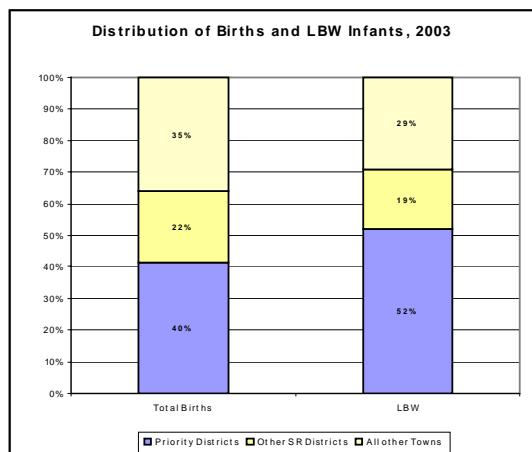


EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

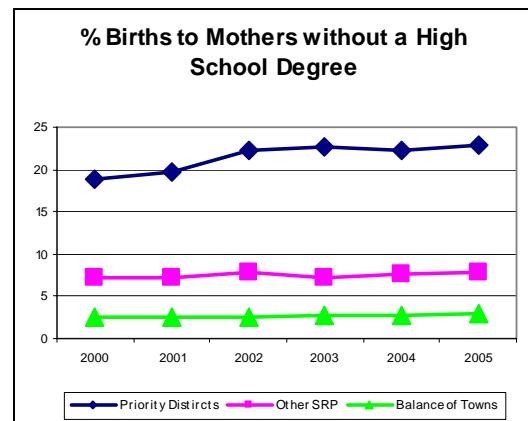
Quality of Life Result

All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction over time in Connecticut's "achievement gap" at Grade 4.

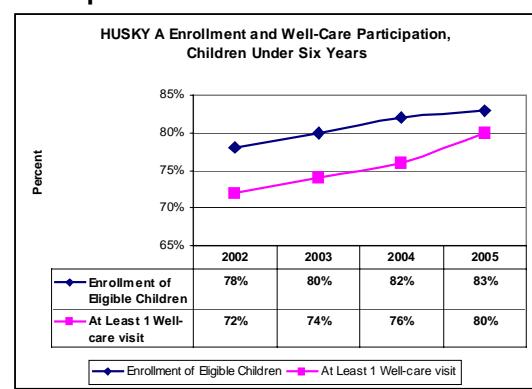
Indicator 1: Infants born at Low Birth Weight (LBW)



Indicator 2: Births to Mothers Without a High School Degree



Indicator 3: HUSKY A Enrollment and Participation Rates



Key Funding Information	
Total Current Funding	533.3 million
Funding Distribution	
Total Federal Funds	262.9 million
Total State Funds	266.3 million
Capital Projects Subtotal	
Other Funding	4.1 million
Percent of Total Funding Contracted to Third Parties	

Story Behind the Baselines

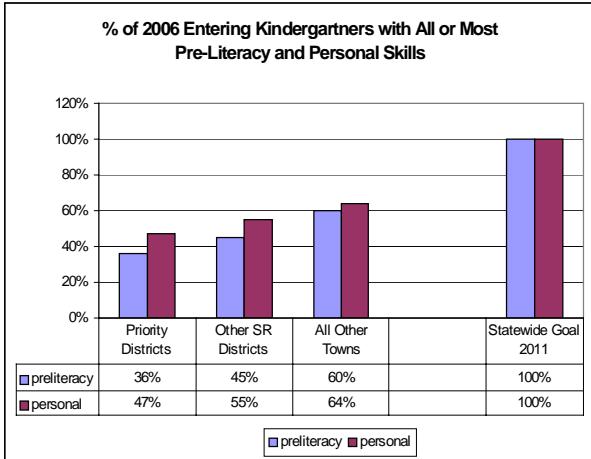
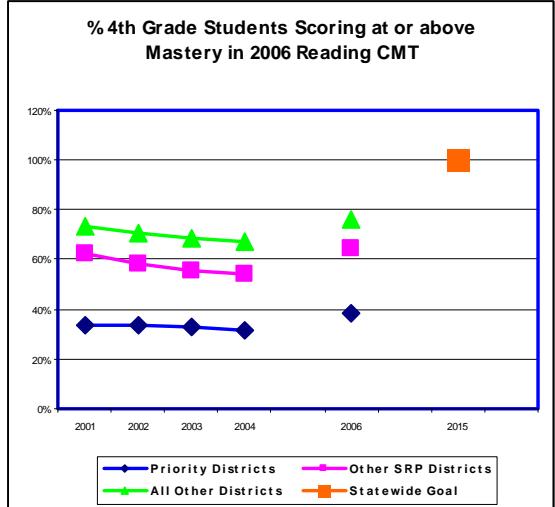
41,719 babies were born in CT in 2005. About 6,000 (14%) are at risk because their family income is at or below the Federal Poverty Level. About 28% of young children *at each age* (~12,000 children) are at risk of school un-readiness because their family income is at or below 185% of the Federal Poverty Level.

