhancement | 35,925 |
| | Research and Development | 18,750 |
| 6. Health Total | | 43,580,796 |
| **Grand Total** | | **106,215,603** |

## Table A- 3. Private Foundations with Investments in Children's Services in Hartford

This list was compiled from a search of agency records and web based databases – Guidestar, the Connecticut Council on Philanthropy and the Foundation Center Guide to Grants

### CT Council on Philanthropy, Early childhood Funders' Group

- Children's Fund of Connecticut
- Fisher Foundation
- H. A. Vance Foundation
- Hartford Courant Foundation, Inc.
- Hartford insurance Group
- Hartford Foundation for Public Giving
- Hartford Steam Boiler
- J. Walton Bissell Foundation, Inc.
- Lincoln Financial Group Charitable Contributions Committee
- MassMutual Foundation for Hartford, Blue Chip Company
- Robert & Margaret Patricelli Foundation
- St. Paul Travelers
- Travelers
- William Caspar Graustein Memorial Fund

### Other Foundations with Investments in Hartford Services to Young Children

- Aetna Foundation
- Allstate Foundation
- Alvord Family Foundation
- American Savings Foundation, Inc.
- Andrew J & Joyce D. Mandell Family Foundation, Inc
- Annie E Casey Foundation, Inc
- Barnes Foundation Inc.
- Ben E Factors Foundation
- Bob's Discount Furniture Charitable Foundation, Inc.
- Calvin K. Kazanjian Economics Foundation, Inc
- Chalkin-Wile Foundation Inc
- Charles N Robinson Est Trust Fleet National Bank
- Cigna Foundation
- Citigroup Foundation
- Commonwealth Fund
- Connecticut Health Foundation
- Connecticut Health Foundation, Inc.
- CT Trial Lawyers Assoc.
- Cummings & Lockwood Foundation
- Daniell Family Foundation, Inc.
- Dexter Corporation Foundation, Inc.
- Dorothy & Samuel Snider Charitable Trust
- Elizabeth Glaser Pediatric Aids Foundation
- Endocrine Fellows Foundation
- Ensworth Charitable Trust U/W
- Filene's Charitable Foundation
- Fisher Foundation
- Fleet Charitable Trust of New York
- FleetBoston Financial Foundation
- Fox 61
- Geo & Grace Long Foundation Tr
- GTE Foundation
- Hartford Courant
- Hartmann Family Foundation
- Helen M. Saunders Charitable Foundation Trust
- Hellmann RM/Amer Cncr Soc et Al
- Hermann Family Charitable Foundation
- Heron Foundation
- Jerome S. & Grace H. Murray Foundation
- John G. Martin Foundation
- Koedding Family Foundation
- Koopman Fund, Inc.
- Lone Pine Foundation, Inc.
- Lyman B. Brainerd Family Foundation
- Maurice N. Katz Family Foundation
- Maximilian E. and Marion O. Hoffman Foundation, Inc.
- May Department Stores Foundation
- McDonald Family Trust
- McPhee Family Foundation
- Meriden Foundation
- Mildred L Cannon Trust
- National Children's Alliance
- Owenoke Foundation
- Paul & Mary Cancellarini Charitable Trust
- Perkins Charitable Foundation
- Peter and Carmen Lucia Buck Foundation
- Peter R. & Cynthia K. Kellogg Foundation
- Phoenix Foundation, Inc.
- Raskob Foundation for Catholic Activities, Inc.
- Raymond Foundation, Inc.
- Ritter Foundation Inc
- Robert R. McCormick Tribune Foundation
- Robert Wood Johnson Foundation
- Safra Foundation, Inc.
- Salvation Army
- Sarkisian Family Foundation Inc
- SBC Foundation
- SBM Charitable Foundation, Inc.
- Solomon and Katie Wohl Foundation
- Solomon Family Foundation
- Stand Tall, Inc. A Vin Baker Charitable Organization
- State Street Foundation
- Swindells Charitable Foundation Trust
- The Donaghue Foundation
- The Greater Hartford Jaycees Foundation
- Thornton Arthur E TR U/W
- Tow Foundation
- United Way Capital Area
- Universal Health Foundation
- UPS Foundation
- Vincent Foundation
- W.K. Kellogg Foundation
- Wells Fargo Housing Foundation
- William and Alice Mortensen Foundation
- William O. & Carole P. Bailey Family Foundation

# APPENDIX 4

## *Current Activities Summary, by Building Block*

# Building Block 1:
# Newborn Screening & Home Visiting for Families

## BACKGROUND

Screening newborns and their families during the prenatal period or just after birth in the hospital, and then linking families to appropriate home visiting services are an important elements in building a strong, positive start. Hartford has been working since 1995 on a variety of efforts of this type. Programs using an evidence-based model such as Healthy Families have documented that early screening of newborns and families then home visit follow-up services for those at-risk has a major impact in improving child outcomes, reducing child abuse/maltreatment, and generally improving the capacity of the family to nurture its children.

## CURRENT PROGRAMS

There are three major programs in Hartford that encompass services described in this building block.

First, Nurturing Families Network, formerly known as Connecticut Healthy Families, provides visiting nurse and home care services to engage and support first time mothers with certain risk factors to prevent child abuse and neglect by families. It is modelled on the evidence-based Healthy Families model. This program reports statistically valid reductions in factors leading to child abuse/neglect, and decreases in social isolation of mothers.

Beginning in 1995, Hartford has been a site for Nurturing Families Network (Formerly Connecticut Healthy Families), a program operated by the Children's Trust Fund, an agency of state government. Hartford is one of 19 sites across the state. Between 1995 and 2004 the program has operated at two sites in Hartford, providing screening/assessment services at two city hospitals (St. Francis Hospital & Medical Center, Hartford Hospital) with follow-up home visiting services by Hartford VNA and St. Francis Hospital's visiting nurse program. By 2003, a total of 433 Hartford newborns and their families had been served. The program was targeted at an estimated 100 high-risk families per year.

The program is administered by the Children's Trust Fund and operates under contracts with Hartford providers who use program protocols established by the Fund. The program consists of a two-part model, integrated to provide a comprehensive screening/assessment before or at the birth, and follow-up home visiting, most frequent in the babies' first year, and thereafter through the child's fifth year.

A major 2005 expansion is underway, with funding from the State of Connecticut and augmented by a three-year grant from the Hartford Foundation for Public Giving. Total annual cost of the new program is approximately $1.8 million and will expand services from 2 existing sites to 10 locations, and make a network of family centers integral to the program. An initial goal is to reach 350 newborns and families each year who are at-risk. This would constitute virtually 100% of all Hartford families whose newborns are considered at-risk of

child abuse using criteria of the Connecticut Department of Children and Families. The expanded program is expected to become operational in 2005, and will feature 3 FTE staff for each site. The program will include: screening/assessment; home visiting (planned weekly first year of each child's life); two, 23-week nurturing parent education groups; a 24-hour telephone helpline. Sites for the expanded program are:

- Hartford Hospital and Hartford VNA (original participant)
- St. Francis Hospital and its VNA service (original participant, joined 2001)
- 7 Brighter Futures Family Centers
- MIOP (Maternity and Infant Outreach Program), a prenatal outreach program of the City of Hartford's Department of Health & Human Services

Expansion of the Nurturing Families Network is expected to increase significantly the capacity of city agencies to reach newborns and families at risk. The current program reaches 4.5% of total births to Hartford residents, and about 28% of those infants at risk. The expanded program, if it is able to meet its targets, is expected reach 40% of all first born Harford infants, and will address virtually 100% of infants considered to be at risk of child abuse.

Three other programs help round out the screening/home visiting activities.

Neighborhoods Supporting Families, a model proven through work of the Edna McConnell Clark Foundation, is a voluntary program that coordinates services and supports with families, both formal and informal resources, to increase the safety and well being of children and their parents through the facilitation of family team meetings, home visits, and monitoring the delivery of services/supports. It is operated through the Hartford Community Partnership.

Parent Aide Services, funded by the Connecticut Department of Children and Families (DCF), provides services to families referred to DCF, and is a means to strengthen families and prevent child abuse.

Help Me Grow is a referral and consultation network that provides parents, health care providers, schools, and service providers with connections to needed services for families and children at-risk. This program coordinates with ongoing efforts to identify and secure "medical homes" for children with special health care needs. See Building Block 6.

The ***Blueprint's*** financial summary (base year 2003-2004) reported a total of $785,941 supporting screening/home visiting programs, the vast majority of the funds, $548,000, from state sources.

# Building Block 2:
# Neighborhood-Based Family Support and Development

## BACKGROUND

The City of Hartford has approximately 10,000 families with children six years and under, and likely several thousand more if families with children birth to eight years old are counted.*

The city has a wide variety of organizations that offer an array of programs to provide a place for families to go, and places for parents to get help, to build skills, etc. Such organizations include: Village For Children and Families, Capitol Region Education Council, YMCA, Hartford Public Schools, etc.

