Building Local Capacity
Public-Private Partnership

Summary Report of Community Plans

October 2009

A Collaborative Management Team Report
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Background of the Public-Private Partnership

A major milestone on the road to expanding early childhood care and education in Connecticut came in 2005 when Governor Jodi Rell established the Connecticut Early Childhood Education Cabinet (Cabinet). The Cabinet's charge was to identify and set agenda items that will promote the development of young children in the state and to advise the Department of Education on early childhood issues. The 2007 biennial budget approved by the legislature included $64 million per year for early care and education and approximately $3.4 million per year was allocated to the Cabinet for planning, infrastructure, accountability, and quality enhancement. One of the Cabinet's ten priorities was to build the capacity of local communities to develop birth-to-eight Local Early Childhood Councils for planning and monitoring early childhood services.

In June 2007, the Cabinet committed $525,000 per year from its discretionary budget to match the Graustein Memorial Fund's (GMF) $300,000 per year for local capacity building. An ad-hoc work group comprised of state agencies, Cabinet staff and Memorial Fund staff was charged with developing the parameters for the public-private investment. In September 2007, the Cabinet approved the funding proposal, which was designed to complement and build on existing community efforts, including the Discovery Initiative and School Readiness Councils. The Cabinet also approved a collaborative management structure, the Collaborative Management Team (CMT), comprised of staff from the Graustein Memorial Fund, the Cabinet, the State Department of Education (SDE) and subsequently the Children's Fund of Connecticut to jointly oversee the implementation. The CMT retained a consultant to serve as the Project Manager for the partnership and released the Local Capacity Building RFP through the SDE in October 2007. Communities were invited to apply for a one-time grant to develop a comprehensive community plan for young children from birth through age eight and their families.

The community plans were to encompass early care and education; social, emotional, behavioral and physical health; and family supports and align with the Cabinet's *"Ready by 5 & Fine by 9"* goals:

1. Reach appropriate developmental milestones from birth to age 5;
2. Begin kindergarten with the knowledge, skills and behaviors needed for success in school; and
3. Have K-3 education experiences that extend children's birth-to-5 learning and ensure consistent progress in achieving reading mastery.

The overall intent of the public-private co-investment was to support communities in the development of a blueprint for a seamless, accessible system of services that is responsive to diverse family and community needs. Communities were required to address a set of common elements within the context of their unique needs:

- a community vision
- an analysis of community-wide assets, along with system gaps and barriers;
- measurable results
- strategies to achieve the results
- a data collection and accountability system
- a financing plan that aligned resources across multiple funding streams

Purpose of Report

This report is designed to provide an overview of the commonalities across the 23 community plans that were funded by the public-private partnership. The information contained in this report was derived from the written community plans submitted by the communities, interim progress reports, the Project Manager's individual conversations with the community contacts, and discussions at the technical assistance sessions with participating communities over the 18-month grant period.

Context for the Community Planning Process

In January 2009, twenty-three (23) communities were selected to each receive a public-private partnership grant. Hartford and Norwalk already had a plan and received systems enhancement grants. A majority of the communities used the grants to hire a process consultant to facilitate and support the local planning process whereas others used existing staff. Shortly after the communities were selected, the Children's Fund of Connecticut (CFC) and the Graustein Memorial Fund announced a grant opportunity to the planning grant communities to secure the engagement of the health sector and integrate health needs into the development of the comprehensive community plan. Eight of the communities subsequently received health addendum grants.

When the public-private partnership grants were awarded in January 2009, the State of Connecticut was uniquely poised to undertake a statewide effort to build an early childhood system. The Early Childhood Education Cabinet was in its fourth year of operation and in its third year as one of two case examples of Results-Based Accountability (RBA) implementation by the Appropriations Committee of the legislature.

It was not until after the community planning grants were awarded that the CMT became fully aware of the usefulness of Results Based Accountability (RBA) as a tool for planning, budgeting, and accountability. Five months into the process, on behalf of the CMT, the Graustein Memorial Fund contracted with The Charter Oak Group, a Connecticut- based consulting firm that was working with the General Assembly on RBA, to design and provide RBA technical assistance to the planning grant communities. Although RBA was not required, over the course of the 18-month planning grant period, a total of nineteen (19) communities and ninety-two (92) individuals voluntarily participated in six (6) RBA Institutes. Participants subsequently reported that RBA provided a concrete framework for organizing their planning effort.