Nearly eight in ten of these "at risk" children (78%) live in just 19 towns, CT's Priority School Districts. Another 15% live in the balance of School Readiness Towns (39 towns). These 58 towns are listed at the back of this template. The rest of CT's at risk children, defined (for now) as living in poverty, (7%) live in the remaining 111 communities.

Other indicators point to developmental challenges for many of these same children:

- Seven in ten of all low birth weight babies (71%) live in the 58 School Readiness towns, and half of them (52%) live in the 19 Priority School Districts. Of note, while the average rate of low birth weight babies is stable (but too high), it is rising among African American families.
- About a quarter (23%) of mothers with young children who live in Priority School Districts have not attained a high school degree, a rate much higher than for other communities in CT. The proportion of mothers without a high school degree is increasing in these 19 towns as well.
- Nearly two-thirds (64%) of children from Priority School District towns enter kindergarten without the pre-literacy skills needed for early school success.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

<p>Indicator 4: Entry to Kindergarten Readiness</p> <p>% of 2006 Entering Kindergartners with All or Most Pre-Literacy and Personal Skills</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>preliteracy</th> <th>personal</th> </tr> </thead> <tbody> <tr> <td>Priority Districts</td> <td>36%</td> <td>47%</td> </tr> <tr> <td>Other SR Districts</td> <td>45%</td> <td>55%</td> </tr> <tr> <td>All Other Towns</td> <td>60%</td> <td>64%</td> </tr> <tr> <td>Statewide Goal 2011</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>Indicator 5: 4th CMT Reading Scores at or Above Mastery or Above</p> <p>% 4th Grade Students Scoring at or above Mastery in 2006 Reading CMT</p>  <table border="1"> <thead> <tr> <th>Year</th> <th>Priority Districts</th> <th>Other SRP Districts</th> <th>All Other Districts</th> <th>Statewide Goal</th> </tr> </thead> <tbody> <tr> <td>2001</td> <td>32%</td> <td>62%</td> <td>75%</td> <td>72%</td> </tr> <tr> <td>2002</td> <td>32%</td> <td>58%</td> <td>70%</td> <td>68%</td> </tr> <tr> <td>2003</td> <td>32%</td> <td>55%</td> <td>68%</td> <td>65%</td> </tr> <tr> <td>2004</td> <td>32%</td> <td>55%</td> <td>65%</td> <td>65%</td> </tr> <tr> <td>2006</td> <td>38%</td> <td>65%</td> <td>75%</td> <td>70%</td> </tr> <tr> <td>2015</td> <td>40%</td> <td>100%</td> <td>-</td> <td>100%</td> </tr> </tbody> </table>	Category	preliteracy	personal	Priority Districts	36%	47%	Other SR Districts	45%	55%	All Other Towns	60%	64%	Statewide Goal 2011	100%	100%	Year	Priority Districts	Other SRP Districts	All Other Districts	Statewide Goal	2001	32%	62%	75%	72%	2002	32%	58%	70%	68%	2003	32%	55%	68%	65%	2004	32%	55%	65%	65%	2006	38%	65%	75%	70%	2015	40%	100%	-	100%	<ul style="list-style-type: none"> • Six in ten students (62%) in these 19 towns score below the mastery level (the state goal for all children) on the 4th grade CMT in reading. <p>Turning the Curve Over the Next Two Years</p> <ul style="list-style-type: none"> *1. The Early Childhood Cabinet completes and adopts CT's first ever comprehensive <i>Infant & Toddler Strategic Plan</i> by June 2007 *2. The Cabinet and Early Childhood Research and Policy Council work with the State Department of Education to finalize use the Entry to K proxy assessment for 2007 and 2008 *3. The Cabinet's Goal Two Implementation Team, focused on the K-3rd grade years, develops a work plan for (a) improving the transition from preschool to kindergarten, (b) assuring the kindergartens are "ready" for these children, (c) assisting local school districts to move to full-day kindergarten, (d) expanding family-school partnerships, and (e) improving elementary school instruction in reading. The plan for these improvements is adopted by the Cabinet by June 2007. *4. The Cabinet and Council's Joint Working Group on Building Local Capacity continues to promote the development of local birth to five strategic plans in all 58 School Readiness Council towns. (See the Systems Template). Cabinet membership is expanded to include two parent representatives. *5. The Cabinet establishes a formal partnership with the CT Poverty and Prevention Council to integrate effort and investment across these two bodies, by June 2007. Cabinet membership is expanded to include other key state agencies. 6. With new resources appropriated in the next biennial budget, implement system and program improvements and expansions as outlined in the four RBA strategies: (a) family strengthening, (b) child health, development and safety, (c) early care and education; (d) systems management and accountability (e.g., data, quality, accountability and governance improvements).
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EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Connecticut Appropriations Committee RBA Template
Part I, Quality of Life (Population) Result

