

Priority Recommendations – Year One

<b>Maternal Health</b>	
1. Ensure access to health and mental health services for women before, during, and after birth. This includes lactation consultation, folic acid, BMI, smoking cessation, and oral health.	
2. Expand early intervention services to high-risk children and families to prevent developmental, learning and emotional problems. (e.g. Child First)	<b>cost analysis</b>
3. Enhance the Special Supplemental Nutrition Program for Women, Infants and Children. (WIC)	
<b>Family Support</b>	
1. Ensure families have access to home-visiting services for the first year of a child’s life.	<b>cost analysis</b>
2. Increase support to fatherhood initiatives to ensure fathers have access to services and programs that support their active participation in family life.	<b>cost analysis</b>
3. Establish a network of community-based family support centers	
<b>Physical and Mental Health</b>	
1. Fully implement the Early Periodic Screening Diagnostic Treatment (EPSDT) guidelines in HUSKY for a preventive child health system. Include reimbursement for: <ul style="list-style-type: none"> <li>• care coordination</li> <li>• maternal depression screening</li> <li>• child developmental and oral health screening</li> <li>• mental health treatment based on medical necessity, rather than psychological diagnosis.</li> <li>• subspecialty services for children with special health care needs.</li> </ul>	<b>cost analysis</b>
<b>Early Care and Education</b>	
1. Expand the core building blocks for the pre-k system to include infants and toddlers. Including: <ul style="list-style-type: none"> <li>• Quality Rating System- include the Infant Toddler Early Learning Guidelines</li> <li>• Increased rate reimbursement for infant toddler slots</li> <li>• Infant toddler workforce career development</li> <li>• Expand infant-toddler slots</li> <li>• Health and mental-health consultation in infant-toddler settings</li> </ul>	<b>cost analysis (expanded IT slots)</b>

2. Provide a community-based support system for unlicensed and licensed family child-care providers.	
<b>Early Literacy</b>	
1. Create a coherent and coordinated early literacy strategy to reverse the reading crisis in Connecticut. Utilize research-based practices in developing a continuum of strategies from birth to Grade 3 for parents and providers.	
2. Include early literacy strategies in local early childhood capacity plans and School Readiness district plans.	
3. Expand opportunities for children to be read to while visiting their incarcerated parents.	
4. Allow parents on welfare to utilize adult literacy training as a portion of their required work hours.	
<b>Early Screening, Assessment, and Intervention</b>	
1. Expand the Birth-to-Three program to include children with mild developmental delays and environmental risk.	<b>cost analysis</b>
2. Enhance the capacity of Child Development Infoline and Help Me Grow and support universal use of the Ages and Stages Program to assist parents in monitoring child development.	<b>cost analysis</b>
<b>Reduce Child Poverty</b>	
1. Support and implement the recommendations of the Child Poverty and Prevention Council.	
<b>Systems Infrastructure and Innovation</b>	
1. Establish an interagency team to work with an Infant Toddler coordinator to implement the infant toddler recommendations.	
2. Set aside up to 10% of federal grant dollars earmarked for early childhood services for infants and toddlers where appropriate.	<b>cost analysis</b>
3. Establish interagency agreements among key state agencies to form a cohesive service system for infants and toddlers. Use as a model for master contract system's change.	<b>cost analysis</b>
4. Data development- establish annual Pregnancy Risk Assessment Monitoring Survey ( PRAMS )	

Priority Recommendations – Years Two and Three

<b>Maternal Health</b>
1. Support the prevention of unplanned pregnancies by providing pre-conception and family planning education to teens and women of childbearing age, including ensuring reimbursement for such services through Medicaid and private insurance.
2. Expand Healthy Start to serve more Medicaid pregnant women and review the current assessment tool used to align with the Medicaid Program.
<b>Family Support</b>
1. Provide access to parenting-skills training for all first-time parents through education programs delivered by credentialed staff.
2. Establish a coordinated, statewide quality-improvement program for kith and kin providers, including innovation grants to communities.
3. Provide course work on child and human development to all high school students, to ensure they get critical knowledge for parenthood.
4. Support the Parent Trust Act, which provides grants to local communities to foster civic engagement by parents.
<b>Physical and Mental Health</b>
1. Adopt the Child Health Services Building Block continuum of integrated services framework for a comprehensive health system.
2. Support the implementation of the Medical Home model of primary care, as recommended by the American Academy of Pediatrics.
3. Train primary health care providers to include developmental and oral health monitoring as part to well-child visits.
4. Disallow co-pays and deductibles for preventive pediatric services under commercial insurance.
5. Expand HUSKY eligibility and enrollment.
6. Increase funding of families’ transportation to primary-care appointments under HUSKY.
<b>Early Care and Education</b>
1. Expand opportunities for paid family leave to promote connection and nurturance between parents and newborn babies and lessen the demand for formal infant care slots.

2. Continue the work of year one priorities.
<b>Early Literacy</b>
1. Include parents as partners in their child’s education through support of opportunities and enhancement of family literacy skills such as Reach Out and Read in pediatric practices.
2. Expand the role of public libraries in outreach strategies to parents with infants toddlers and twos and informal and formal childcare.
3. Allow parents on welfare to utilize adult literacy training as a portion of their required work hours.
<b>Early Screening and Assessment and Intervention</b>
1. Continue work of year one priorities
<b>Reduce Child Poverty</b>
1. Establish a statewide initiative for first time parents on Temporary Family Assistance to assess educational needs and provide appropriate services to assist them to become self sufficient.
2. Continue Implementation of the Child Poverty and Prevention Council Recommendations.
<b>Systems Innovation</b>
1. Create a continuum of care that ensures universal services access supporting family strengths, including regional system “hubs” connected to local neighborhood sites.
2. Continue the work of year one priorities.
<b>Data Development</b>
1. Fund and implement the Promoting Healthy Development Survey (PHDS) in Connecticut as the state’s tracking tool on the developmental experiences of families. PHDS is a parent survey that assesses whether young children age birth to three (under 48 months of age) receive nationally recommended preventive and developmental services.
2. Support the development of the Help Me Grow referral services database as a tool for identifying gaps in local service delivery for infants, toddlers, and twos.