

CONNECTICUT

Early Childhood Partners



Implementation Plan

2006—2008

An Investment That Keeps Growing



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Connecticut Early Childhood Partners Implementation Plan – 2006-2008

The mission of the **Connecticut Early Childhood Partners Strategic Plan** is to build and sustain a comprehensive, integrated system of early childhood and family services that optimizes the health and learning of Connecticut children ages birth to five. **The overarching ECP vision is that *all young children in every Connecticut family shall attain optimal health and school readiness by age five.***

The ECP Strategic Plan has 25 goals distributed across 6 long-term outcomes (see text box). Important **principles** guided the plan: services and governance shall be family-centered, culturally competent, preventive, inclusive, outcome-driven, and results based. The ECP plan is also aligned with the work of the Early Childhood Education Cabinet and the Legislature’s Results-Based Accountability initiative, efforts that commenced after the initial Strategic Plan was drafted.

The Early Childhood Partners Steering Committee has identified 11 goals as priorities for the final Implementation Plan. These priority goals were selected because they each “bridge” across service systems that have remained too much in “silos,” and each holds the promise of significant impact on the overall result desired—children arriving at school healthy and ready to succeed. This plan presents the detailed objectives for these priority goals that Early Childhood Partners will begin working on during the first year of implementation. The tables also include indicators for each goal and performance measures for each objective. Finally, key partners (including lead agencies) and implementation timelines are shown.

In addition to pursuing these priority goals, the ECP Steering Committee will also serve as an “umbrella” collaborative which provides a forum to review and note progress on the remaining goals in the Strategic Plan. In this role, the Steering Committee will continue its work to develop a comprehensive early childhood services system.

All documents related to the Early Childhood Partners Process can be found and downloaded at www.ecpartners.org.

A **key to acronyms** used in the Implementation Plan is included at the end of the document.

Six long-term outcomes of the Early Childhood Partners Strategic Plan

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

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

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

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

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

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

Summary of 11 Priority Goals

	Goal	Lead
Outcome 1 Comprehensive Health	Goal 1.1 Expand the number of pediatric practices and clinics providing medical homes for all children, particularly those with special health care needs.	DPH
Outcome 2 Early Care and Education	Goal 2.1 Ensure access to quality early care and education for children ages 0-5 years through a variety of best practice models, targeting communities where children are achieving at lower rates. Goal 2.2 Meet the developmental needs of children through access to comprehensive health, mental health, and educational consultation for families and early care and education providers.	ECP Work Group CHDI
Outcome 3 Family Support and Parenting Education	Goal 3.1 Involve parents as partners in the planning and delivery of all early childhood services. Goal 3.2 Provide families with the skills and knowledge to nurture their children’s development. Goal 3.3 Enhance Connecticut’s coordinated State-local information, referral, and assessment system to ensure that all families and care providers have access to information and services to effect optimal child health and development.	COC ECP Work Group CDI Team
Outcome 4 Local Infrastructure	Goal 4.1 Support the development of local/regional early childhood collaboratives. Goal 4.2 Engage existing local collaboratives in state agency planning and service design.	ECP Work Group
Outcomes 5 & 6 State Infrastructure	Goal 5.1 Enhance the capacity of the state and local communities to use data for planning, administration and quality enhancement. Goal 5.2 Develop tools and resources to ensure cultural competence in the delivery of early childhood services. Goal 6.1 Develop broad-based support for comprehensive, integrated early childhood services for all children through expanded public awareness of the importance of the early childhood years.	Data CONNECTIONS ECP Work Group EC Alliance

Detailed Implementation Goals and Objectives

Goal 1.1 *Expand the number of pediatric practices and clinics providing medical homes for all children, particularly those with special health care needs.*

Indicators

- Number of primary care practices operating as medical homes.
- Families reporting perception of improved care on Medical Home Family Index.