Quality of Life Result

All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction over time in the Connecticut “achievement gap” at Grade 4.

Why is this result important?

Children who are behind academically in the early elementary school years, particularly in reading mastery, often remain academically challenged and drop out. When this trend of academic failure continues, too often, early parenting, crime and welfare involvement follow.

Assuring that children enter kindergarten with the knowledge, skills and behaviors they need for early academic learning has been shown to increase academic success, reduce special education and grade retention, and to reduce suspensions and expulsions.

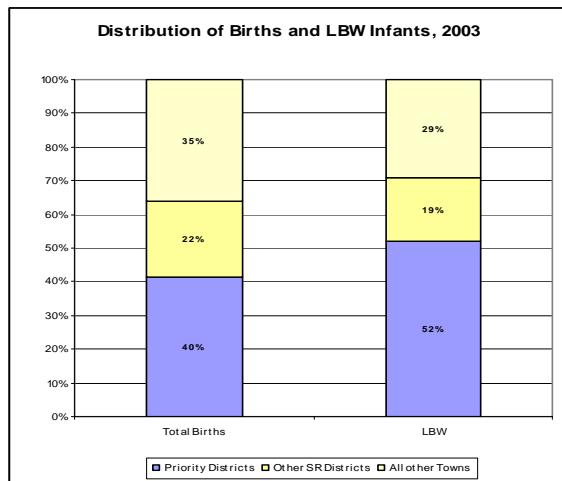
Children who are born healthy and live in safe, nurturing and stimulating environments are more likely to reach age appropriate milestones in the early years and enter kindergarten fully ready for early school success.

Key Funding Information (<i>Dollars reported in millions</i>)	
Total Current Funding	533.3 million
Funding Distribution:	
Federal	262.9 million
State	266.3 million
Capital Projects Subtotal	
Other Funds (Not Federal or State)	4.1 million
Percent of Total Current Funding Contracted to Third Parties	

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Indicators and the Story Behind the Baselines

Indicator 1: Infants Born at Low Birth Weight



Story Behind Indicator 1

Children born at low birth weight face substantial developmental challenges. Conditions associated with low birth weight babies include delayed language, cognitive and physical development.

On this indicator, Connecticut does as well as the nation, with just under 8% of babies born at low birth weight. However, CT has made no real progress in reducing the rate of low

weight infant births over the past half decade, which remains well above about the national goal of 5%.