Two organizational structures are the dominant providers of family support programs for children and their families. These two programs provide a wide range of services, although there is no comprehensive analysis of the number of unduplicated families served by these organizations. Purposes of the centers include: Parent organizing/advocacy, parent support and development (skills building to make adults more effective parents or caregivers); parent-child interaction, places and activities for families to be together; skill building in literacy services (English as a Second Language, General Education Development-GED). Some programs provide childcare, teen pregnancy prevention services, youth programs, summer school, etc.

Adult literacy is a major and growing family issue in Hartford. The last decade has seen significant increases in the number of adults whose English language skills are weak or nonexistent. Adult literacy programs are inadequate to meet need, with long waiting lists. Greater Hartford Literacy Council reports that 66,000 Hartford adults have English literacy skills below that needed to function in today's society, representing 73% of city's adult population. 11,000 residents speak no English.

## CURRENT PROGRAMS

The ***Blueprint*** analysis of spending base year 2003-2004 found a total of $5.1 million for family support programs, ranging across a wide range of activities (parent engagement, training, early intervention, family preservation, parenting information, etc.). Many programs are modest in size, both in staffing and financial support. Budgets for family support programs range from about $80,000 to approximately $600,000, funded from a mix of private, state and federal funds. In particular, the school-based programs (FRCs) have statutory mandates that far exceed ability of their staffs and budgets to deliver the services.

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* US census does not display households with children by birth to eight years.

Among programs providing family support, particularly to families with young children, the Brighter Futures Family Centers (BFC) of the Hartford Foundation are the largest. Second in size are Family Resource Centers (FRC) funded by the state and United Way, and operated through non-profit agencies under direction of the Hartford Public Schools. These two family support efforts account for more than one-third of funds going to family support, particularly programs that are *not* crisis-oriented or focused on intervention for families in distress.

**Brighter Futures Family Centers**

Except for family preservation – a program of DCF – the largest single program focused on actively supporting families in Hartford are seven centers funded within the Brighter Futures Initiative of the Hartford Foundation. These community-based centers are located strategically in neighborhoods across the city, and run by five agencies. The centers, along with the organizational affiliations and neighborhoods, are:

- Asylum Hill Beat The Street, *Asylum Hill* (Catholic Charities)
- El Centro de Desarrollo y Reafirmacion Familiar, *South Green* (Catholic Charities)
- LIFE Family Center, *Clay Arsenal* (Liberty Christian Center)
- Parkville Family Center, *Parkville* (Family Life Education, Inc.)
- RAMBUH Family Center, *Blue Hills* (Village For Families & Children)
- Southside Family Center, *South end* (Catholic Charities)
- Trust House Family Center, *Sheldon-Charter-Oak* (Trust House)

They represent the Hartford Foundation for Public Giving's commitment to quality family support and parent education activities. The centers are designed to increase the capacity of families to nurture children, and to increase the school readiness and success of children ages birth to eight years old. Each center must have active parent engagement in its governance. The centers offer programs in three areas: 1) parent-child interaction-activities for parents and young children that enhance quality of their relationships; 2) parent support and development-activities for parents and other caregivers to learn more about the health, developmental, and mental health needs of young children; and 3) parent organizing and advocacy, activities that encourage parents and caregivers to build stronger communities in their neighborhoods. The centers also offer adult literacy services, including English as a Second Language (ESL) and General Education Development (GED) classes. In the base year of the ***Blueprint***, $690,704 was spent on direct services to these programs.

**Family Resource Centers**

The Connecticut General Assembly established Family Resources Centers (FRC) in 1988 and they represent school-based programs funded through the Connecticut Department of Education (SDE). Primarily located in elementary schools, they seek to provide strong support to children, family and community using an evidence-based model. The FRC concept articulated by SDE "promotes comprehensive, integrated, community-based systems of family support and child development services located in public school buildings. This model is based on the 'Schools of the 21st Century' concept developed by Dr. Edward Zigler of Yale University." Family resource centers provide: childcare, physical accessibility

in public schools, hours of operation consistent with family schedule; family support and child care services administered by school or community-based agencies collaborating with schools. The programs serve all families that reside in the area served by the school. Some services may require a family contribution based on a sliding fee scale.

All centers operate under SDE mandates and provide or work with other agencies to offer the following:

**Quality Full-Day Child Care and School Readiness Programs**. Year-round school readiness services for children three to five years old not enrolled in school.
**School-Age Childcare**. Before and after school services, and full-day programs in summer.
**Resource and Referral Services**. Primary resource/referral service on family issues, including services to parents of newborns, and provide referrals to other services and organizations and, if necessary, for education in parenting skills.
**Families in Training**. Community support services to expectant parents and parents of children under the age of 3.
**Adult Education.** Adult education opportunities, including parent training and adult education support and educational services to parents with children who are participants of the childcare services of the program. English as a Second Language (ESL) and basic skills may also be offered.
**Support and Training for Family Daycare Providers.** A continuum of child-care opportunities for family day care providers.
**Teen Pregnancy Prevention (Positive Youth Development**). Teen pregnancy prevention programs emphasizing responsible decision-making, communication skills in Grades 4 through 6.

There are eight Family Resource Centers in Hartford, each operating at a city elementary school. The programs are run by two agencies, and are overseen by the Hartford Public Schools. The following is a list of the schools, service providers, and funding sources:

**Family Resource Centers**

| School | Provider Agency | Primary Funding Source |
|---|---|---|
| | | |
| Betances | Center City Churches | State Dept of Education |
| Burns | Village For Children & Families | State Dept of Education |
| Clark | Village | United Way |
| Annie Fisher | Village | United Way |
| Hooker | Village | United Way |
| Martin Luther King | Village | State Dept. of Education |
| Sanchez | Center City Churches | State Dept. of Education |
| SAND | Village | State Dept. of Education |

Due to the various methods of service delivery, it is not possible to determine easily the number of unduplicated children or families who use++ the centers. Most recent data from The Village For Children & Families shows a total of nearly 2,200 units of service for adults

and children in its six centers. Center City Churches' two sites appear to have provided approximately 600 units of services to adults and children.

Other family support programs are operating in the city. They include: Empowering People for Success, also a program of the Village For Children & Families; the Institute for Successful Parenting, a large parent-child focused program, again run by the Village. Overall, programs focused on parenting education appear to be reaching small numbers of families, and most operate with limited financial resources. In addition to BFC and FRCs, there appear to be at least 15 additional program offerings of parent education delivered through about a dozen organizations.

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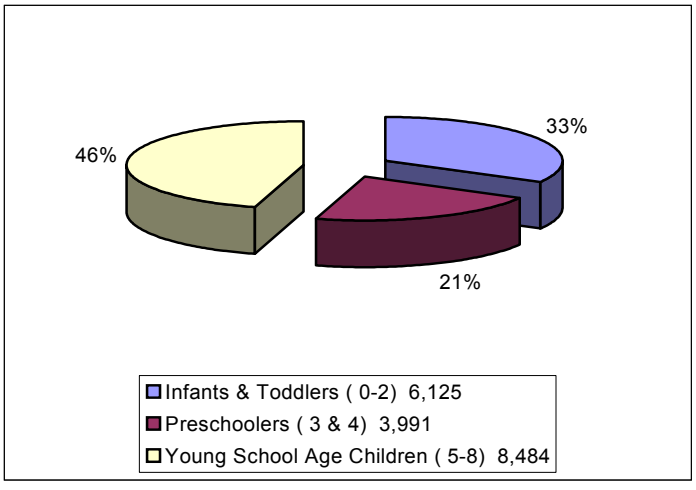
## Building Block 3:
## Childcare and Early Childhood Education

### BACKGROUND

Providing early care and education experiences for youngsters in Hartford are important elements in services available to families to assist in the development of their children. For many, quality childcare is necessary to allow parents to work. Additionally, early care and education is part of the mix of experiences that better prepare children for success when they enter elementary school at five years old.

In Hartford, the 2000 census reports approximately 18,600 children ages birth to eight, and 10,116 children, birth to five years old. The chart below shows this distribution:

**Young Children in Hartford**
**Birth to Eight Years Old**




Source: 2000 U.S. Census

Early care and education for young children (excluding that provided by parents or unpaid family members) comes in three forms: kith/kin care, particularly subsidized by the Connecticut Department of Social Services, family day care (licensed and unlicensed), and center-based care. The latter is provided by part-time preschool programs, by Head Start, and by a variety of for profit and nonprofit early care and education providers.

## CURRENT PROGRAMS

Of the total number of pre-school children, a variety of public agencies indicate major providers of center-based services currently enroll approximately 3,200 Hartford children ages three and four years. These services come to Hartford children primarily from 14 providers at 69 locations with 195 classrooms. Head Start, a-federally-funded program operated by the Community Renewal Team, is included. The three largest providers of these services are CRT (approximately 1,000 Hartford children), Hartford Public Schools (658), and City of Hartford Early Learning Centers (286).