Objective	Activities	Performance Measure	Partners
<p>1.1a Develop and maintain a Medical Home Provider Network associated with each of the five Regional Medical Home Support Centers (RMHSC)¹ during the contract period (on-going through June 30, 2007)</p>	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Select and engage at least 8 primary care practices serving the highest numbers of CYSHCN in the RMHSC regions. ▪ Facilitate designated office improvement changes in the Medical Home, including the use of Family/Caregiver Partners as parent partners. ▪ Measure family perception of care using Medical Home Family Index <p>Year 2 & 3</p> <ul style="list-style-type: none"> ▪ Continue implementation; expand number of practices by five per year. 	<p># of medical homes</p>	<p>Lead: DPH Partners: Regional Medical Home Support Centers (RMHSC), primary care practices (PCP), Family/Caregiver Partners, CHDI, UConn-Pappanikou Center</p>
<p>1.1b Provide training on the key concepts of medical home to pediatric primary care practices using best practice models, such as Peer-to-Peer Learning collaborative and the EPIC academic detailing model.</p>	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Offer curriculum for training to increase number of pediatric practices providing Medical Homes for CYSHCN (AHEC, DPH). (August 2006) ▪ Train all primary care practices linked to the RMHSCs in the utilization and documentation of program services provided to CYSHCN and their families/caregivers. (Ongoing, January - April 2006) ▪ Develop plan to engage and train a broader number of pediatric practices in offering Medical Homes to an increased number of children (CHDI) <p>Year 2 & 3</p> <ul style="list-style-type: none"> ▪ Train new practices engaged in RMHSCs ▪ Implement priority components of plan to extend Medical Home beyond CSHCN. ▪ 	<p># of providers trained</p>	<p>Lead: DPH, CHDI Partners: DSS, AAP, COC, AHEC</p>

¹ Each Center capable of delivering or arranging for the delivery of family-centered, coordinated, comprehensive health services (as defined in the definition of Medical Home) for the minimum number of CYSHCN benchmarked in their regions.

Objective	Activities	Performance Measure	Partners
1.1c Expand access to effective behavioral health care through primary care settings.	Year 1 <ul style="list-style-type: none"> ▪ Launch pilot to expand access to effective behavioral health care through primary care settings (March 2006) ▪ Identify systems issues inhibiting offering of effective behavioral health care (June 2006) Year 2 <ul style="list-style-type: none"> ▪ Evaluate pilot (July 2007) ▪ Address systems issues (September 2006 - August 2007) ▪ Develop plan to expand pilot if evaluation is positive (August 2007 - October 2007) 	Pilot launched Pilot evaluated	Lead: CHDI Partners: DCF, DPH, DSS, Higher education
1.1d Inform and conduct outreach to families about Medical Home as a best practice model.	Year 1 <ul style="list-style-type: none"> ▪ Provide information and training on medical home concept to at least 50 agencies interacting with families (March 2006) Year 2-3 <ul style="list-style-type: none"> ▪ Review progress and adjust / expand efforts to increase by 25% (Ongoing) 	# of agency personnel trained/ Information distributed	Lead: DPH Partners: DSS, COC, CAFCA (HSI)
1.1e Identify reimbursement strategies to support medical homes, e.g. health care reimbursement rates based on risk factors and care coordination to encourage preventive services, starting with HUSKY plans	Year 1 <ul style="list-style-type: none"> ▪ Review reimbursement issues in implementation of medical home, issue report (August 2006) Year 2 & 3 <ul style="list-style-type: none"> ▪ Review, prioritize, and determine feasibility to implement at least two recommendations 	Review completed. Agreed changes implemented	Lead: DPH, DSS Partners: CHDI, MCOs, Medicaid Managed Care Council

Goal 2.1 *Ensure access to quality early care and education for children ages 0-5 years through a variety of best practice models, targeting communities where children are achieving at lower rates.*

Indicators

- Number of quality early care and education slots (statewide and for targeted towns)
- Percentage of children entering kindergarten with quality early care and education experience
- Rate of quality slots available by age (slots per 100 children, statewide and for targeted towns)
- Percent of child care facilities that are accredited and/or percent of centers and homes with a 4 star rating of 5 (once proposed quality rating system is designed and implemented)
- Number of licensed family child care providers (statewide and in targeted towns) and NAFCC accredited family child care homes
- Training provided to kith and kin providers (how many providers trained, what kind of training, where/to whom) through Family Resource Centers and others

