

Connecticut Grantee Profile for SECCS

BACKGROUND	
<i>Program Name</i>	Connecticut Early Childhood Partners (ECP)
<i>State Lead Agency</i>	Connecticut Department of Public Health - Family Health Section
<i>Agency Contact information including website</i>	<p>Mr. Kevin Sullivan ECCS Coordinator Connecticut Department of Public Health, Family Health Section 410 Capital Avenue, MS#11 MAT, PO Box 340308 Hartford, CT 06134-0308 Tel: (860) 509-7108; Fax: (860) 509-7720 http://www.ecpartners.org</p>
<i>Title V Agency Activities that pertain to early childhood</i>	<ul style="list-style-type: none"> • Asthma Program: implements some of their statewide comprehensive asthma control plans based on resource availability. • Lead Poisoning Prevention and Control: works on preventing lead poisoning, trains medical care providers to screen for this health issue, supports lead inspections, and educates the public about lead-safe work practices. • Infant Immunizations: reduces disability and death resulting from diseases that can be prevented through vaccination. • Early Hearing Detection and Intervention: provides early hearing detection and intervention in an effort to prevent speech, language and other delays and support children in reaching their maximum potential. • Newborn Screening Laboratory: aims to screen all babies born in CT prior to hospital discharge or within the first 4 days of life. The program’s goal is early identification of infants at increased risk for selected metabolic or genetic diseases so that medical treatment can be promptly initiated to avert complications and prevent irreversible problems and death. • Oral Health Matters: strives to promote health and reduce disease and health disparities in Connecticut through enhanced oral health and oral health care access. • WIC Nutrition Program: is a Special Supplemental Nutrition Program for Women, Infants and Children. • Child Day Care Licensing Program: licenses child day care facilities in Connecticut. • MCH Infoline: is a toll free and statewide information and referral service. • Fetal and Infant Mortality Review: brings together key community members to review information from individual cases of fetal and infant deaths in order to identify systems factors associated with those deaths. The overall goal of F.I.M.R is to enhance the health and well-being of women, infants and families by improving the community resources and service delivery systems. • Food Stamp Nutrition Education: provides educational programs that increase the likelihood of food stamp participants and applicants making healthy food choices and choosing active lifestyles consistent with the most recent advice reflected in the Dietary Guidelines for Americans and the Food Guide Pyramid. • Community Health Centers: is a critical source of health care for the poor, underserved, vulnerable populations at risk for poor health status in many communities throughout the state for almost thirty (30) years. • School Based Health Centers: are comprehensive primary health care facilities located within or on school grounds. They are staffed by multi-disciplinary teams of pediatric and adolescent health specialists, including nurse practitioners, physician assistants, social workers, doctors, and in some cases, dentists and dental hygienists.

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<i>Project Period</i>	September 1, 2006 – August 31, 2008
<i>State Early Childhood issues addressed by this project</i>	Over 40 early childhood programs operate in Connecticut currently. However, planning, delivery of services, policy, and funding are fragmented.
<i>Existing early childhood initiatives in the State outside of agency</i>	<ul style="list-style-type: none"> • High Performance Bonus – Fatherhood Initiative: promotes the positive involvement and interaction of fathers with their children, with an emphasis on children eligible, or formerly eligible for services funded by the temporary assistance for needy families block grant. • Family Empowerment Initiative: includes eight nationally recognized prevention programs that assist high-risk groups of parents and others that are involved in the lives of children. • Parent Trust Fund: helps communities improve the health, safety, and learning of their children by providing the funding needed to train parents in civic leadership.

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KEY PARTNER ORGANIZATIONS	
Type of Partner Organization	Name of Partner Organization
Child Care	<ul style="list-style-type: none"> • Department of Children and Families
Education	<ul style="list-style-type: none"> • Department of Education • Head Start
Mental Health	<ul style="list-style-type: none"> • Department of Mental Health and Addiction Services • Mental Retardation/Birth to Three Program
Juvenile Justice	None indicated
Providers	None indicated
Government (Health)	None indicated
Health Plans/Insurers (private and public)	None indicated
Community Health Center, School Clinic	None indicated
Advocacy Organizations	<ul style="list-style-type: none"> • Commission on Children • Early Childhood Alliance
Parent/Family Organizations	None indicated
Social Services	<ul style="list-style-type: none"> • Department of Social Services • Children's Trust Fund
Human Services	<ul style="list-style-type: none"> • Commission for Children
Housing	None indicated
Medical Professional Associations	None indicated
Non-Medical Professional Associations	<ul style="list-style-type: none"> • Association of Local Health Directors • Connecticut Nurses Association
Labor	None indicated
Business	None indicated
Academic Centers/Institutes	<ul style="list-style-type: none"> • Child Health Development Institute
Foundations	None indicated
Faith-based Organizations	None indicated
Other	<ul style="list-style-type: none"> • Families/Consumers