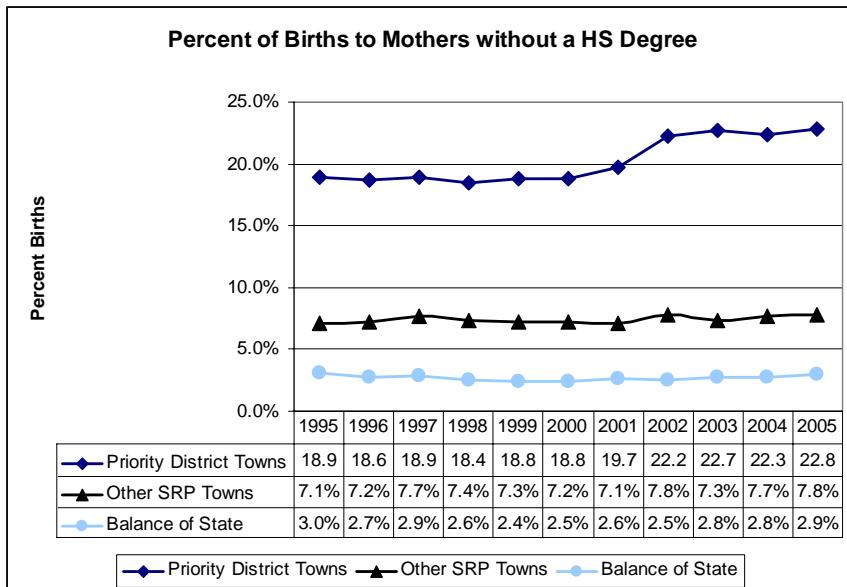
Importantly, 52% of low birth weight babies born in 2003 lived in the 19 Priority School District towns, and an additional 19% lived in the remaining 39 towns designated as at risk. The remaining 111 communities are home to just 29% of all low weight births.

Data also available show a marked difference in the rate of low birth weight babies by race, with the rate of African American babies born at low birth weight twice that of white babies. (13.7% vs 6.8%). The rate for African American low birth weight infants is also higher than for Hispanic babies (13.7% vs 8.3%) infants and substantially above the national average. This trend has not changed over time.

In 2005, 1755 African American low birth weight babies were born as compared with 662 Hispanic and 651 white low birth weight infants. Together, this creates a birth cohort of 3068 infants at high risk of developmental, health and learning challenges. We know where these babies reside, making early intervention with their families and other caregivers a high priority.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Indicator 2: Births to Mothers Without a High School Degree



Story Behind Indicator 2

The research literature has shown important development differences among children in the early years -- especially around language development -- that relate to "school un-readiness." For example, children living in lower income families have productive vocabularies of some 5,000 to 6,000 words at entry to kindergarten as compared with 20,000 to 30,000 word vocabularies among children of middle and upper income families. Because language development is so important to literacy and so related to early cognition, language gaps of this magnitude place these young children at a keen disadvantage in early schooling.

Landmark national research has identified several key family variables that predict school un-readiness. These include living at or below the Federal Poverty Level, living with a teenage mother (usually single), having a mother who has not completed high school, and living in a family where English is not the primary home language. Importantly, these four risks cluster together, with maternal education a major correlate of a child's cognitive and language development.

We use maternal education as the key indicator here because it is one that can be changed through the work of the Early Childhood Investment Initiative in partnership with Connecticut's workforce and higher education sectors. Clearly, however, the Early Childhood Cabinet and Council Investment Initiative must work in tandem with Connecticut Poverty and Prevention Council on its multi-year agenda to cut the rate of child poverty in half by 2015.

Connecticut compares favorably with the nation on these family risk indicators, with:

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

- Lower rates for teen parents (6.7% vs 10.3%)
- Lower rates for mothers without a high school degree (12.6% vs 21.6%)
- Lower rates for young child living at or below the Federal Poverty Level (14% vs 21%).

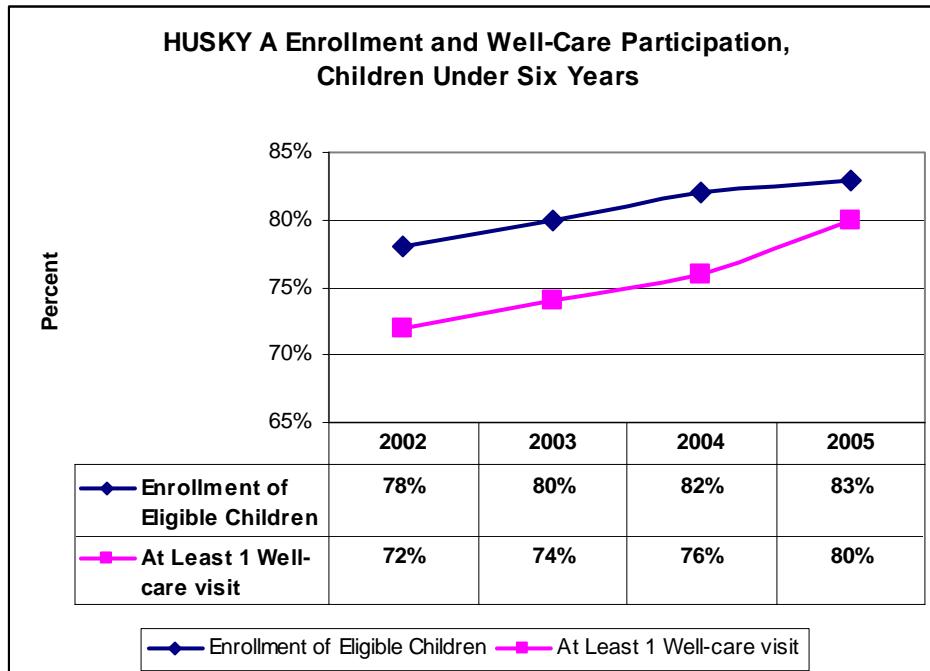
Of note, however, the incidence of these risks in Connecticut must be reduced to ensure the healthy development of all of the state's young children.