As well positioned as Connecticut was at the beginning of the public-private partnership, the economic downturn in 2009 drastically changed the policy landscape. The leaders of the Cabinet envisioned the public-private partnership grants as a vehicle for local communities to inform the statewide efforts through the Cabinet's State-Community Partnership Standing Committee. The Standing Committee was comprised of state agencies, statewide organizations, and community representatives. By the time the Standing Committee became operational in September 2009, the state budget deficit was beginning to threaten the early childhood agenda and the Cabinet's SFY 2011 funding. The Standing Committee focused on identifying state policy issues and concerns, keeping the community work front and center with the Cabinet and its budget deliberations.

> Unlike in other states, the Connecticut effort was completely voluntary. There was no state legislation or mandate for communities to develop a comprehensive community plan.

Communities understood that their plan was a "blueprint" for long-term action, but it became very challenging to craft a long-term vision when the viability of core programs was being threatened by the lack of local and state funds.

Once the Governor's SFY2011 budget was released proposing a drastic reduction of funding and scope for the Cabinet, it became even more challenging for communities to sustain the momentum needed to complete their plans since the Cabinet, from the community's perspective, was seen as a vehicle for cross-agency coordination, funding flexibility and public policy driven by community needs. Communities were also struggling with local budgetary challenges. Nonetheless, communities that fully embraced a results framework were able to maintain an inclusive and visionary process by identifying low-cost/no-cost actions while specifying longer term system building strategies for when the economy recovers. By the time the community plans were submitted on June 30, 2009 the state still did not have a budget and the future of the Cabinet was still not certain.

SNAPSHOT OF THE COMMUNITIES

The twenty-three (23) communities receiving a public-private partnership grant included 14 Priority School Districts and 9 Competitive School Districts. All 14 of the Priority School District planning grant communities have been designated by the State Department of Education as "in need of improvement" within the context of federal No Child Left Behind (NCLB) laws.[1]

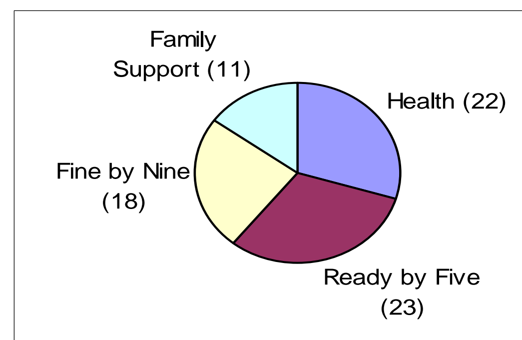
Priority School Districts	Competitive School Districts
Bridgeport, Bristol, Danbury, East Hartford, Hartford, Meriden, Middletown, New Britain, New Haven, Norwalk, Norwich, Stamford, Waterbury, Windham	Colchester, Greenwich, Manchester, Mansfield, Shelton, Stratford, Thomaston, Torrington, Windsor

The total K-12 student population across the 23 communities is 208,639 and 51,129 are K-3 students.

- The percentage of minority students varies with a high of 93.8% in Hartford to a low of 2.8 % in Thomaston.
- In four communities, over 15% of the student population is English Language Learners: Windham (21%) Danbury (19%); Hartford (17%); and New Britain (17%).
- The percentage of students in 2008 at reading goal in third grade varied with a low of 16% in Hartford to a high of 49% in Manchester.
- Communities where less that 70% of the children have a pre-school experience include: Hartford (62%); East Hartford (63%); Waterbury (65%); Danbury (65%); and New Haven (68%).
- The percent of students rated by their kindergarten teacher as least ready in language development varied Hartford (38.4%); Waterbury (43.5%); Danbury (40.5%); and Torrington and Windsor (17%).
- The percent of births to mothers with non-adequate prenatal care ranged from a high of 37% in New Britain and Hartford to a low of 10% in Shelton and Danbury.