A major program serving Hartford is the School Readiness program funded primarily by the state. In 2004-2005 the program supported 1,118 full-time and part-time slots at 14 sites, a total of $7.53 million budgeted for childcare slots. These programs serve three and four-year-old children. The chart below depicts providers, showing total slots and the portion funded by school readiness:

**Hartford Childcare Centers***

| | TOTAL | | | | School Readiness Slots | | |
|---|---|---|---|---|---|---|---|
| | **Sites** | **Classrooms** | **No. Children Enrolled** | **No. Staff** | **Awarded Slots** | **Sites** | **Classrooms** |
| Community Renewal Team | 16 | 58 | 1,154 | 189 | 238 FD/FY<br>68 Extended | 4 | 16 |
| Capitol Child Development Center | 1 | 7 | 74 | 21 | 21 FD/FY | 1 | 3 |
| City of Hartford | 9 | 13 | 286 | 60 | 39 FD/FY | 3 | 3 |
| Catholic Charities | 5 | 16 | 181 | 44 | 127 FD/FY | 5 | 12 |
| Mount Olive | 3 | 15 | 217 | 49 | 7 FD/FY | 1 | 1 |
| Hartford Neighborhood Centers | 2 | 2 | 22 | 8 | 27 FD/FY | 2 | 2 |
| Hartford Public Schools | 25 | 40 | 658 | 142.5 | 168 FD/FY<br>136 SD/SY | 13 | 21 |
| Salvation Army | 1 | 5 | 82 | 15 | 81 FD/FY | 1 | 5 |
| Southend Community Services | 1 | 2 | 40 | 7 | 36 FD/FY | 1 | 2 |
| Saint Joseph School for Young Children | 1 | 8 | 159 | 25 | 7 PD/PY | 1 | 5 |
| Trinity Community Childcare Center | 1 | 7 | 65 | 24 | 12 FD/FY | 1 | 2 |
| Women's League | 1 | 12 | 148 | 29 | 61 FD/FY | 1 | 6 |
| YMCA | 1 | 4 | 30 | 4 | 20 FD/FY | 1 | 2 |
| YWCA | 2 | 6 | 125 | 20 | 30 FD/FY | 1 | 2 |
| **TOTALS** | **69** | **195** | **3,241** | **637.5** | **1,078** | **36** | **82** |

* Source: Hartford School Readiness Council, 2004

Additionally, state government reported 140 licensed family care providers in Hartford serving an estimated 828 children, although some are of school age. There are no accurate

records on the number of unlicensed homes. Also, there are 676 spaces reported available for infants and toddlers. DSS provides subsidies for income-eligible parents (Care4Kids). This program served approximately 2,400 children in 2003, a large percentage school age. The ***Blueprint's*** base year financial analysis found $35.6 million invested in both direct childcare services and supports (training, outreach, quality enhancement).

Issues of adequacy surround the number of available spaces, the quality of services, and the efficiency of the system to place children in services. There is a need for additional center-based early care and education services in Hartford, and additional funds are needed to support programs that provide outreach to match families with spaces, and to educate families about the value of such services in preparing their children for success in school. Estimates of the number of early care and education spaces needed in the city are based on a goal to increase substantially the number of kindergarteners who arrive at school with pre-school experience (currently 50.7%, far below the state average, arrive at school with prior pre-school experience). Separate analyses by the Hartford School Readiness Council and the Connecticut Children's Medical Center's Child Health Data Center provide different estimates of childcare need based on different criteria. The center projected a 2005 need for approximately 600 additional early care and education spaces for three and four-year-olds, and the School Readiness Council suggested a need for 968 spaces.

While need exists, operational issues also affect the ability to fill slots. CRT reported a vacancy rate in November 2004 of 8% among its 1,442 spaces. Some of the 14 School Readiness Council providers have repeatedly failed to meet their annual allocation targets, turning back funds to the state. Part of this is caused by rigid state rules on the allocation of slots (full-time, part-time). Nevertheless, in 2003-2004, the city turned back $427,495 it was unable spend on school readiness services. Among priority school districts (which include Hartford) all returned some funds to the state in 2003-2004. Hartford, however, returned the most, 7% of its total allocation. Among larger cities on a percentage basis Hartford returned twice as much of its allocation compared to other communities such as Bridgeport and Stamford. For example, in Stamford $4,425 was returned of $2.66 million awarded. In Hartford, $427,495 was returned of $6.53 million awarded.*

The Hartford Public Schools in 2004 reported a waiting list at some of its 40 classrooms, while at times providers in the same school buildings sometimes had vacancies. Referral services and outreach to promote use of childcare services are not coordinated.

The state has made major cuts in its subsidies supporting childcare. The ***Blueprint*** financial analysis found the Connecticut Department of Social Services' Care4Kids program was severely cut statewide, and very large reduction occurred in Hartford. These funds provide subsidies to families for kith/kin care and supplemental dollars for parents who place their children in center-based programs. The largest percentage of these financial supports, 60%, go to families using relatives or unlicensed providers of care.

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* State Department of Education, Division of Grants Management, "Grant Payment Detail Report", FY 2003-2004.

Between 2002-2003, these subsidies dropped from 7,507 slots to 2,409, a 68% reduction. Holt, Wexler estimated this translated into a loss to Hartford families of an estimated $10 million in childcare subsidies in an early childcare system that in 2003-2004 reported total spending $35.6 million.

The quality of early care services in Hartford is high compared to many Connecticut communities, but it needs additional resources and focus to improve. Of children enrolled in the center programs, 67% are in facilities that hold national accreditation. This is 2.5 times above the state average. All of the Hartford Public Schools' 25 sites are accredited, as are the 9 sites operated by the city's Department of Health & Human Services. Four of six CRT sites funded with school readiness funds have achieved certification, but not *all* CRT sites are accredited. In 2004, the School Readiness Council reported approximately 80% of its sites were fully accredited. The base year financial analysis by Holt Wexler identified over $800,000 annually for quality enhancements and staff development training. Providers report that these programs are de-centralized, and only occasionally coordinated.

# Building Block 4:
# Transition from Pre-school to Kindergarten

**BACKGROUND**

National research has documented that assuring a smooth transition by a pre-school youngster into kindergarten is an important event in the social and educational evolution of that child and family. The better that transition – for the family, for the child, for the kindergarten teacher and for the school – the better chance of early educational success for the child. This is true for children who have not had opportunity for early care and education as well as those who have been enrolled in programs.

While there are no formal transition programs in place in Hartford to link early care and education providers and kindergartens, the components exist in the city's educational framework for this to happen. Among those key elements are:

- Standard child assessment instruments exist that can measure accurately the status of a soon-to-be-kindergartner to inform teachers of a child's capacities, child development status, and educational needs.
- An organizational substructure exists in the Hartford School Readiness Council – Transition To Kindergarten Work Group – to identify issues, and implement a plan.
- A philanthropic funding source (William Caspar Graustein Memorial Fund) is underwriting efforts to help organize a program.

Transition programs include a variety of ways to create the connection among family, teacher, and, in the case of center-based early care programs, childcare provider. Programs include: providing timely standard information shared by early care providers and the school system about each child *before* he or she enters school; home visiting or similar programs that put family-child and prospective kindergarten teacher together to meet and get acquainted prior to a child's arrival at school; parental involvement in a system that encourages linkages at transition; cross-training of teachers and early care providers, and joint professional development opportunities for kindergarten teachers and early care providers.

Challenges to creating a system exist:

- Designing and reaching agreement among all major center-based early care and education providers and the Hartford Public Schools to use a common assessment tool;
- Establishing a mechanism to transfer and share this information on a *timely* basis prior to a child's entrance into kindergarten;
- Having the Hartford Public Schools identify early each kindergarten teacher, assign each child to a school and classroom, and communicate this information to parents, early care providers, and teachers;

- Implementing a mechanism to reach children who are *not* enrolled in formal early care and education programs to assess their school readiness.

**CURRENT PROGRAMS**

The Transition to Kindergarten Work Group in 2004 began planning a transition process. It recently completed a series of forums to obtain feedback from parents and pre-K providers on how an improved transition system could be developed. The work group is planning in 2005 to hire several community "parent ambassadors" and kindergarten liaisons whose task will be to further involve parents in transition opportunities and operationalize links between center-based programs and kindergartens.

Additionally, in 1999 the state published and adopted, "The Connecticut Framework: Preschool Curricular Goals and Benchmarks." This detailed report by the State Department of Education provides a framework of 30 performance standards organized around three developmental domains. This model can be used as a basis, if integrated with the Hartford Public Schools assessment system, to provide status reports on entering kindergarteners.

Lastly, for the Hartford Public Schools' 658 pre-K spaces at 25 elementary school sites there already is framework to integrate early care and education curricula with the school system's kindergarten curricula. A formal transition program could build on this.

The Holt, Wexler analysis of 2003-2004 expenditures revealed only a single program – and that an evaluation of early childhood performance – dedicated to transition activities. No funds were allocated to transition programs.

