

Building on our core commitments, what operational recommendations does Right from the Start want to make to the Early Childhood Planning Team for an early childhood system for ages pre-natal to five?

RFTS's CORE COMMITMENTS	
I. Pay attention to the whole child. We want a system where families can access necessary health, mental health, and social service support.	
Recommendations:	Rationale/Notes:
(1) Every child should have a full, person-centered medical and dental home.	Medical home oversees more than primary care and assists in coordinating services. Medical home must be "accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective" (2002 AAP statement). Dental home provides comprehensive oral health care.
(2) Every family should have easy access to a community or regional "hub," identified by the community itself, that offers access to comprehensive support services	Hubs support the "no wrong door" concept. Hubs are points of entry where caregivers and families can receive information and services to support children and family needs. Hubs supplement "211" and other less personal referral services. Hubs also tend to know about informal supports for families such as faith communities that are not always in databases but can provide assistance with basic needs.
(3) There should be a single identifier for each child, (assigned at birth to children born in CT or at a later age when children enter our state) that follows him/her through the system through age 21.	Information for statewide database and for communities and schools to track services provided/received by a child/family.
(4) There should be a single, simple, and streamlined system entry process that is used state-wide to connect families to the comprehensive programs and services they need.	Information is fed into a statewide database.
Recommendations:	Rationale/Notes:

(5) All programs link education and health so that from the outset, the focus is on the whole child.	Some illustrative models are: Even Start, Early Head Start, Head Start, Family Resource Centers, home visitation programs, Harlem Children’s Zone, Bridgeport’s work with Optimus Health Care.
(6) Special services are available year-round regardless of home or school district.	Services follow the child regardless of the NEXUS.
(7) Create a coordinated system of home visitation that works along a continuum of care.	
(8) Expand Birth to Three eligibility and funding to children with mild developmental delays and to those at significant environmental risk for delays.	
(9) Ensure consistency in the quality of all services across localities/towns.	

RFTS CORE COMMITMENTS	
II. Address racial and economic inequities. We want a comprehensive early childhood development system that closes the opportunity gap between children of color and those from low income families and their peers.	
Recommendations:	Rationale/Notes:
(1) Minimize barriers – access, enrollment, financial, language, cultural, etc. - to services for children and families across municipal lines. Consider the benefits of racial and socio-economically integrated settings for young children and how to create them across Connecticut.	Provides choices for caregivers to obtain high-quality, accessible services (e.g., educational, physical health, mental and oral health, nutrition, safety, etc.) that work best for their child and their family. Minimizing barriers will help ensure greater equity in services and access and will help lessen racial and economic segregation. Need to be vigilant that ALL barriers are considered, including those that may be newly identified.

Recommendations:	Rationale/Notes:
(2) Create a vehicle for ongoing dialogue to address the reality that we have a system that works for some, but not all, and that continues to yield inequitable opportunities and outcomes along racial and economic lines. For example, one state uses a children’s budget to document how early childhood dollars are spent programmatically, geographically, and demographically. The budget makes transparent how the current system works. Other states have legislatively required that new policy proposals include an impact analysis, much like a budgetary impact analysis, showing the effects on all children, families, and communities.	

The legislation should be specific about how the policy impacts racial and economic disparity for children. Integrate the use of equity analysis tools at the state and municipal levels. An example of this comes from the Annie E. Casey Foundation's Race Matters Toolkit. See this link: HYPERLINK "http://www.aecf.org/upload/publicationfiles/racial_equity_analysis.pdf" http://www.aecf.org/upload/publicationfiles/racial_equity_analysis.pdf. Another example is the Racial Equity Impact Analysis from the Applied Research Center: HYPERLINK "<http://www.racialequitytools.org/resourcefiles/keleher1.pdf>" <http://www.racialequitytools.org/resourcefiles/keleher1.pdf>.

Citizen Action of New York and several partner organizations are conducting a racial impact analysis of the proposed state budget. The groups are examining several areas including education, higher education, after-school programs, libraries, neighborhood preservation and municipal aid. HYPERLINK "<http://www.citizenactionny.org>" <http://www.citizenactionny.org>. The Organizing Apprenticeship Project of Minnesota has compiled a racial equity analysis of the state budget. The "Race and Budget Matters" report analyzes 10 high-profile budget priorities of the governor for FY 2008-09 in health and education that appeared to have a positive impact on communities of color and American Indian communities.