Objective	Activities	Performance Measures	Partners
2.1a Support work of Early Childhood Education Cabinet toward implementation of this Goal.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Attend ECE Cabinet meetings (Ongoing) ▪ Work with Cabinet to facilitate stakeholder involvement and input into strategic plan for ensuring that all children enter kindergarten fully ready for school success (January - May 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Monitor implementation of plan 	ECE Cabinet Plan developed by June 2006	<p>Lead: ECP Co-chairs</p> <p>Partners: DPH, DSS, SDE, DMHAS, DCF; CoC, EC Alliance, CHDI, CAHS, Head Start, Steering Committee members</p>
2.1b Ensure culturally appropriate approach to provision of early care and education services in all settings.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Secure diverse (ethnically, racially, economically, geographically) parent input into state plans for early care and education from at least 10 groups (March 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Monitor implementation (Ongoing) 		<p>Leads: SDE, DSS</p> <p>Partners: DCF, DPH, DMHAS, CHDI, CoC, EC Alliance, provider organizations, School Readiness Councils</p>

Goal 2.2 *Meet the developmental needs of children through access to comprehensive health, mental health, and educational consultation for families and early care and education providers.*

Indicators

- Number of centers and homes receiving multi-disciplinary consultation (track locations and populations served)
- Number of centers and homes receiving consultation in any of the ECP domains (by location and population)
- Number of children expelled from early care and education settings

NOTE: Need to develop indicators of child social/emotional and physical health as well

Objective	Activities	Performance Measures	Partners
2.2a Develop and fund a model for integrating health, mental health, and educational consultation services into early care and education settings.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Finalize the design of the pilot multi-disciplinary consultation model (January 2005) ▪ Seek funding from public and private sources to implement the model (October 2005-June 2006) ▪ Identify participating centers for the pilot (June - August 2006) ▪ Offer multi-disciplinary training for consultants involved in the pilot (September - December 2006) ▪ Provide support to consultants and directors through the TA Team (September 2006 – July 2007) ▪ Add multidisciplinary curriculum to training for 100 health consultants (Ongoing, beginning in June 2006) 	Pilot implemented # of consultants trained	<p>Lead: CHDI</p> <p>Partners: DPH, DSS, SDE, DMHAS, DCF, Head Start Collaboration Office, AFP, Yale School of Nursing</p>

Objective	Activities	Performance Measures	Partners
	<p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Conduct the evaluation of the pilot (pre- and post-assessments) (September - December 2007) ▪ Use lessons learned from the pilot to inform the development of an expanded multi-disciplinary consultation system (ongoing) ▪ Create easy-to-access database of consultants who meet state qualifications, with clear entry points re: information about consultation (January 2008) 		
2.2b Institutionalize existing child care consultation services.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Seek permanent funding for existing consultation services, such as Early Childhood Consultation Partnership (ECCP) mental health consultation (Ongoing) ▪ Raise awareness among child care programs of consultation services that are available/ benefits of consultation (Ongoing) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Expand funding available for consultation services to ensure that all child care programs can access this service (January - June 2007) 	ECCP incorporated in state budget	Leads: SDE, DCF DSS, DPH, CHDI, AFP, ECCP

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

Indicators

- Number of parents trained in civic action
- Number of parents engaged in state agency-sponsored planning processes and committees
- Parent satisfaction with early childhood services

Objective	Activities	Performance Measure	Partners
3.1a Increase the capacity of both providers and parents to work in partnership on the design and delivery of services.	<p>Year 1</p> <ul style="list-style-type: none"> • Provide training for ECE and health providers on how to work with parents as partners (addressing both provider attitudes and skills) (April - June 2006). • Continue to identify, recruit, and train at least 100 parents to serve as community leaders and advocates for change through Parent Trust Act grants (Ongoing). 	100 parents trained and engaged	Lead: Commission on Children Partners: DPH, DSS, DCF, DMHAS, CTF, Graustein/Discovery, UW of CT, Parent Power, other parent organizations
3.1b Reflect parents' needs and	Year 1	Data on family needs	Lead: Commission on

Objective	Activities	Performance Measure	Partners
desires in the design and delivery of programs and services.	<ul style="list-style-type: none"> Collect data through three state agency partners by using surveys or focus groups about what is important to parents (July 2006) Encourage agencies to better involve parents in agency planning groups, drawing upon their own consumers for this role (January 2006).² 	and preferences collected and analyzed # of parents involved in agency planning processes	Children Partners: CTF, DCF, SDE, DSS, DPH, DMHAS, UCONN

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

Indicators

- Number of families involved in high quality family support and parent education programs
- Number of DSS and DCF frontline workers trained in early childhood development and referral skills
- Number of family support and parent education program staff trained in early childhood development
- Percent of families who read to their children daily.
- Incidence of child abuse and neglect involving children under 6

NOTE: Need to develop measures of improved child development outcomes expected as a result of interventions.