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## Building Block 5:
## Educational Excellence and School Success in the Early Grades

**BACKGROUND**

It is estimated there are 8,500 children ages five to eight in Hartford, the vast majority attending the district's elementary schools. In the past several years schools have initiated programs to improve academic performance and to enhance the proficiency among the teaching staff. The reports of standardized tests of performance, however, continue to evidence a need for additional progress, particularly in reading and mathematics.

2002-2003 scores on the Connecticut Mastery Test of 4$^{th}$ graders – a test administered after students complete grades K-3 – found the following results for Hartford, compared to seven school districts with comparable demographics, and to the rest of the state. The scores did not change materially from 2000—2001.

## Hartford Test Scores, Connecticut Grade 4
**Percent Students Achieving State Goal, 2002-2003**

| CT Mastery Test | District | Related Group (ERG) | State |
|---|---|---|---|
| Reading | 16.9 | 22.7 | 55.9 |
| Writing | 36.1 | 35.7 | 61.5 |
| Mathematics | 28.5 | 30.6 | 60.4 |
| | | | |
| **Total, All 3 Tests** | **9.5** | **13.2** | **42.1** |

In terms of professional staff experience and training, the state uses three measures to evaluate the teacher skills and experience: number of years teaching, percentage with post graduate degrees, and those teachers trained as assessors, mentors or cooperating teachers.

Hartford teacher experience at 14.2 years exceeds the state average (13.5 years), and 13.7 years for the seven comparable districts. Hartford teacher credentialing and experience lag the other two measures: percent of Hartford teachers with masters' degree or above was 67.3% in Hartford compared to 77.8% statewide, and 76.7% in the comparison districts. For mentoring/cooperating teachers, 18.3% of Hartford teachers met that standard, and this was fairly comparable to the seven comparison schools, 18.1%, but far lower than the state average, 25%.

The district's average elementary class size, particularly in the K-3 grades, is comparable or superior to the state average and comparable districts. These are the statistics for 2002-2003 school year, the most recent available:

| Grade Class Size | District | Related Group (ERG) | State |
|---|---|---|---|
| Kindergarten | 18.8 | 20.2 | 18.3 |
| Grade 2 | 18.6 | 20.8 | 19.5 |

### CURRENT PROGRAMS

The Hartford Public Schools has instituted a variety of programs to improve student skills and to address professional training and development. Additionally, professional staff at each elementary school in the district develops a strategic plan for their school. These plans describe the vision and mission of each school building, and detail its curriculum, training and other critical educational components. Each school also maintains a school improvement team charged with an ongoing participatory process to maintain and improve school performance. A variety of specific programs and curricula initiatives seek to address the needs of both students and faculty.

Early Learning is a kindergarten program of the school system that forms a part of Success For All. Early Learning works at the start of formal elementary education based on data that shows children come to Hartford schools with a variety of experiences, developmental and cultural differences. Purpose of the program is to begin where children are (both cognitively and socially) and facilitate their development. It is a thematically-based curriculum intended

to develop oral language, skills in literacy, numeracy, listening and phonemics, creative expression, and positive self-esteem. As structured by the district, it contains the following components:

- Thematic Units
- Story Telling and Retelling
- Shared Reading-Concepts About Print
- Writing
- Phonemic Awareness
- Math
- Oral Language Development
- Learning Centers
- Reading Acquisition
- Letter and Sound Recognition

Literacy

The district targets programs at all early elementary grades, kindergarten to third grade to implement a 3-tier reading approach. It reaches approximately 8,000 students in those four grades with up to 180 minutes a day of additional literacy enhancements. In Tier 1, elementary schools use the Success for All curriculum, with supplemental materials are used during Tier II and III. Teachers receive ongoing professional development on core, supplemental, and intervention programs. This includes special education and bilingual teachers. The three main elements of professional development workshops are: 1) progress monitoring and its use in driving instructional decision-making; 2) elements of a successful reading program; and 3) critical components of reading instruction, including phonological awareness, comprehension, fluency, vocabulary, phonics work-study.

In the elementary schools progress is monitored every eight weeks, and instruction is modified when necessary. Teachers and resource staff provide small group instruction to students requiring additional support during additional reading (Tier II), with one-on-one tutoring for children identified as needing Tier III intervention.
At the elementary grades, the district has implemented an *integrated social studies curriculum.* It combines the study of history and the social sciences to promote civic competence. The program provides a course of study that encourages students to become informed and active citizens. Its aim is to provide students with opportunities to think and communicate in ways that will enable them to develop a working knowledge of social studies content, and to identify, understand and work to solve problems. The program is centered on common goals and themes articulated in the district's "Social Studies Philosophy and Goals" based on principles recommended by the Connecticut Department of Education, and National Council For Social Studies.

Mathematics

Hartford Public Schools provides intensive professional development in mathematics. All mathematics instruction is expected to routinely incorporate use of manipulatives; integrate technology, reading, learning and communication strategies; conceptual understanding rather than algorithmic response; problem solving; strategies to develop spatial relationships and reasoning; strategies that accommodate varied learning styles in both instructional and assessment, etc. In addition, numeracy includes: daily reflection on instructional practice; strategies that expect students to model, represent and reflect on what they do in written, oral and pictorial forms; recognition of the relationships among different topics and subjects; strategies that ensure that previous learning is routinely spiraled, etc. Mathematics has integrated technology through the use of the *I Can Learn Labs* (pre-algebra in the elementary schools). All schools have *Compass* labs used in grades 3-6 to continually assess student mastery of standards in the Connecticut Framework). Grades 2-6 students are given quarterly exams graded with RISO, an automated correcting program. This use of technology promotes data driven instruction. In addition, many community groups and businesses provide math tutors, and supplemental mathematic materials to schools and help pay for the *I Can Learn Labs.*

Extended Day/Extended School Year

The school system operates an extended day and extended school year instructional program that is aligned with the regular school day instruction. Through the Power Hour/Super Saturday Program, students in elementary and middle schools in grades 3-8 receive additional instruction. The district also sponsors a School-Community Partnership Initiative, which includes over 60 community-based organizations and agencies partnering with the schools to provide additional academic enrichment activities for students and encourage parental involvement. Hartford Public Schools underwrites an after school program in the elementary schools, providing a total of approximately 1,380 spaces. Delivery is through a group of 11 vendors, each of which runs an independent program.

Educational Technology

Hartford Public Schools has developed a scope and sequence for technology and information literacy aligned with national and state standards, and which defines what students should know regarding the mechanics of using technology and information access, and what intellectual processes and strategies they need to master. Certain of these programs are targeted at early grades:

- Little Tykes. A collaborative research project with United Technologies Corporation and Eastern Connecticut State University, Little Tykes teaches pre-schoolers how to interact with technology while learning and playing.

- 4sight Assessment. A predictive literacy benchmark assessment tool used for the Connecticut Mastery Test. It is administered five times per year to all students grades 2-8. The test is given initially to establish a benchmark, and then given

quarterly to monitor progress. 4sight is low tech, and includes analysis software that enables schools to use data effectively.

Parental/Community Involvement

Hartford Public School invests in parental and community engagement to offer access opportunities for parents, and a variety of public and private organizations to become involved in the school improvement. The district conducts training opportunities for parents and community members with the goal to increase engagement in the educational process. HPS cultivates the involvement of parents and community through Parent-Teacher Organizations and a citywide PTO Council that meets monthly with the superintendent. The Parent Power Institute (conducted throughout the year) enrolls parents in a series of training programs to increase their knowledge of the school processes, as well as increase their ability to partner with their children in the learning process. Such training programs include: technology, family literacy, ESL, ABE/GED, PPT Process, Public Speaking, Child/Parent Advocacy, leadership development, etc.

# Building Block 6:
# Universal Access and Use of Primary Health Care

## BACKGROUND

Access to health care services by Hartford residents, and making sure that young children and families receive those health care services (particularly preventive services) continue to be problematic in Hartford. Health outcomes for infants, young children continue to be among the most troublesome in Connecticut, and a number of studies have articulated persistent serious concerns.