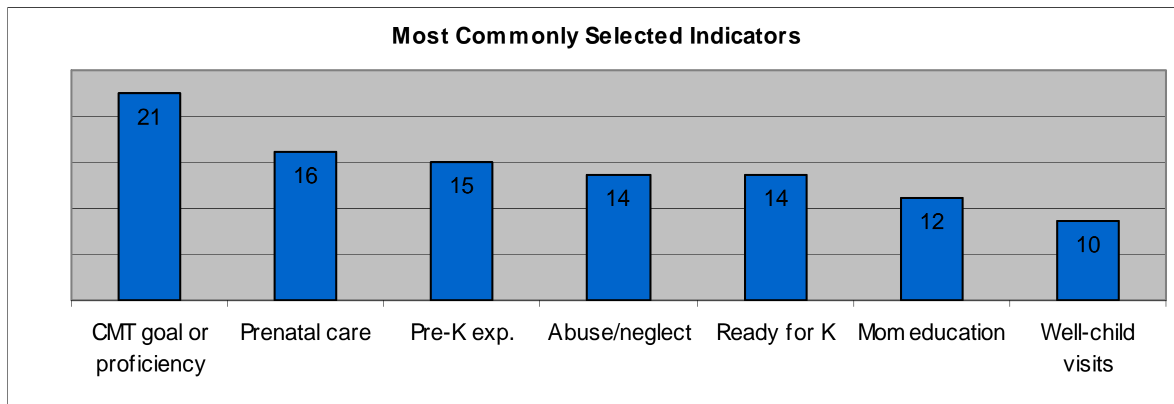
COMMUNITY PLAN ANALYSIS

All 23 communities developed comprehensive Birth to age 8 population results that aligned with the four domains in the Cabinet's "*Ready by 5 & Fine by 9"* Framework. Although only 11 of the plans identified family support as a major domain, family support strategies were embedded within the other three domains (Health, Ready by Five and Fine by Nine).



COMMON INDICATORS

Across the 23 communities, there was much commonality in the indicators selected and they aligned with indicators selected by the Cabinet whether they were identified as headline or secondary indicators. In many cases, the indicators are proxies or stand-ins for the indicators that the communities really want, but the data is not currently available. Many communities have begun to specify the data that they would ideally need to measure progress and have created data development agendas.



STRATEGIES

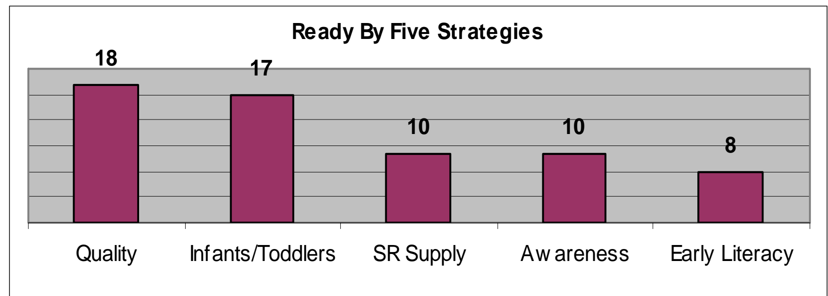
Communities were encouraged to collect and analyze data to develop a community-wide understanding of what was contributing to poor outcomes. From this needs assessment, communities identified a range of strategies and sub-strategies that would move them toward achieving the results they specified for their young children. There was a lot of variability in the strategies in terms of how detailed the strategies were and in some cases the strategies did not fully align with the results, for example:

- The CMT scores were selected as an indicator for a majority of communities yet school-based K-3 strategies were notably absent in many of the plans.
- Community awareness was a primary strategy for many communities yet they lacked specificity in terms of how they would impact the selected indicators.
- The gap between English Language Learners (ELL) and other students was noted in many plans yet the strategies primarily focused on reaching out to non-English parents with little detail on service improvement strategies.

Despite the unique characteristics and needs of the communities, common strategies emerged within each major domain. The following section displays the common strategies that were most frequently identified across the 23 community plans. Attachment A summarizes the common sub-strategies for each domain.