At the municipal level, the city of Portland recently created an Equity Action plan: HYPERLINK "<http://eastportlandactionplan.org>" <http://eastportlandactionplan.org>.

Recommendations:	Rationale/Notes:
(3) Provide families with access to clear, complete information about high-quality services, regardless of where they live, the hours they work, and how many different funding sources they are accessing.	The full range of services, including high-quality health care programs.
(4) Ensure that permissible program hours and program options are flexible enough to meet family needs.	Flexibility needed to accommodate multigenerational care-giving arrangements, untraditional work schedules, etc. For example, the system will allow families to choose several options concurrently such as part-day programs combined with child care subsidy for 2 nd and 3 rd shift workers.
(5) Provide professional development for family home care child providers and kith and kin.	

<p>(6) Increase the strength and resilience of families through emphasis on dual-generation supports, including post secondary education, workforce development, and economic supports that help families build skills that lead to better jobs, financial security, and increased social capital.</p>	<p>Financial security factors include: housing, transportation, financial education and asset building, tax credits, child care subsidies, student financial aid/Pell Grants, health insurance/Medicaid, food assistance/ SNAP.</p> <p>Social capital factors include: peer support, family/friends/neighbors, community and faith-based organizations, school and workplace contacts, leadership and empowerment programs, case managers and career coaches, cohort models and learning communities.</p>
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RFTS's CORE COMMITMENTS

III. Early is good, and earlier is better. We want a system that builds a foundation for learning during a child's first 1000 days.

Recommendations:	Rationale/Notes:
<p>(1) The system will reach out when a child is born to the whole family to assess and address health, mental health, nutrition, safety, housing, h, family income and stability.</p>	<p>Reduce toxic stress within the household and at the earliest age for the newborn.</p>

Recommendations:	Rationale/Notes:
<p>(2) Hospitals are partners with early childhood providers and families, providing care and information on accessing other resources, for children born in CT as well as those who come to the state later.</p>	
<p>(3) Engage pediatricians and family practice physicians as active partners with families and the early childhood development system.</p>	<p>Provide physicians with information about the importance of the first 1000 days. Provide standard messaging that pediatricians can give to families.</p>

RFTS's CORE COMMITMENTS

IV. Support local community action. We want a system where local communities are empowered to make effective decisions for their citizens.

Recommendations:	Rationale/Notes:
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<p>(1) Every community or region should have a staffed and funded administrative structure for early childhood, an early childhood council. This is a single entity in charge of planning and oversight of the local or regional system. Furthermore, every community should have a municipal agent/liaison for the young child which has an embedded and interconnected relationship with the early childhood council.</p>	<p>Responsible for ensuring that community citizens have access to what they need. Possibly some communities join forces in creating/maintaining a council.</p>
<p>(2) A statewide early childhood communications campaign provides families information and support.</p>	<p>Four message points are RFTS core commitments: the whole child, racial and economic equity, early intervention/prevention, local community engagement.</p>
<p>(3) Parent outreach, engagement, and training should be top priorities in the system.</p>	

V. Additional recommendations about system alignment and quality:	
Recommendations:	Rationale/Notes:
<p>(1) Achieve shared, state-wide vision-values and engage in formal collaborations across all state agencies with responsibility, authority and funding for young children and their families.</p>	<p>The vision-values should be reflected in the mission statements of each agency. It should pay attention to the whole child, address racial and economic inequities, focus on early support and intervention, and support local community action. The vision-values can be a guide and accountability yardstick for the governance structure, funding streams, and budget decision-making.</p>
<p>(2) Program resources should be tied to quality indicators.</p>	<p>System should support the best education, health, and family support programs, measured by quality standards.</p>
<p>(3) Align funding to create greater flexibility, and when possible create unified braided funding streams.</p>	<p>Look at recent legislation including state statutes, Care4Kids, Child Development Centers, School Readiness, and state and federally funded Head Start</p>

<p>(4) Provide adequate and diverse funding to attract, develop, and retain highly qualified and effective providers and teachers.</p>	<p>Program quality and child outcomes are linked to the credentials, professional development, and workforce compensation of the providers and teachers. Increasing compensation and providing scholarships will help to recruit and retain skilled and talented staff.</p>
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Right from the Start: An early education and child development system for Connecticut

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