### Selected Health & Related Data On Young Children

#### City of Hartford Compared with Connecticut*

| Health and Child Development | Hartford | | Connecticut | |
|---|---|---|---|---|
| | # | % or Rate | # | % or Rate |
| Births to Mothers with Late or No Prenatal Care (1999-2001) | 1243 | 19.6% | 13519 | 10.9% |
| Low Birthweight Births (1999-2001) [1] | 765 | 11.7% | 9599 | 7.5% |
| Infant Deaths (1997-2001) [1] | 144 | 13 per 1,000 live births | 1422 | 6.6 per 1,000 live births |
| Births to Teens Ages 15-19 (1999-2001) [1] | 1366 | 20.8% | 9747 | 7.6% |
| Births to Mothers with Less Than a High School Diploma (1999-2001) [1] | 1857 | 30.8% | 13762 | 11.0% |
| HUSKY A (Medicaid) Enrollment (average monthly enrollment for all children under age 19: FY2004) | 25324 | N/A | 208147 | N/A |
| Children Ages 1 and 2 Screened for Lead (2000-2002) [1] | 8927 | 73.8% | 111047 | 42.0% |
| Children Ages 1 and 2 Identified with Blood Lead Levels >=10ug/dL (2000-2002) [1] | 496 | N/A | 3399 | N/A |
| Children Under Age 6 with Special Needs | | | | |
| Ages 0 to 3: Birth to Three System (Early Intervention) Enrollment, FY2003 | 506 | N/A | 9403 | N/A |
| Ages 3 to 5: Preschool Special Education Enrollment, 2003-2004 School Year | 386 | N/A | 8144 | N/A |

| Safety and Child Welfare | Hartford | | Connecticut | |
|---|---|---|---|---|
| | # | % or Rate | # | % or Rate |
| Children Substantiated as Abused/Neglected (all children under age 18: 2003) | 908 | 24.2 per 1,000 children | 11288 | 13.2 per 1,000 children |

| Economic Stability | Hartford | | Connecticut | |
|---|---|---|---|---|
| | # | % or Rate | # | % or Rate |
| Children Under Age 6 in Poverty (2000) | 4849 | 40.7% | 29348 | 11.1% |
| Children Under Age 6 Receiving Welfare (monthly caseload as of October 2003) | 2847 | N/A | 14694 | N/A |

* Duran, F., Wilson, S., "Keeping Children on the Path to School Success: How is Connecticut Doing?" Connecticut Health and Development Institute, CT Department of Social Services. 2004.

Several issues contribute to weaknesses in preventive and well-child care in Hartford, including eligibility and enrollment in EPSDT*, access to physicians in a timely manner, and overall coordination and case management. In FY 2001, HUSKY A well child visits only happened for 51% of children in Hartford ages 2 to 19 years. Compliance was highest for young children, but fell short in almost every other age cohort, as the table below shows:

## EPSDT Well-Child Visits in Hartford
**FY 2001**

| Age | % Well Child Visits |
|---|---|
| 2 – 5 | 79 |
| 6 – 10 | 39 |
| 11 – 15 | 48 |
| 16 – 19 | 33 |
| **TOTAL** | **51** |

Efforts to improve Hartford enrollment – the first step to obtaining well child care – have met with varied success over the years. In 1993-95, through a program called Hartford Health Track, EPSDT enrollment in Hartford increased by 30% through better tracking and aggressive outreach. In the late 90s, a similar program under the auspices of the Children's Health Council demonstrated limited success, producing only a 3% upward shift in enrollment in three years. This was due in part to simultaneous cutbacks in DSS staffing, the effect of changes in state rules governing eligibility, including ending continuous eligibility and failing to allow presumptive eligibility, which automatically allows children at birth to receive services while eligibility is determined. The table below depicts EPSDT enrollment:

## Hartford HUSKY A Enrollees, By Age
**November 2001**

| Age | Number |
|---|---|
| Less Than One Year | 1,587 |
| 1 – 5 | 7,096 |
| 6 – 12 | 9,554 |
| 13 – 19 | 6,418 |
| **TOTAL** | **24,655** |

Prenatal and post-natal outcomes in Hartford also demand attention, as the following data from a recent Hartford Health & Human Services Department's consortium proposal for federal Healthy Start funds show:

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* Early periodic screening diagnosis and treatment, a program of Title XIX. See Glossary, Appendix 6.

## Hartford Data on Pregnancy Outcomes*

| Data Element* | 1999 | 2000 | 2001 |
|---|---|---|---|
| # of live births to Hartford residents | 2160 | 2186 | 2224 |
| # of births to teens 17 years and younger | 204 | 227 | 204 |
| # of births to teens ages 18 & 19 | 487 | 481 | 444 |
| # of live births with first trimester entry into prenatal care | 1,783 | 1,862 | 1,682 |
| # of live births with late to no prenatal care | 377 (18.0) | 324 (15.7) | 542 (25.0) |
| Rate live births with no prenatal care in CT | 10.8 | 10.6 | 10.8 |
| # of infant deaths | 20 | 32 | 30 |
| # of infant deaths (birth to 28 days)<br># African American infant deaths<br># of Hispanic infant deaths | 15 | 27<br>16<br>11 | 17<br>12<br>13 |
| # of infant deaths (29 – 365 days)<br># African American infant deaths<br># of Hispanic infant deaths | 5 | 5<br>2<br>3 | 13<br>8<br>5 |
| Infant mortality rate (per 1,000 live births) | 9.3 | 14.6 | 13.5 |
| Post neonatal mortality rate (per 1000 live births) | 2.3 | 2.3 | 5.8 |
| # Moderate Low Birth Weight (LBW) infants (1501-2500 grams), | 281 | 231 | 253 |
| Low Birth Weight Rates (%), | 13.0 | 10.6 | 11.4 |
| LBW Rates in CT | 7.6 | 7.5 | 7.4 |
| # Very Low Birth Weight (VLBW) ( 1500 grams or less), | 76 | 66 | 57 |
| Very Low Birth Weight Rates (%), | 3.5 | 3.0 | 2.6 |
| VLBW Rates in CT | 1.6 | 1.6 | 1.5 |

* Source: Connecticut Department of Public Health Provisional Data Tables.

Additionally, between 1999-2001*:

- 218 (17.5%) of births to teen girls, ages 15 through 19, were repeat births.
- 1,243 (19.6%) of Hartford births were to women who had late or no prenatal care, ranking the city seventh in the state. Of these live births, only 81% entered prenatal care in the first trimester. The number and rate of women receiving late or no prenatal care has been worsening in Hartford over the past three years.
- 765 (11.5%) of infants born were low birth weight babies, almost all Black or Hispanic, ranking Hartford fifth in the state. By comparison, the percent of low birth weight infants statewide has declined or remained constant since 1998, with a rate of 7.4%.

**CURRENT PROGRAMS**

Most preventive and primary health services for Hartford's children are provided through Medicaid and its HUSKY program, in total to about 25,000 children birth to 19 years old. Of these, about 75 percent or 18,750 are under 12 years old, and perhaps half or more are between birth to eight years old.

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* Summary, Hartford Healthy Start Grant proposal, 2005

A 2003 report prepared for the Hartford Foundation for Public Giving estimated that all primary care sites serving children in Hartford recorded about 80,000 pediatric visits annually, nearly 90% of these visits covered by insurance (mostly Title XIX). The vast majority of children obtained services from six ambulatory care sites:

- Asylum Hill Family Practice Center
- Burgdorf/Fleet Health Center
- Charter Oak Family Health Center
- Community Health Services
- Connecticut Children's Medical Center Primary Care Center
- St. Francis Hospital Pediatric Primary Care Center

The state has agreements with four major managed care organizations to serve as health plans to coordinate payments and services for these children and families. The plans are: Anthem Blue Care Family Plan, Community Health Network, Health Net, and Preferred One. In 2003, 70% of Hartford children were covered by one plan, Anthem.

A major initiative is now underway, led by the Connecticut Children's Medical Center, to establish a pilot "medical home" for Hartford's children. The project, called H.O.M.E. (Home Outreach for Medial Equality), would form a new intermediary structure to coordinate ambulatory providers, and offer intensive case management and coordination for 2,500 high-risk pediatric/family cases for families with children birth to eight years old. Discussions are underway with public and private funding sources to determine how to start this project. With a projected first year budget of $1 million, the program would target for intensive institutional and home-based health services children who meet the following criteria:

- Missed two or more consecutive well child care appointments
- Significantly delayed receipt of immunizations or screening procedures
- Transferred among multiple provider sites more than twice in 24 months
- Problematic patterns of primary care visits
- Identified as potentially benefiting from outreach/care coordination services

Services would focus on care coordination, and assure the following:

- Help schedule appointments
- Assist with transportation to health care facilities
- Attend medical appointments to facilitate information exchange/communication with providers
- Refer to appropriate support services, including behavioral/mental health services, domestic violence, parenting skills, and other supports
- Assess health care needs, provider relationships for other children eligible for/and insured by HUSKY A
- Refer to other family supports that affect use of primary health care services
- Assist families at home to implement prevention and health promotion practices

The city has a number of activities focusing on children with special needs. There is a network of programs and supports for children with special needs centered in the Hartford Public Schools' Early Childhood Assessment Team (ECAT), the Connecticut Department of Mental Retardation's Birth-to-Three System, and the Connecticut Department of Children and Families Child Protection System. Additionally, the Help Me Grow program offers information and referrals for services to children with special needs through InfoLine.

An estimated 900 Hartford children currently are enrolled in programs addressing special health needs, both health and social development. There are varying estimates of total need for special health services. To help respond, the Connecticut Department of Public Health and seven other communities (including Hartford) have formed a medical home for children with special health care needs. The Center for Children with Special Needs operates in Hartford under auspices of the Connecticut Children's Medical Center.