How is Connecticut doing over time? Multi-year trend analysis reveals a mixed picture. While the rate of births to teenagers continues to decline, the rate of young child poverty is increasing as is the rate of births to mothers with less than a high school degree.

Births to mothers with less than a high school degree vary significantly by community. Rates in CT's 19 Priority School Districts are dramatically higher than for other towns in the School Readiness Program (23% vs 8%). The rate of births to mothers without a high school degree is nearly 8 times as high in Priority School Districts as in the remaining 111 Connecticut communities (23% vs 3%).

Across the Priority School Districts, 4194 babies were born to mothers without a HS degree in 2005, compared with just over 1100 across the balance of the state. Taken together, these 5300 babies constitute an immediate high-risk birth cohort for intervention.

Indicator 3: HUSKY Enrollment and Participation Rates



EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Story Behind Indicator 3

It is the intent of the Early Childhood Cabinet that young children at risk of health or developmental challenges receive timely well-child visits and associated developmental screening, monitoring and full assessments as outlined by the American Academy of Pediatrics and the federal/state EPSDT program.

The HUSKY data above is provided by the Department of Social Services based on a “participation ratio” and presents the percent of children receiving at least one well child visit. Data recently reported to the Medicaid Managed Care Council (Source: CT Voices for Children, November 2006) showed an increase in the proportion of children ages two to five years receiving well-child care from 64% (1991) to 81% (2005).

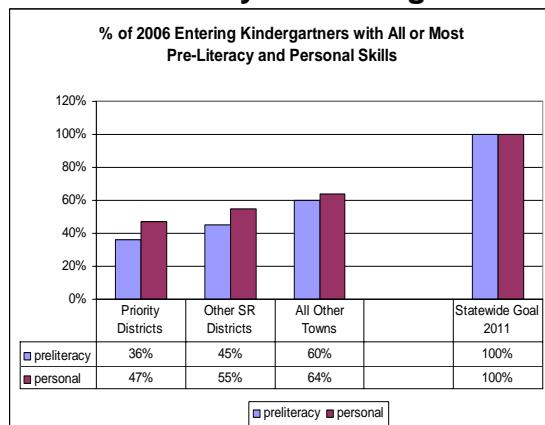
Data are not currently or regularly available to answer the question of how many young children served by the Connecticut HUSKY program receive the number of assessments as required by law and good medical practice. The Department of Social Services (in its program template) provides data using screening ratios, and – while informative – it does not allow us to ask questions about children, only about visits. A study done seven years ago (2000) by the Children’s Health Council reported that just 34% of babies received all of the recommended well-baby care visits (that is, 5 or more timely visits in the first year of life). African American babies were then less likely than white babies to have the recommended number of visits. Clearly such data are necessary on an annual basis.

While the enrollment data for young children shows an upward trend from 2002 through 2005, Connecticut policy changes enacted in 2005 and 2006 resulted in a dramatic decline in enrollment of children under the age of 19 of some 25,000 children. Several contributors to this decline were: (a) the elimination of continuous eligibility; (b) changes in parental income eligibility levels; (c) a rise in HUSKY premiums; (d) a decline in funding for community enrollment outreach. A number of these policy changes have been modified and funding for outreach was increased in SFY 06-07. Since July 2006, enrollment of children in HUSKY A has increased by 6,500; HUSKY B enrollment is up by 2,316 over the same period.