Objective	Activities	Performance Measures	Partners
3.2a Connect and enhance various parent education and family support programs currently offered throughout the State to disseminate best practices, identify gaps, and eliminate overlaps or redundancy.	<p>Year 1</p> <ul style="list-style-type: none"> Map the existing parent education and family support resources to learn who they serve and how effective they are (January - March 2006) Assess delivery of child development courses in high schools (with SDE) (April - June 2006) Identify opportunities to improve existing programs/services, close gaps in services, and reduce redundancies (February 2006) <p>Year 2</p> <ul style="list-style-type: none"> Identify resources for expansion of best practice models for parent education and family support (January - June 2007 GA Session) 	Mapping and analysis complete	Lead: Commission on Children Partners: CTF, DCF, SDE, DSS, DPH, DMHAS, UCONN, Home Visiting Network, CPEN
3.2b Connect families engaged through Temporary Family Assistance (TFA) with family support resources.	<p>Year 1</p> <ul style="list-style-type: none"> Develop pilot program to systematically connect TFA recipients with young children in one region to local family strengthening and early care and education services (January - June 2006: plan; July 2006: implement) <p>Year 2-3</p>	# of families served	Lead: DSS Partners: CTF, CDI, HSI, local collaboratives

² Agencies will need to consider how to make such participation possible (time and location of meetings, transportation, child care, etc.)

Objective	Activities	Performance Measures	Partners
	<ul style="list-style-type: none"> ▪ Continue pilots (September 2006 - May 2007) ▪ Evaluate pilots (June-August 2007) 		
3.2c Connect families engaged in DCF child protection programs with family support resources.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Develop pilot program to better connect DCF-involved families with young children in one region to local family strengthening and early care and education services (January - June 2006: plan; July 2006: implement) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Continue pilots (September - May 2007) ▪ Evaluate pilots (June – August 2007) 	# of families served	Lead: DCF CTF, HIS, CDI, local collaboratives

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

Indicators

- Number of families provided with information and referral by Child Development Infoline. (geographic/demographic distribution)
- Number of families participating in Ages and Stages Questionnaire monitoring program. (geographic/demographic distribution.)
- Number of children referred to Birth to Three System, Preschool Special Education, Regional Medical Home Support Center, Help Me Grow services. (with geographic/demographic distribution)
- Number of children receiving services based on referrals (geographic/demographic distribution)

Objective	Activities	Performance Measures	Partners
3.3a Expand, further integrate and market Child Development Infoline services as core function of comprehensive state-local outreach, engagement, and family services system	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Develop a marketing plan for Child Development Infoline services, including determining the best branding strategy to reach and serve families and providers (March 2006) <p>Year 2 & 3</p> <ul style="list-style-type: none"> ▪ Implement marketing plan (September 2006 - August 2007) ▪ Secure resources to expand CDI telephone care coordinators to handle expanded demand (Ongoing) 	Marketing strategy developed and implemented # of calls to CDI before and after expansion # of families assisted	Lead: United Way of CT Partners: CTF, DMR, DPH, SDE, DSS
3.3b Develop screening guidelines to improve detection of developmental delays and special needs and train early care and education	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Develop guidance on best screening protocols (May 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Train at least 200 health, early care, and family support providers across systems at the community level to detect developmental or 	Screening guidelines produced # of providers trained in screening guidelines	Lead: CTF, DMR Partners: DPH, SDE, DSS. CHDI, United Way of CT, UCONN (Pappanikou Center),

Objective	Activities	Performance Measures	Partners
and health providers in their use	health issues and refer children to appropriate resources (October 2006 and ongoing)		Yale Child Study Ctr, AAP
3.3c Utilize Child Development Infoline data to inform early childhood service system.	Year 1 <ul style="list-style-type: none"> ▪ Prepare report documenting family needs, services received, and identifying gaps and barriers to families receiving services (June 2006) ▪ Continually refine scope and content of CDI and 211 provider databases (Ongoing) ▪ Secure support to further develop Child Development Infoline databases (Help Me Grow DOC and ASQ database) (June 2006) 	Assessment Report completed. Databases upgraded.	Lead: UW of CT / CTF Partners: DPH, DMR, SDE

Goal 4.1 Support the development of local/regional early childhood collaboratives.