Hartford's Department of Health & Human Services operates the city's initiative to immunize young children. Over the past decade, significant progress has been achieved in increasing the percentage of Hartford children who complete their immunizations by 24 months. In 1994, it was reported that 54% of Hartford children received their immunizations by 24 months. In 2003, the rate reported by the city's Department of Health & Human Services was 83% (state average is 93%, among the highest in the nation). The department, in cooperation with providers and the state Department of Public Health, coordinates immunizations with pediatricians and provides direct follow up for children who have not been immunized. A 1997 Hartford study* found a variety of factors influence on-time immunization, including: infant was the only child in the household; household includes other adults; education level of parent; patient interview conducted in Spanish; infant's birth weight less than 2,000 grams; provider continuity; receiving a booklet/chart to record vaccine dates; provider explanations about dealing with side effects; explanation of need for immunization; and parent had read educational materials.

Two significant preventive programs address lead poisoning, the Hartford Regional Lead Treatment Center, and Healthy Homes. Hartford has achieved the state's highest rate of screening for lead poisoning, 73%, and addresses remediation when high lead concentrations are found. The Hartford Regional Lead Treatment Center was established in 1995 through a grant from the Hartford Foundation for Public Giving, and is administered by the Center for Children's Health and Development. The center maintains clinics at Saint Francis Pediatric Primary Care Center and the Connecticut Children's Medical Center. Saint Francis Hospital and Medical Center, and established Lead Safe Homes in collaboration with the Connecticut Citizen Research Group. The latter program provides apartments or temporary housing for families with children who have lead poisoning. Five apartments are available for stays of up to 80 days while families obtain new housing, or have repairs made to dispose of the lead.

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* Zavatone-Veth, H., Hale, S.,Burke, G., "Childhood Immunization and Primary Care," Ætna Foundation Child Health Data Center. 1998

Prenatal health care is provided through OB/GYN clinics at four primary institutions**:** Hartford Hospital, St. Francis Hospital/Burgdorf Clinic, Community Health Services, and Charter Oak Health Center, the last two both federally qualified community health centers.

Two programs offer case management services for pregnant women – Comadrona (operated by the Hispanic Health Council), and the Maternal & Infant Outreach Program (MIOP) (operated by the Hartford Department of Health & Human Services). These two programs form healthy start services in Hartford.

The Central Area Health Education Center (AHEC) is the fetal and infant mortality registry (FIMR) in Hartford. As such, AHEC employs assessors to review all medical files related to fetal and infant deaths. These findings are presented to a Case Review Team comprised of medical personnel, which recommends actions in response.

The Hartford WIC Program is operated by the city's Department of Health and Human Services. The program serves pregnant, postpartum and breastfeeding women, as well as infants and children to age five years. As mandated by the Child Nutrition Act, Hartford's program provides a full range of nutrition counseling and educational services, issues checks for specific foods that supply important nutrients, and evaluates program benefits.

There are two additional community-based case management programs for post-partum women: Family Life Education (FLE), and Adolescent Parenting and Development Program (APDP). APDP serves 35 teen mothers annually with intensive case management and home visiting services, as well as providing an education component. Through Teen and Young Parent Support, FLE serves 50 teen and young mothers annually through educational peer support groups and intensive case management, including: home visiting, transportation, advocacy, supportive counseling, etc. In addition, through the Padres y Ninos Project, FLE serves 75 families annually who have substance-using mothers with drug-exposed infants and are involved with the Connecticut Department of Children and Families.

# APPENDIX 5

*Cost Effectiveness in Early Care and Education*

**BACKGROUND**

In looking at the effectiveness of early care and education and its effect on the community, much attention is paid to the quality of the services, and improving a child's readiness for school. Less focus has been given to the cost-effectiveness of early care and education, particularly the impact on saving tax dollars, and how this contributes to the economic vitality of a community.

It is especially appropriate to examine early care and education expenses not simply as costs, but as investments that save tax dollars. National studies and preliminary data in several Connecticut communities demonstrate that investments at the right time in early childhood education and parent support pay dividends in stronger children who do not require expensive and often unsuccessful remedies later in life, either as children or adults.

Recent findings on the success of quality childcare and pre-K programs make the case that investing public taxpayer dollars yields a good return.

**Why early education matters**

- Every $1 invested in preschool programs returns up to $7 in savings for remediation, welfare payments, unemployment, and other compensatory costs.[1]
- The return on investment can be as high as 21%. Cost benefit studies continue to prove that preschool programs are sound public investments with returns affecting public costs reaching as high as 12% and combined public private returns of 16%.[2]
- Children who participate in early childhood programs have lower rates of teen pregnancy, decreased delinquency, and higher rates of employment.[3]

## Milford, CT: Special Education Cost Savings[4]

In the mid 90s, two longitudinal studies (one by Yale University and one by the Milford* Public Schools) examined the school district's high-quality Milford School Readiness Program. The studies compared student performance by its "graduates" and compared them to Milford youngsters who were not in the program. The major findings:

- **Use of Special Education Services Declined**. 128 at-risk or special education students who participated in the school readiness program were reviewed four years later to measure their current status in kindergarten, first or second grades.

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* The studies reviewed financial and service impact on special education over a four-year period. (Milford is a suburban town of 52,000 people located on the Connecticut shoreline between New Haven and Bridgeport.)

- Nearly two-thirds of the children formerly designated at-risk or actually receiving special education intervention services ***no longer required any special services*** when they reached the primary grades.

- Another 16% of the children required less than 15 hours per week in special education services.

- **Out of District Placement Costs Reduced**[5]
  Net cost savings of approximately $3 million were realized over four years (1990-1994) by avoiding expensive out-of-district placements for special education. Total savings were $4.12 million, and the district invested part of the savings to increase teaching staff to better serve students in town.

## Bridgeport CT: Reduced Number Of Student's Held Back (Retained)

A 2002 study in Bridgeport Connecticut, the state's largest city, compared a group of children who participated in a quality school readiness program with a control group of students who did not have that opportunity. The district reported significant differences in the number of children retained or held back in kindergarten, first and second grades. The study documented substantial savings:[6]

- **First Grade Retention Lowered For Pre-schoolers**. 51% percent of first graders (49 of 96) who did *not* participate in the quality pre-school program were held back (retained). This compared with a retention rate of 1% (1 of 88) for first graders who attended the school readiness program.

- **Over Half-Million Dollars Saved**. The district reported net savings of $509,403, comparing school readiness participants to a control group. Retentions from kindergarten through second grade cost $622,644 for the control group – the children who did not have school readiness – compared to $113,208 for school readiness participants.

## Comparison of Impact of School Readiness on Student Retention

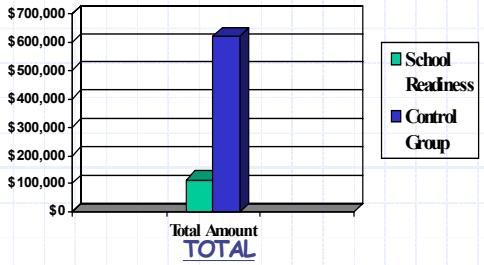
**Bridgeport, CT**

The per pupil cost for educating a child in Bridgeport is $9,434. Costs added to the Bridgeport Public Schools' budget due to retentions for just Grades K and 1:

| Kindergarten Retentions | | |
|---|---|---|
| School Readiness -- 11 | | $103,774 |
| Control Group | -- 15 | $141,510 |

| First Grade Retentions | | |
|---|---|---|
| School Readiness -- 1 | | $ 9,434 |
| Control Group | -- 49 | $462,226 |

| Second Grade Retentions | | |
|---|---|---|
| School Readiness -- 0 | | $ 0 |
| Control Group | -- 2 | $ 18,868 |




School Readiness = $113,208 VERSUS Control Group = $622,644

* Source: D. Watson, "Bridgeport School Readiness Longitudinal Study", Bridgeport Public Schools, January 2002

### Federal Reserve Bank Examines Long-Term Cost/Benefits

In 2003, economists at the Federal Reserve Bank of Minneapolis performed a cost/benefit and real internal rate of return analysis of the High/Scope Perry Pre-School Study in Ypsilanti, Michigan. The High/Scope Pre-School Study is the longest longitudinal examination of school readiness, and it is the study most cited in measuring the impact of early education. The Perry/High Scope Study examined 117 pre-school children, followed them from ages 3 through 27 years. The study found significant gains against a control group in long-term performance of the children as they grew to adults. 65% of pre-school participants graduated regular high school compared to 45% of non-participants. Arrest records of participants by age 27 were one-fifth that of non-participants.

The Federal Reserve Bank calculated the long-term costs and benefits. The economists performed both straight cost-benefit analysis, and used a more complex "Real Internal Rate of Return" analysis that adjusts for inflation and other factors. They projected these costs and benefits for both analyses through age 65.[7] The major findings were:

- **Cost-Benefit Return High**. The combined benefit both to the school readiness participant *and* the public was a return of $8.74 for each $1 spent on pre-school education. The public benefit was the largest single portion, accounting for $7.16 for each $1 invested.

- **Long-Term Rate of Return Found Very Positive**. The Federal Reserve calculated the rate of internal return at 16%. The largest portion, 12%, was the value to the public, savings coming most from decreased costs of crime among young adults.