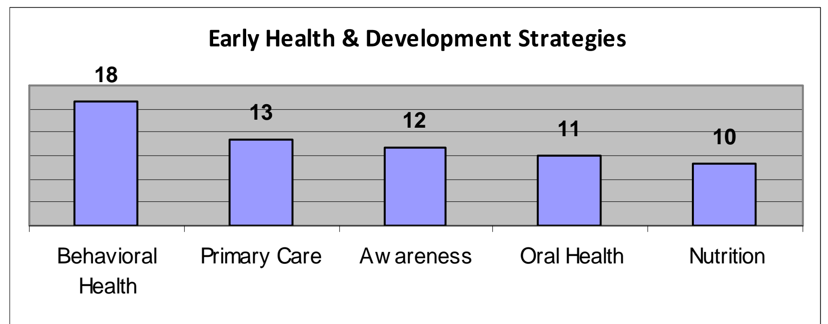
READY BY FIVE

All 23 communities identified early care and education strategies with a significant emphasis on quality in both pre-school programs and home care providers. 17 communities specified infant/toddler strategies that included increasing the quantity of licensed home care providers, as well as outreach and recruitment.



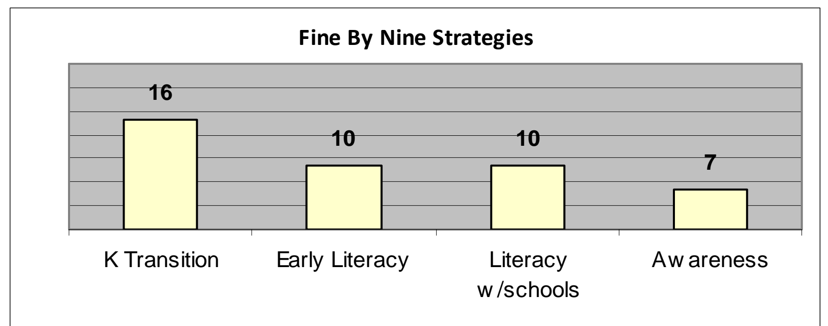
EARLY HEALTH & DEVELOPMENT

22 communities identified early health and development strategies, with behavioral health and access to primary care being the most commonly identified. Increased community awareness of health needs was a common focus. A range of care coordination sub-strategies (e.g., medical homes) were also identified.



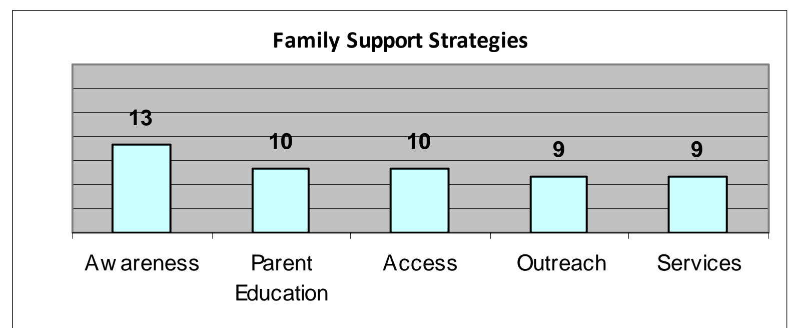
FINE BY NINE

18 communities identified strategies designed to address the needs of children once they enter school, with kindergarten transition being the most common. While 21 communities selected the 3rd grade CMT as an indicator, only (10) communities specified school-based strategies beyond kindergarten that involved classroom practices.



FAMILY SUPPORT

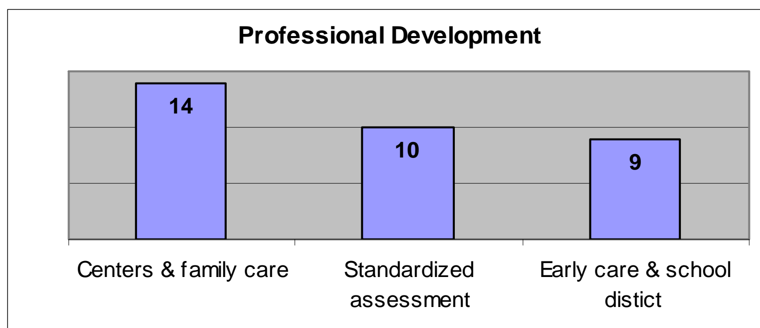
For the 11 communities that selected family support as domain, increasing community awareness of resources was the most common strategy. Other strategies included educating parents about child development and their role as a child's first teacher, outreach to families, and increasing access to services through culturally appropriate venues such as churches, neighborhood based groups and family resource centers.