Indicators

- Number of local or regional comprehensive early childhood collaboratives supported through state resources.
- Number of formal local/regional partnerships designed for comprehensive planning and service delivery.
- Number of discrete service improvements or system changes accomplished through the work of local collaboratives.

Objective	Activities	Performance Measures	Partners
4.1a Strengthen capacity of local and regional early childhood collaboratives.	Year 1 <ul style="list-style-type: none"> ▪ Develop partnerships among existing collaborative initiatives (e.g. Discovery, School Readiness Councils, KidCare Systems of Care, Help Me Grow, Nurturing Families Network, Asthma groups, and others) (Ongoing) ▪ Support development of local collaboratives to address all three ECP service goals: health, early care and education, and family support through ECP participation in training/technical assistance reaching 50 communities (February - June 2006) ▪ Through a competitive RFP process, provide planning grants to existing local early childhood collaboratives to expand their work to encompass all three ECP service goals (April - August 2006). Year 2 <ul style="list-style-type: none"> ▪ Evaluate Year 1 grant-funded activity (April 2007) ▪ Issue RFP for Year 2 Grants (May 2007) ▪ Explore methods to expand financial support for work of local early 	# of specific community training and communication efforts involving ECP partners RFP issued and contracts completed	Lead: DPH, CoC, Partners: SDE, DSS, DCF, CTF, CHDI, DMHAS, Discovery Initiative, United Ways

Objective	Activities	Performance Measures	Partners
	childhood collaboratives (Ongoing)		
4.1b Strengthen local provider networks to meet diverse family needs including implementation of in-depth assessments and strength-based family service plans.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Develop guidelines and tools for best practices in local provider networks and collaboratives (March 2006) ▪ Assess capacity of local service systems to provide a coordinated system of care for young children (August 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Work with local groups to implement guidelines and processes to meet diverse family needs 		<p>Lead: CTF, DMR</p> <p>Partners: DSS, DCF, DPH, Professional Associations</p>
4.1c Develop consistent revenue streams to support coordinated, integrated local services including in-depth assessment, strength-based family plans, care coordination, and tracking of service delivery and family and child outcomes.	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Review and issue report on revenue needs and sources for comprehensive, preventive early childhood services (August 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> ▪ Implement recommendations from report as feasible (Ongoing) 	<p>Updated financial scan</p> <p>Revenue analysis and recommendations completed</p>	<p>Lead: ECP Work Group</p> <p>Partners: CTF, DMR, DSS, DCF, DPH, DMHAS, Professional Associations, MCOs, School Readiness Councils, Head Start Assoc.</p>

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

Indicators

- Number of service delivery improvements and/or systems changes related to service integration at the local level resulting from collaboration between the state and local levels.
- “Customer satisfaction” among local collaboratives about state agency response to local input.

Objective	Activities	Performance Measures	Partners
4.2a Work across the Partner State agencies to align and strengthen processes for working with local collaboratives.	<p>Year 1:</p> <ul style="list-style-type: none"> ▪ Document existing state agency processes for engaging local input in program designs and supporting local collaborative work (May 2006). ▪ Identify opportunities for additional state/local collaboration by agency/program, working through the ECP Steering Committee (August 2006). ▪ Develop interagency policy statement on state and local planning for early childhood services (August 2006) <p>Year 2 & 3:</p> <ul style="list-style-type: none"> ▪ Sponsor joint training for state agencies and local collaboratives on 	<p>Reports on process and opportunities</p> <p>Policy issued</p>	<p>Lead: ECP Work Group</p> <p>Partners: DSS, DCF, DPH, CTF, DMR, DMHAS, OPM, Professional Associations</p>

Objective	Activities	Performance Measures	Partners
	<p>outcome-based planning in conjunction with OPM/Legislative initiative</p> <ul style="list-style-type: none"> ▪ Develop systems for collecting and sharing feedback from local to state (e.g. website with feedback forum) on program design, regulatory reform, service gaps, etc. ▪ Through Year 1 process, identify opportunities for integrating/blending funding to support local level service delivery enhancements aimed at specific child outcomes ▪ Pilot new blended funding initiatives. 		