# APPENDIX 6

# GLOSSARY OF TERMS

**Accreditation**
Accreditation is a process carried out by recognized organizations or associations on behalf of an early care and education program to ensure all facets of program meet certain prescribed quality standards. Accrediting agencies, including private educational associations of regional or national scope, develop evaluation criteria and conduct peer evaluations to assess whether or not those criteria are met.

**Adult Basic Education (ABE)**
Adult Basic Education teaches basic reading, writing, and math skill to adults who do not meet the minimum requirements for GED classes (See General Educational Development Test). Instruction is individualized. Classes often are offered through a school system's adult education or continuing education department, and by profit and nonprofit organizations.

**Aid to Families with Dependent Children (AFDC)** [8]
Title IV of the Social Security Act, Aid To Families With Dependent Children (AFDC). It was replaced by TANF (See definition, TANF). AFDC was a means-tested public assistance program that provided financial aid for needy children and their caregivers.

**Benchmarks**[9]
Specific descriptions of knowledge or skill that can be supported through observations, descriptions and documentation of a child's performance or behavior and by samples of child's work, often used as points of reference in connection with more broadly stated content standards.

**Best Practices**
Successful program activities or processes that can be reproduced, therefore making them best practices. These can serve as models for other efforts to improve and expand services.

**Brighter Futures Family Centers**
Family centers operating in Hartford, established through a program of the Hartford Foundation For Public Giving. In partnership with community agencies, the centers provide community-based programs for children and families in seven Hartford neighborhoods. These programs support parents in their own growth and development, their understanding of their child's development, and help families prepare their children for school success.

**Brighter Futures Initiative (BFI)**
Concerned with the plight of Hartford children growing up in poverty, the Hartford Foundation for Public Giving committed up to $25 million over 20 years to increase the school readiness of Hartford's young children. BFI supports improvements in systems that affect young children: child and maternal health, childcare and early childhood education, family support and parent education, and the early grades of school.

**Bullying**
To coerce another using strength, power or fear. Examples of bullying in school can include: being picked on or made to do things you do not want to do.

**Capitol Region Education Council (CREC)**
CREC is a Regional Educational Service Center (RESC) established under Sect. 10-66 a-n of the Connecticut General Statutes. Through the legislation, Connecticut permits local boards of education to establish a RESC as a "public educational authority" for purpose of "cooperative action to furnish programs and services". Such intermediary organizations -- smaller than the state Department of Education but larger than a Local Educational Agency (a board of education) — are used as service delivery mechanisms in Connecticut, as well as in more than 75 percent of the states.

**Capital Workforce Partners (CWP)**
CWP coordinates comprehensive programs through private and public partner organizations to develop a skilled, educated and vital workforce, and support economic growth of 37 municipalities in the Capital Region. CWP's mission is "to implement and coordinate an effective workforce development system that creates economic and employment partnerships among service providers, job seekers and employers in a way that enhances the economic vitality of all." A consortium of the region's chief elected officials oversees CWP, and appoints representatives from business, education, labor, and public groups to serve on a board of directors that govern CWP.

**Care4Kids**
Care4Kids, also known as the Connecticut Child Care Subsidy Program, is an initiative of the Connecticut Department of Social Services designed as a portable subsidy for low-income families (primarily those on TANF) that need childcare to maintain employment.

**Center for Performance Assessment**
The Center for Performance Assessment is a private educational organization that helps individuals, school districts, and corporations achieve educational objectives through assessment, accountability, and the development of standards.

**Childcare Services**[10]
Out-of-home care of children under compulsory school age or of primary school age children when school is not open. Services include: preschool, pre-kindergarten, kindergarten, center-based care, family day care homes, compensated care by relatives, and before and after school services.

**Child Development Associate (CDA)**
An individual who has successfully completed a prescribed course of study, and has been awarded the nationally recognized CDA credential. That individual is able to meet the specific needs of children, and works with parents and other adults to nurture children's physical, social, emotional, and intellectual growth in a child development framework.

**Child Poverty Rate**[11]
Describes a percentage of children living in families where income is below the federally established poverty threshold for a household with a particular number of members.

**Children's Trust Fund (CTF)**
CTF is an independent agency within Connecticut State government. It is charged with leading statewide efforts to prevent child abuse and neglect by supporting parents and strengthening families. Operating administratively under the Department of Children and Families, CTF funds, evaluates, and promotes programs that serve parents and children. State, federal and private funds support CTF.

**Connecticut Framework**
A shorthand name for, "The Preschool Curriculum Framework and Benchmarks For Children in Preschool Programs." It was developed by the Connecticut State Department of Education in 1999 to create standard assessment criteria for pre-school children. It is comprised of some 30 measures in three general domains of child development.

**Connecticut Parent Leadership Training Institute (PLTI)**
PLTI is a parent empowerment program that seeks to enable parents to become leading advocates for children. PLTI offers leadership training for parents to help them understand how school systems function, and how decisions are made within public policy and budget domains. PLTI sites are located throughout Connecticut, and in California, Illinois, Kentucky, Minnesota, New York, Ohio, Pennsylvania, and Vermont. In Connecticut, the program is coordinated by the Connecticut Commission On Children.

**Connecticut School Readiness Program**
Established in 1997 by state law, it means a nonsectarian preschool program established under Sec. 10-16 o-u, Connecticut General Statutes that conforms to standards set by the Connecticut Department of Education. School Readiness programs provide "a developmentally appropriate learning experience" of educational and social development for children three and four years old, that, in general, must be not less than 450 fifty hours and one hundred eighty days.

**Continuous Eligibility**
An option available to states under federal Medicaid law where children birth to 21 years old enrolled in Medicaid may remain eligible for a continuous period of 12 months, regardless of changes in income and family status, for services.

**Department of Children and Families (DCF)**
The Connecticut Department of Children and Families is lead agency for children's matters (other than education) in the State of Connecticut. The primary mission is to protect children, improve child and family well-being, and support and preserve families. Its primary functions are in child protection-placement, foster care, juvenile justice, and preventing abuse/neglect of children under its care.

**Department of Social Services (DSS)** [12]
The Connecticut Department of Social Services is the primary agency in state government providing financial and medical support to children, families and elderly who meet income requirements (are poor), and need a range of social services authorized under federal and state law. DSS provides a broad range of services to the elderly, disabled, families, and individuals who need assistance in maintaining or achieving their full potential for self-

direction, self-reliance and independent living, including TANF, childcare services, nursing home services, Title XIX, Medicaid, etc.

**Early Childhood**
In this document, early childhood is defined as the policies, practices, programs and actions that affect children from birth to eight years old, including their families.

**Early Literacy** [13]
A range of activities and behaviors related to written language, including those undertaken by very young children who depend on the cooperation of others and/or on creative play to deal with the material. They include reading and writing related activities and behaviors that change over time, culminating in conventional literacy during middle childhood.

**Early Periodic Screening, Diagnosis and Treatment (EPSDT)** [14]
EPSDT, which stands for Early Periodic Screening, Diagnosis and Treatment, is Medicaid's comprehensive and preventive child heath program for children, birth to 21 years old. It was defined as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89), and the legislation includes periodic screening, vision, dental, and hearing services.

**Extreme Poverty**
For a family of four with two children, it means a household with an income below $9,122 (50% of $18,244).

**Family Literacy**
Services provided to participants, on a voluntary basis, sufficient in intensity (hours, duration) to make sustainable changes in a family's English language oral and written skills, and integrates the following activities: interactive literacy activities between parents and their children; training for parents regarding how to be the primary teacher for their children and full partners in their children's education; parent literacy training that leads to economic self-sufficiency; and an age-appropriate education to prepare children for success in school and life experiences.

**Family Resource Centers (FRC)**
Family Resource Centers are a program of the Connecticut Department of Education designed as a school-based family support effort to strengthen both family and child capacity, and promote success in school. The FRC concept promotes comprehensive, integrated, community-based systems of family support and child development services located in public school buildings, using a model is based on the "Schools of the 21st Century" concept developed by Dr. Edward Zigler of Yale University. Family Resource Centers provide access, within a community, to a broad continuum of early childhood and family support services, which foster the optimal development of children and families

**Federal Discretionary Grants** [15]
Funding appropriated by Congress each year for a specific purpose.

**Formal Assessment**[16]
A procedure used to obtain information to make judgments about capabilities of children or programs using standardized instruments.

**Full Service Community Schools**
Full service community schools are jointly operated and financed by a school system and a community-based organization. It is a concept that incorporates both program and operational practices that connect the school to the community, providing a wide range of education, recreational and social support services before, during and after the school day, and year-round.

**General Educational Development (GED)**
GED measures a person's knowledge and academic skills against those of today's traditional high school graduates. It is an official alternative method for individuals to study and achieve a high school diploma. GED measures knowledge in five different areas: language arts, writing, social studies, science, language arts, reading, and mathematics.

**Hartford Connects System**
A relational data base system operated by Capital Workforce Partners that collects data and allows a myriad of agencies to track information, individual and aggregate, on youth ages 9 to 21 years, linked primarily to workforce and social development.