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PROJECT DESIGN	
<i>Project Mission</i>	Connecticut’s mission is “to build and sustain a comprehensive, integrated system of early childhood and family services that optimizes the health and learning of CT children ages 0 – 5.
<i>Project Goals</i>	<ul style="list-style-type: none"> (1) To expand the number of pediatric practices and clinics providing medical homes for all children, particularly those with special needs; (2) To increase the number of parents trained and participating in their communities as advocates for children; (3) To meet the developmental needs of children through access to comprehensive health, mental health, and education consultation for families and early care and education providers; and (4) To increase the coordination and the exchange of information between state agencies and organizations that address early childhood services.
<i>Project Objectives</i>	<p>Objectives for Goal 1:</p> <ul style="list-style-type: none"> (1) The five Regional Medical Home Support Centers (RMHSC) will develop and maintain a provider network of at least five new pediatric practices per year. <p>Objectives for Goal 2:</p> <ul style="list-style-type: none"> (1) 100 parents will be trained through programs funded by the Parent Trust Act. (2) To provide Ages and Stages training to pediatric care providers to better equip parents to partner with practitioners to identify potential development delays. (3) Identify and recruit family readers to provide input to ECP Implementation Process. <p>Objectives for Goal 3:</p> <ul style="list-style-type: none"> (1) To provide Child Care Health Consultant (CCHC) training to at least 30 consultants per year, the Connecticut Nurses Association will conduct trainings utilizing the CCHC training program based on the DHHS, MCHB, University of North Carolina National Training Institute (NTI). <p>Objectives for Goal 4:</p> <ul style="list-style-type: none"> (1) By August 31, 2006, DPH will develop, launch, and maintain an Early Childhood Partners website to make information available to state and community partners. (2) By August 31, 2005, DEPH personnel will be identified and participate on the Governor’s Early Childhood Education Cabinet (ongoing).
<i>Target Populations</i>	Children age 0-5
<i>Geographic Service area (state/local/urban/rural)</i>	Statewide

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SUMMARY OF IMPLEMENTATION ACTIVITIES/STRATEGIES	
Five Critical Components	Strategy/Activity
<p>Access to Health Insurance and Medical Homes (<i>Access to and insurance support for medical homes providing comprehensive physical and child development services for all children, including children with special health care needs and assessment, intervention, and referral of children with developmental, behavioral, and psycho-social problems</i>)</p>	<ul style="list-style-type: none"> • The medical home concept is adopted by five pediatric practices. • Training materials through various formats (CDs, print, and web-based resources) for providers regarding medical homes will be produced and disseminated. • New practices will be trained on the key concepts of a medical home, including records management system by the Regional Medical Home Support Centers. • Technical assistance to medical homes regarding office improvement changes will be provided by the Regional Medical Home Support Centers. • The Medical Home Advisory Council will convene on a quarterly basis.
<p>Mental Health and Social-Emotional Development (<i>Availability of services to address the needs of children at risk for the development of mental health problems and integration of the development of necessary pathways to facilitate entrance of at risk children into appropriate child development and mental health delivery systems</i>)</p>	<ul style="list-style-type: none"> • Ages and Stages Trainer is hired. • Conducted 2 regional trainings for 60 health care providers statewide utilizing Ages and Stages training materials and trainer are conducted.
<p>Early Care and Education/Child-Care (<i>The integration into the early childhood system of the development of early care and education services for children from birth through five years of age that support children's early learning, health, and development of social competence</i>)</p>	<ul style="list-style-type: none"> • A contract with the Connecticut Nurses Association to conduct statewide trainings to Child Care Health Consultants (CCHC) is developed and executed. • 20 child care health consultants will be trained to provide multidisciplinary consultation to licensed day care and school based early childhood providers through statewide four day workshops coordinated by Connecticut Nurses Association. • A list of CCHCs who participated in the trainings is compiled and maintained in a centralized database. • Information will be disseminated via Early Childhood Partners website and other mechanisms (e.g., Healthy Child Care New England, Connecticut Nurse's Association website, and All Children Considered) to at least 150 CCHC's and the programs they serve about events and trainings relevant to their roles and programs.
<p>Parenting Education (<i>Availability of comprehensive parenting education services in the community</i>)</p>	<ul style="list-style-type: none"> • Parent advocacy curriculum and workshop agenda is developed in Connecticut based on Parent Leadership Training Institute (PLTI) curriculum. • No-cost parent advocacy training in at least ten centrally located towns will be provided to maximize participation. • Layout and design for Early Childhood Partners website will be created to make information available to state and community partners. • Medication administration training for parents and family members will be provided. • Three to five ethnically diverse family readers will be recruited to read and provide input into the ECP Implementation Process.
<p>Family Support (<i>Availability of comprehensive family support services that address the stressors impairing the ability of families to nurture and support the healthy development of their children</i>)</p>	<ul style="list-style-type: none"> • No activities listed

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PLANS FOR SUSTAINABILITY	
<i>Approach</i>	<ul style="list-style-type: none"> Early Childhood Partners (ECP) will update the cross agency Early Childhood financial scan. ECP will then disseminate to the ECP steering committee and the Early Childhood Education Cabinet members.

EVALUATION PLAN	
<i>Approach</i>	<p>A process evaluation will be conducted to monitor the implementation plan activities completed by the deadline. The evaluation will examine the following:</p> <ul style="list-style-type: none"> Execution of Regional Medical Home Support Centers contract on file Number of new medical practices engaged Number of medical home providers trained Family participation on the Medical Home Advisory (MHA) Council Frequency of MHA meetings Number of providers trained on Ages and Stages Number of calls to Child Development Infoline pre and post training Early Childhood Education Cabinet meetings attended and information disseminated to Cabinet Members Number of Healthy Child Care consultants trained Number of parents trained on advocacy Updated Cross Agency Financial Scan Early Childhood Partners website developed Number of hits on the Early Childhood Partners website Training evaluations will be conducted and analyzed from Ages and Stages Training. Training module and technical assistance for the Regional Medical Home Support Centers (RMHSC) is evaluated.