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

Indicators

- Data system improvements to support early childhood initiatives.
- Inter-agency consistency in reporting early childhood results and system performance.
- Policy-relevant early childhood studies produced on key issues identified by the Early Childhood Education Cabinet.
- Research studies done in partnership among state agencies and outside researchers.
- Increase in number of state data reports on early childhood services accessible to communities and the public.

Objective	Activities	Performance Measures	Partners
<p>5.1a Identify and propose indicators to support establishment of a results-based accountability system across all early childhood service systems.</p>	<p>Year 1</p> <ul style="list-style-type: none"> ▪ Develop and agree on common outcome and performance indicators and measures across early childhood service systems to support the General Assembly’s results-based accountability initiative (November 2005 - April 2006) ▪ Report baseline data for tracking results and performance (August 2006) ▪ Determine the data and research improvements and infrastructure needed to support the results-based accountability system and relevant state administrative and planning functions (January - May 2006) ▪ Present workshops to state agencies on building data and research infrastructure and relate to results-based accountability (January 2007) <p>Year 2</p> <ul style="list-style-type: none"> ▪ Report on the outcome and performance indicators 	<p>Common outcome and performance indicators and measures determined and baseline data reported</p>	<p>Lead: CHDI (DataCONNECTIONS) Partners: OPM, COC, DPH, SDE, DSS, DCF, DMR, DMHAS, GA Approps Committee, Head Start Assoc., School Readiness Councils, Discovery Comm., United Way of CT, CAHS, CT Voices, academic researchers</p>
<p>5.3b Assist state agencies to build an</p>	<p>Year 1</p>		<p>Lead: CHDI (DataCONNECTIONS),</p>

Objective	Activities	Performance Measures	Partners
appropriate data and research infrastructure to support administrative, planning and accountability functions included in the plan	<ul style="list-style-type: none"> Refine and adopt the Early Care and Education Data Development Plan and develop data proposal for inclusion in the Cabinet early childhood plan (January - April 2006) Develop plan to address data and research infrastructure needs for health, family support and child tracking data systems to support results-accountability (January - October 2006) <p>Year 2-3</p> <ul style="list-style-type: none"> Phase in improvements to ECE , health and family support data systems (2006-08, ongoing) 	ECE Data Development plan adopted and incorporated into Cabinet plan	(DataCONNECTIONS), Partners: OPM, DPH, SDE, DSS, DCF, DMR, COC, Head Start Assoc., School Readiness Councils, Discovery Communities, United Way of CT, CAHS, CT Voices, acad. researchers
5.3c Develop capacity for sharing early childhood data across state agencies and local communities	<p>Year 1</p> <ul style="list-style-type: none"> Identify useful state administrative data that can be reported on local basis (March - August 2006) Identify local early childhood data needs in preparation of state data development plans (January - May 2006) Recommend data dissemination strategies (May - August 2006) <p>Year 2 & 3</p> <ul style="list-style-type: none"> Develop electronic vehicles for dissemination of state administrative data for community use (October 2006 - March 2007) Publish an update of the early childhood indicators fact book (June 2007) 	Administrative data more available for local use	Lead: CHDI (DataCONNECTIONS), United Way of CT Partners: State agencies, Graustein Memorial Fund (Discovery), UConn (CHIN), CAHS, CT Voices, EC Alliance

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

Indicators

- Common framework for cultural competence across all Partner agencies.
- Establishment of web-based cultural competence resource bank including performance measures.

Objective	Activities	Performance Measures	Partners
5.2a Develop common framework of goals for culturally effective practice in all Partner agencies.	<p>Year 1: Review existing policy in all partner agencies and develop cultural competence goals framework applicable to all agencies (June 2006).</p> <p>Year 2-3: Use the framework to re-examine and align agency policy and procedures relating to cultural competence in early childhood service delivery (2006 - 2008).</p>	Review completed and Framework developed. Use of framework in development of new early childhood policies and procedures.	DCF, DPH, DMHAS, DMR (Birth to Three), DSS, SDE
5.2b Monitor the ongoing work of ECP	Year 1-3: Provide regular written feedback on cultural	Regular feedback	DCF, DPH,