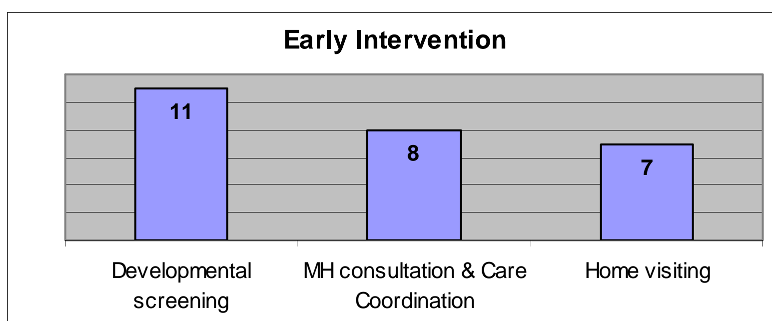
CROSS SYSTEM STRATEGIES

Through the community planning process it was anticipated that communities would begin to develop an early care and education system responsive to the varying needs of young children and their families. Cross system strategies are those that cross individual domains (e.g., health, early care), connect multiple programs and streamline access. Several cross system strategies emerged from a review of the 23 community plans:

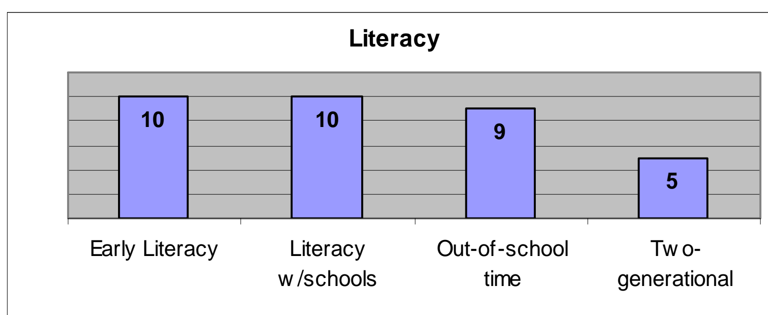
QUALITY - Professional development was identified as a strategy to improve quality across and between early care programs and the schools. Community strategies included joint professional development between family care and center-based providers and between early care providers and kindergarten teachers. Standardized assessment strategies were also identified.



EARLY INTERVENTION - Communities proposed a range of early intervention strategies, including developmental screening of young children in a variety of community settings including pediatricians and early care programs. Home visiting that links and integrates behavioral health, primary health care, and early education was a strategy within multiple domains.



LITERACY -- While only a handful of communities had explicit two-generational literacy strategies, many had a range of literacy strategies that focused on out-of-school time (after-school, summer), community based early literacy efforts (maximizing the library as a key resource) and others had comprehensive literacy strategies that explicitly linked what happens in community-based settings with what happens in the early grades of school.



ENGLISH LANGUAGE LEARNERS – Across all the domains, communities identified the need to reach out to non-English speaking families, to ensure there are culturally responsive services and that families have access to health care through HUSKY, access to translation services and school based curriculum that acknowledges the diversity of the student population. Although there was recognition of the changing demographics in the communities and the achievement gap between English Language Learners and other students, the strategies were not very specific. More work is needed across the community plans to fully develop system building strategies to address this population within and across domains.

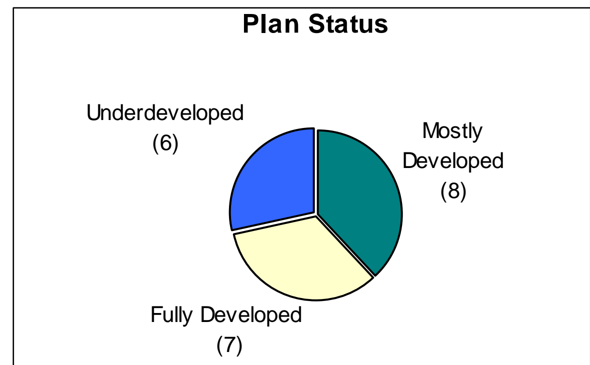
THE TECHNICAL REVIEW PROCESS

A technical review team was charged by the Collaborative Management Team (CMT) to review the 21 community plans that were submitted on June 30, 2009.[1] All 21 communities chose to utilize Results Based Accountability (RBA) as the format for their plans. The review examined how well the community plan addressed the core elements (see below) and focused on three overarching questions:

1. To what degree did the community use data to identify underlying causes and develop solutions?
2. To what degree do the strategies or solutions align with the analysis of the problems?
3. To what degree has the community developed an accountability system to measure progress toward the result?