For the coming biennium, the Governor’s budget proposes an increase of \$8.1 million in SFY 07-08 and \$13 million in SFY 08-09 to continue and increase supports of the use of HUSKY.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Indicator 4 Entry to Kindergarten Indicators, Fall 2006



Story Behind Indicator 4

State law requires the administration of a statewide Entry to Kindergarten assessment no later than the fall of 2009. The purpose of this assessment is to provide valid and reliable data for policymakers on the changing readiness levels of all students as they enter kindergarten.

To begin the development and testing of the Entry to K instrument, the State Department of Education (SDE) developed a Kindergarten-proxy instrument, based on the CT Preschool Assessment Framework. This assessment is based on kindergarten teacher determinations of children's readiness skills across pre-literacy, language, cognition, motor, personal/social, and aesthetic domains. Individual child ratings were not done for the first administration of this instrument. "Fully ready" was defined by the State Department of Education as when a child "meets all or most of the skills" in each domain. No average readiness indicator is calculated across the six domains. About 85% of the state's public school districts administered the fall 2006 K readiness proxy assessment.

In Connecticut towns not included in the School Readiness Program, six in ten students entering kindergarten in 2006 demonstrated all or most of the key pre-literacy skills identified by the State Department of Education as necessary for early school success. In responding Priority School Districts, just 35% of children were rated by their kindergarten teachers as having all or most of these pre-literacy skills. In the non-Priority School Readiness districts, 45% of entering kindergartners had all or most of these skills.

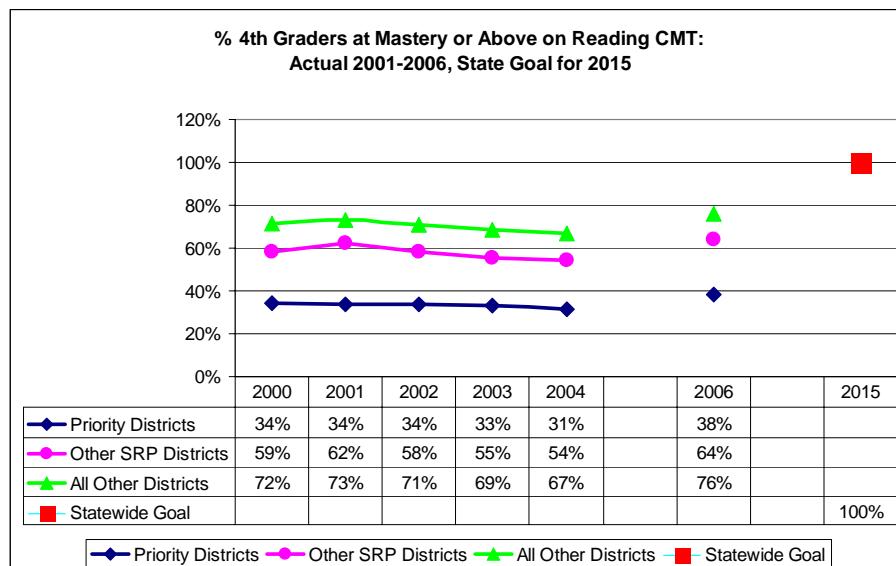
In the domain of personal/social skills, 64% of students in the 111 non-SRP districts had all or most skills at entry to kindergarten. Among Priority School District students, 47% had all or most skills, and in the balance of SRP districts, 55% had all or most skills.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

Statewide in 2006, 77% of parents reported their entering kindergartner had been enrolled in a formal preschool experience as a four-year old. The average for CT's five largest cities was 56% and several communities were below 50% attendance at preschool.

The Early Childhood Investment Plan, prepared in December 2006, reports that about 13,000 three- and four-year olds in Connecticut do not have access to a center-based quality program. Of these about 7700 live in the 19 Priority School District towns. In a new report on the need for preschool slots, the State Department of Education indicates that the number of three- and four-year olds awaiting access to a preschool slot in the Priority Districts has is expected to rise to nearly 8900 in SFY 08 and to 9500 in SFY 09.

Indicator 5: CMT Reading Scores at Grade 4 at Mastery or Above



Story Behind Indicator 5

Through 2004, Connecticut tracked the reading performance of students annually in grades 4 through 8 through the CT Mastery Test (CMT). Student performance is reported at 5 levels of achievement: Basic; Below Basic; Proficient; Goal and Above Goal. It is the state's public policy that all children achieve "goal level" performance in reading by 2015.