Objective	Activities	Performance Measures	Partners
and the Early Childhood Cabinet to ensure that the strategies/activities adopted are culturally effective.	effectiveness of emerging ECP and Cabinet plans (e.g. include stakeholder input in design, implementation and measures of success, recognize multiple world views/respect varied cultures, etc.) (Ongoing)	provided and recommendations adopted.	DMHAS, DMR (Birth to Three), DSS, SDE
5.2c Develop web-based listing of existing cultural competence resources (trainings, guidelines, policies, etc.) in Partner agencies.	Years 1-3: Compile and regularly update list of trainings, guidelines, reports and other cultural competence resources in CT partner agencies. Maintain this resource list on ECP website (Ongoing).	Web-based resource list.	DCF, DPH, DMHAS, DMR (Birth to Three), DSS, SDE
5.2d Develop performance measures to track progress on cultural effectiveness in early childhood service delivery (linked to the Results Based Accountability initiative of the legislature).	Years 2-3: Review literature and build on agency experience to identify meaningful indicators and useful tools for measuring cultural competence in the delivery of early childhood services. Share these tools with Partner agencies through the website and/or training (June 2006 - 2008).	Indicators and measures identified and shared.	DCF, DPH, DMHAS, DMR (Birth to Three), DSS, SDE

Goal 6.1 *Develop broad-based support for comprehensive, integrated early childhood services for all children through expanded public awareness of the importance of the early childhood years.*

Indicators

- Prominence of early childhood issues in public debates, news articles and other public media.
- Number of “early childhood champions” recruited and actively promoting ECP concepts of integrated, comprehensive early childhood services.
- Number of stakeholder groups trained to deliver common public service messages.

Objective	Activities	Performance Measures	Partners
6.1a Engage policy makers in public debate around a system of integrated, comprehensive early services.	Year 1 <ul style="list-style-type: none"> ▪ Conduct public opinion surveys on early childhood policy options (June 2006). ▪ Develop questionnaires for distribution to all statewide candidates for public office and conduct community debates around early childhood issues (June - November 2006). 	Results of public opinion survey disseminated broadly. Candidates take a public stand on specific early childhood policy issues.	Lead: Early Childhood Alliance and/or CAHS. Partners: Members of key stakeholder groups.
6.1b Coordinate diverse communications campaigns across partners through the use	Year 1 <ul style="list-style-type: none"> ▪ Identify key stakeholder groups and with them, develop common messages about early childhood investments (March 2006). 	Common messages developed, integrated	Lead: Early Childhood Alliance and/or

Objective	Activities	Performance Measures	Partners
of a strong common theme that promotes investment in early childhood services.	<ul style="list-style-type: none"> Develop a training kit for the use and delivery of these messages for distinct audiences (April 2006). Train key stakeholder groups across the state in the delivery of early childhood investment messages (April 2006 – November 2006). 	across campaigns and delivered to partners and affiliates in the field.	CAHS Partners: CT United Way, Local United Ways
6.1c Create a communications and information dissemination network that knits together state agencies, child advocates, early childhood providers and others interested in understanding and promoting, integrated, comprehensive early childhood services.	<p>Year 1</p> <ul style="list-style-type: none"> Determine the need for interactive web site(s), email listservs, newsletters, alerts, etc (January - March 2006). Secure financial support for early childhood communications network (January - March 2006). Implement user-friendly outreach and information-sharing vehicles across all partners and stakeholders (Ongoing). <p>Year 2-3</p> <ul style="list-style-type: none"> Maintain, expand and revise communication hubs as needed. 	Web site, listserv, and other communications options funded and operational	Lead: Early Childhood Alliance and/or CAHS Partners: DPH, SDE, DSS, DMHAS
6.1d Reconfigure Ready Set Grow – CT KIDS campaign to promote specific early childhood policy changes.	<p>Year 1</p> <ul style="list-style-type: none"> Ensure that different cultural communication styles and strategies are used to inform and engage the populations most affected by the policies being debated (March 2006). Develop training packets on specific early childhood policy options for “Groups of Ten” efforts across the state (April 2006). Train self-identified RSG children’s champions on policy options and their implications for local communities (Ongoing). 	Specific policy changes identified and explained to small groups of interested residents across the state.	Lead: Early Childhood Alliance and/or CAHS Partners: Members of key stakeholder groups.

Guide to Early childhood Partners Acronyms

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