**Hartford Nurturing Families Network**
Hartford Nurturing Families Network is a program that assists high-risk, first-time parents with the challenges of parenthood. It is a Children's Trust Fund program that provides intensive home visiting parenting services to nearly three of every four first-born children in Hartford at risk for abuse and/or neglect. Combined with a prenatal or post-partum screening and assessment in the hospital, it provides services using a "best practice" model to children and families at-risk of child abuse and/or neglect.

**Head Start**[17]
This is a federally funded, comprehensive preschool program that provides quality early education, health screening, and nutrition services to infants and pre-school children, including a parental involvement component. To be eligible for Head Start, a child must be from a low-income family, and 10 percent of enrollment is for children with disabilities. Head Start agencies are direct federal grantees. The program is funded nationally at over $6 billion, and is administered by Administration for Children and Families. In Hartford, the Community Renewal Team operates Head Start.

**Health Literacy** [18]
Describes the ability of individuals to obtain, interpret and understand basic health information and services, and to use the information and services to enhance their health.

**Health Outreach for Medical Equality (H.O.M.E.)**
H.O.M.E. is a project concept developed by a consortium of Hartford's major health care providers, managed care organizations, and public officials. It is a consortium of health providers, insurers, and government, formed to coordinate primary and preventive child health care, forming a medical home to link providers and offer outreach, case management, and care coordination for every HUSKY A family in Hartford.

**HUSKY A (Health care for UninSured Kids and Youth)**
The HUSKY program is Connecticut's public health insurance program that provides free or low-cost insurance for Connecticut children under 19 years old, with eligibility based on income. HUSKY Part A is a Medicaid-managed care program for low-income children and pregnant women. HUSKY A includes services under the traditional Medicaid program.

**HUSKY B (Health Care for UninSured Kids and Youth)**
HUSKY B is Connecticut's public health insurance program for children and teenagers under age 19. HUSKY Part B is a managed care program for uninsured children in families with incomes that exceed the threshold for HUSKY Part A.

**Immunization** [19]
Describes the process by which a person becomes protected against disease. This term is often used interchangeably with vaccination or inoculation.

**Indicators**
Various statistical values, data or other reported information that, when aggregated, provide an indication of the condition or direction of movement relative to a standard or issue under study.

**Infant Mortality Rate (IMR)** [20]
IMR, also called, "Infant Death Rate", is the annual deaths of babies under 1 year of age per 1,000 *live* births. More specifically, this is the probability of an infant dying between birth and 1 year of age.

**Literacy**[21]
The ability to read and write, including definitions phrased in terms of what a person should be able to do to be considered "literate". An individual should be able to: sign his/her name; read/write a simple sentence describing one's daily activities; read and write, by his/her self-report (not based on a test); pass a written test of reading comprehension at a level comparable to that achieved by an average student at grade 4; and engage in all those activities in which literacy is required for effective functioning in his or her community.

**Low Birth Weight** [22]
This measure describes babies weighing less that 2,500 grams or 5 pounds 8 ounces at birth.

**Managed Care Organization (MCO)**
Describes an entity that has entered into a risk contract with an organization (employer, public agency, individual) to provide a specified package of health benefits to enrollees in exchange for a monthly capitation payment on behalf of that enrollee.

**Medicaid**[23]
Authorized under Title XIX of the Social Security Act, Medicaid is a means-tested entitlement program administered by the states that provides health and long-term care insurance to more than 44 million low-income and disabled individuals at a cost of about $260 billion a year. Medicaid is financed by both federal and state governments, based on the federal medical assistance percentage (FMAP), individually calculated for each state. In Connecticut that rate, in general, is 1:1, meaning every dollar the state contributes is matched

by a dollar from the federal government. Medicaid provides health coverage to children below 100 percent of poverty. The federal administrative agency is the Centers for Medicare and Medicaid Services.

**Medical Home**
A medical home is an approach to providing comprehensive primary health care. It is defined as primary care that is accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective. In a medical home, a clinician works in partnership with the family/patient to assure that the entire medical and non-medical needs of the patient are met. Through this partnership, clinician can help the family/patient access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

**Mission**
A sentence or phrase, in an organizational setting, used to describe the business an organization intends to be in. Mission defines the organization in terms of its services and products, its clients and customers, and its roles and functions.

**National Association for the Education of Young Children (NAEYC)**
NAEYC is a nonprofit organization focused on early childhood issues. It is dedicated to improving the well being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through eight years. It accredits early care and education programs.

**Outcomes** [24]
A term used to describe changes in behavior, knowledge, understanding, ability, skills and/or attitudes that occur as a result of participation in a program or course of study, receiving services, or using a product.

**Pilot Program**
A pilot is an initiative that serves as a tentative model for future development of a program at a larger scale. Although often confused with ad hoc or haphazard experimentation, a properly framed pilot is a carefully designed effort to test a practice. It is developed after an initial period of study and planning, and installed for a predetermined period. Then the effort is evaluated and refined before moving to full implementation.

**Pre-Kindergarten**
Defines out-of-the-home care of children under compulsory school age.

**Pre-school**[18]
Childcare services to children below the age of formal public education, and which includes educational and developmental content.

**Presumptive Eligibility**
An option available to states to extend federal Medicaid coverage (with federal matching payments) to certain groups of individuals from the point a qualified provider determines an individual's income does not exceed the eligibility threshold but before formal determination

of eligibility is made. The intent is to assure that persons who are likely to become eligible for services immediately obtain those services.

**Provider Network**
A group of physicians, hospitals, and other medical care professionals that a managed care organization (MCO) has contracted with to deliver medical services to its members.

**School Readiness**[19]
Combination of conditions of communities, schools, programs and services designed to assure that children, when they enter compulsory education, are prepared to learn. It includes: physical well being, motor development, social and emotional development, approaches to learning, language development, and cognition and general knowledge.

The term describes the degree to which a child is prepared for instruction. Preparedness may be determined through a testing process designed to measure skills to learning tasks and to be predictive of school success.

**School Readiness Councils**
In Connecticut, it is an organization established in a town or towns with specific responsibility in the area of early childhood, particularly early care and education. To receive a grant from Connecticut's School Readiness Program, each participating town and school district must create School Readiness Council. The mayor and school superintendent, under provisions of Sec. 10-16r, of Connecticut General Statutes, appoint these local councils. Councils represent stakeholders involved in early childhood in a community. In communities receiving state funds for early school readiness spaces, the council administers that program.

**Standards**[20]
Widely accepted statements of expectations that establish a qualify base for a program or activity. Often standards are embodied in law or regulation.

**State Child Health Insurance Program (S-Chip)** [21]
This is a federal program operating under Title XIX. S-Chip provides health care to more than 3.3 million children nationwide. It entitles states to money to create and expand insurance programs for low-income children, above Medicaid eligibility. Funds are allocated to each state based on its share of the nation's uninsured children with family incomes below 200 percent of the federal poverty level, adjusted for differences in health care cost across states. States supply a match, but the required match rates are lower than the Medicaid match rates. States choosing to participate in S-CHIP may expand Medicaid, create or expand a non-Medicaid program, or use a combination of both approaches. The federal administrative agency is the Centers for Medicare and Medicaid Services.

**Synapses**
The connections made in the brain that allow cells to function in concert. At birth, children have most of the brain cells, or neurons they have for functioning, including learning. These brain cells are not yet linked with the complex networks that are needed for mature thought processes to take place. In the early years, young children's brain cells form connections — synapses — very rapidly. Over time, excess synapses are shed.

**Temporary Assistance for Needy Families (TANF)** [22]
TANF is a federal entitlement program, the cash assistance program for poor families that replaced the Aid to Families with Dependent Children (AFDC) program. TANF provides cash assistance and training states use the program for childcare, transportation assistance, emergency assistance, and other support services to the poor. States have wide discretion in setting eligibility standards, and may transfer part of the funds to the Social Services Block Grant and the Child Care Development Block Grant. Nationally, the program is funded at more than $16 billion a year. The federal administrative agency is the Administration for Children and Families.

**Transitional Medical Assistance (TMA)** [23]
This program refers to Title XIX Medicaid coverage for families with children leaving welfare to become self-supporting through work. States are required to continue Medicaid benefits to families who their cash assistance due to an increase in earnings. The transitional coverage extends for up to 12 months as long as the family continues to report earnings.

**Universal Screening & Assessment**[24]
Use of a brief procedure or instrument designed to identify, from within a large population of children, those who may need further assessment to verify developmental and/or health risks. Screenings are designed specifically to identify children who may need further assessment to determine potential developmental and/or health risks (e.g., vision, hearing).

**Vision**
Used in an organizational strategic planning setting, vision describes the organization and its impact in the future. A vision is guided by dreams, not constraints. It is a statement of the organization's view of its long-term future and its long-term goal or goals.

**Zero Tolerance**
Zero tolerance, used in an educational setting, means a school discipline policy intended as a method to achieve compliance around certain behaviors, to wit, certain actions or non-actions will not be tolerated, punishing both major and minor offenses severely.

## END NOTES

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