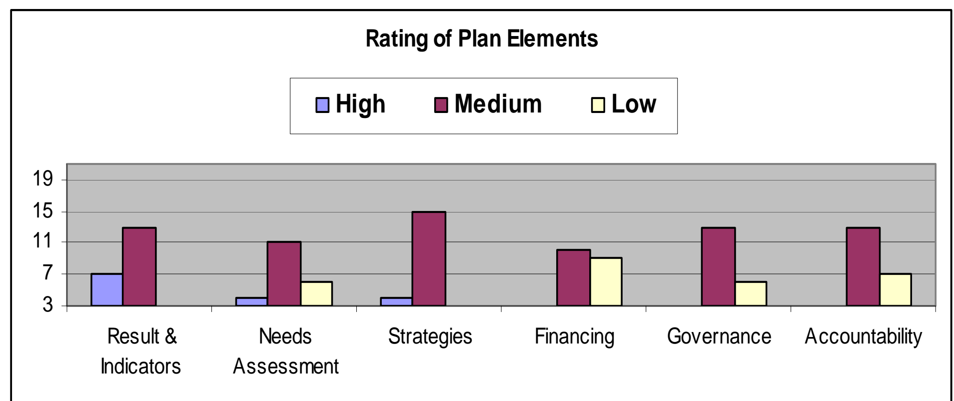
The 21 community plans clustered into three groupings:

- **Fully Developed:** The core elements are fully developed; a solid analysis of data is evident; the strategies are comprehensive, and a structure to measure progress and support implementation is identified.
- **Mostly Developed**: The core elements are all addressed but not all are fully developed.
- **Underdeveloped:** The plan is missing a majority of the core elements or the elements are significantly under-developed.



Across the 21 plans, financing, governance and accountability were the most under-developed elements. Performance measurement posed the greatest challenge to the communities. Only half of the plans specified preliminary program and system performance measures and described the steps they would take to further refine the measurement and accountability approaches with their partners.

Many communities simply "ran out of time" to collect the information they needed from their partners to develop a comprehensive financing plan and to secure written agreements among all partners to support their proposed governance model.



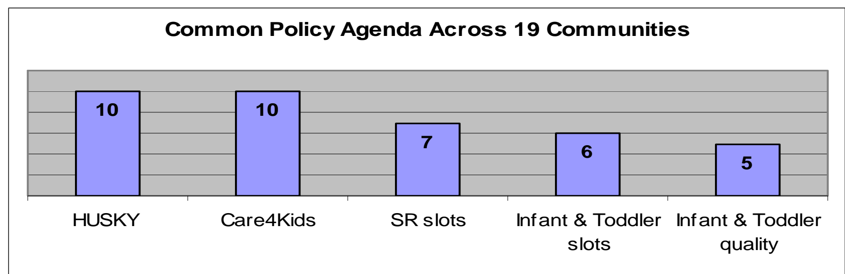
[1] Hartford and Norwalk had completed plans and received system enhancement grants through the public-private partnership.

A COMMON POLICY AGENDA

For many communities, the community planning process was a unique opportunity to build on local efforts and to ramp-up up their collective voice for young children. In progress reports and presentations to the Cabinet, communities identified some common policy and practice barriers:

1. Lack of timely access to state agency data and no common data system across state agencies.
2. Lack of funding flexibility to respond to local priorities due to categorical funding streams.
3. Securing the commitment of institutional leaders to align existing resources through a collaborative decision-making process.
4. Top-down decision-making by state agencies that is not informed by community needs.
5. Inadequate resources to support the costs of managing a comprehensive early childhood education system at the local level across sectors, institutions and programs.
6. Lack of a mechanism for state agencies to jointly plan with local communities and to systematically share evidence-based practices.

19 communities identified at least one policy advocacy sub-strategy focused on reimbursement rates, eligibility and funding for programs and quality (Attachment B).



CONCLUSION

While many communities are concerned about their ability to maintain the momentum that was generated during the planning process, some believe that there is a lot they can do with existing resources. The identification of low-cost/no-cost actions provides a platform for community partners to "move from talk to action" on some inexpensive and short-term activities until the economy rebounds. For several communities, the plan is already serving as a spring board for federal stimulus projects and for local philanthropic funding. Although some plans are working drafts and others are complete, all the communities see the plans as the first step in a continuous process. Many communities recognize that there is no turning back. Because they engaged in an inclusive process that reached out to the broad community, they have become publicly accountable whether they wanted to be or not. After many years of trying hard, communities have discovered through the planning effort a way to begin consistently achieving and documenting results.

At the state level the final FY 2011 budget includes state matching funds for continued support of the community plans. Although funding for the Early Childhood Education Cabinet was reduced, many of the Cabinet's core functions remain. In addition, an Office of Early Childhood Planning, Outreach and Coordination has been legislatively established within the Department of Education. The Office is responsible for: (1) planning, developing and coordinating the delivery of birth- age nine services with other agencies; (2) coordinating the implementation of the Early Childhood Information System; (3) developing and reporting on an early childhood accountability system; (4) implementing a communications strategy; (5) Beginning a state-wide longitudinal evaluation of the school readiness program, in consultation with the Department of Social Services; and (6) developing, coordinating, and supporting public and private partnerships to aid early childhood initiatives.

ATTACHMENT A: SUB-STRATEGIES BY DOMAINS[2]

STRATEGIES	# of Communities	SUB-STRATEGIES/ACTIONS	# of Communities
EARLY HEALTH & DEVELOPMENT			
Behavioral Health	18	Developmental Screening	12
		Mental Health Consultation in classrooms/Pediatricians	5
Primary Care	13	HUSKY outreach/eligibility	10
		Medical Home	7
		Home visiting	7
Awareness	12	Education campaign	10
		Information on services	6
Oral Health	11	Increase Dentists taking HUSKY	5
		Partner with Oral Health Collaborative	4
		Mobil dental van	4
Nutrition	10	Increase physical activity	8
		Obesity prevention	5
READY BY FIVE (EARLY CARE & EDUCATION)			
Quality	18	Joint EC/school district professional development	9
		Accreditation & quality workforce	8
Infants & Toddlers	19	Quality, licensing & professional development with centers	14
		Supply of family care homes	8
		Access to Care4Kids	8
SR Supply	10	SR slots & funding	10
Awareness	10	Parent knowledge about quality programs & choices	7
		Education campaign	4
Early Literacy	10	Literacy programs & events in community	10
FINE BY NINE (K-3)			
Kindergarten Transition	16	Transition plan, K-registration & curriculum alignment	12
Literacy with school district	10	Community-based out-of-school time programs (summer, after-school, extended day)	5
		Curriculum alignment & professional development	8
Awareness	7	Information on programs & services	5
		Education campaign	2
FAMILY SUPPORT			
Services	20	Parent Education programs	10
		Accessibility (neighborhood-based, transportation)	10
		Direct outreach to families	9
		Parent Leadership	5
Awareness	13	Parent information (resource guides/service availability)	12
		Education campaign	5
ALL STRATEGIES			
Increase bilingual/bicultural services and providers			7

[2] Communities may have selected multiple sub-strategies for each strategy. Therefore, the numbers do not equal the total for each strategy.

ATTACHMENT B: COMMON POLICY AGENDA ITEMS

A total of 19 communities identified at least one policy advocacy sub-strategy or action in their community plan. In 4 of the 19 communities, HUSKY was the only policy issues that was identified. Two (2) communities specified a separate advocacy strategy that crossed all domain areas.

POLICY AGENDA	Number of Communities
HUSKY reimbursement rate, eligible services, enrollment	10
Care4Kids reimbursement rate	10
School Readiness funding for slots	7
Infant/Toddler funding for slots	6
Infant/Toddler quality funding	5
Funding flexibility	5
Higher teacher salaries	3
Family Resource Center funding	3
Increase Head Start programs	2

Additionally, across the 23 community plans a variety of state programs were identified for expansion including: Nurturing Families; Ages & Stages; Parents as Teachers; Help Me Grow and All Our Kin.