Data reported by the State Department of Education for years 2000 through 2004 show a decline in the proportion of 4th grade students at or above the "goal level," although tests given over 2000 through 2004 were more inclusive of special populations of students.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

In 2006, a new version of the test (Generation #4) was administered. The test was given in the spring; in previous years the CMT was given in the fall. These changes in content and timing make “meaningful comparisons” across versions of the test “difficult to interpret.” (SDE) In 2006, the test was also administered to 3rd graders. Content of the 3rd grade CMT in reading is now closer to the test previously given to students in the 4th grade.

The data seem to indicate an increase in the proportion of 4th grade students who demonstrate “goal level” performance over the period 2004 to 2006. However, this inference is not defensible because “the tests are not on the same scale, did not test the same content, and were not administered at the same times of year.”(SDE) It is clear that the achievement gap between the 19 Priority School Districts and other districts across the state remains stubbornly persistent and even expanded in the past year.

NOTE: In the 3rd grade CMT for reading given in 2006, just 54% of students statewide scored at the “goal level” or better.

What would it take to succeed?

Importantly, most young children in Connecticut are healthy, meeting age-appropriate developmental milestones, and arriving at school with some or all of the skills need for kindergarten success. However, these RBA analyses and the work of the Early Childhood Cabinet have identified several cohorts of children whose growth and development does not predict full readiness at kindergarten or the reading progress needed assure mastery at the 4th grade.

These include young children in living poverty, in single parent families and with families with low maternal education or where English is not the primary language spoken at home. Other risks to readiness include: low birth weight; lead poisoning and childhood asthma; lack of timely access to health care; and such family challenges as homelessness, domestic violence, maternal mental illness, and parental substance abuse or incarceration.

Several elements of an effective response are now in place to help turn this curve.

- The *Ready by 5, Fine by 9 Framework* established 10 priorities for immediate investment, and the *Early Childhood Investment Plan* (Part 1) presented a set of fiscal and accountability recommendations necessary to address these priorities. It recommended a two-year investment of \$102 million, as part of a 5-year plan.
- The Governor’s proposed SFY 08 and SFY 09 budget includes \$74 million to begin to move this effort forward, with expansion of the Birth to Three program and early childhood education. The preschool expansion will

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

- enable 4,000 of the 13,000 preschoolers without a center-based program to attend preschool over the coming two years.
- The Early Childhood Cabinet will present the state's first ever *Infant and Toddler Strategic Plan* by June of 2007, outlining areas of needed policy change, program improvement or reallocation, cross-agency care coordination improvements, and child outcomes assessment and accountability.
- The Cabinet has established a new working group to address K-3 issues as well as challenges surrounding the transition from preschool to kindergarten.

To succeed, we will need:

- New resources as noted in the Governor's budget and Investment Plan over time
- The authority to reallocate existing resources
- Increased cooperation among state agencies for internal and cross-agency policy and program change
- Much better fiscal, program and client outcomes data
- An improved commitment to public data access.

All of this will need to be supported by an expanded partnership with local communities and cross-agency willingness to focus on a specific cohort over time.

What are your strategies to improve performance in the next 3-5 years and why?

1. *Come to agreement within the Cabinet on a target cohort population among at risk young children (and families) for coordinated service delivery, policy review and cross-agency data gathering, analysis, sharing and reporting. Develop a formal Memorandum of Agreement across Cabinet agencies.
2. * Using the RBA format, examine client outcomes, program performance, and agency affiliation of specific programs having the same target population, and propose such changes as needed to assure that resources are used in a maximally efficient and effective manner. This work can be done through the Early Childhood Cabinet.
3. *Beginning with the 19 Priority School District communities, the Cabinet can develop a state-local engagement strategy to support community development of local plans for improving child outcomes for target populations.
4. Based on newly appropriated and existing resources, expand program access and quality as outlined in the Ready by 5, Fine by 9 Framework.
5. Report annually on the indicators presented in this RBA template and develop, where necessary, better indicators to show progress, and identify and correct challenges.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

6. The Cabinet can affiliate formally with the Poverty and Prevention Council to work jointly on the mandated reduction in child poverty specified in state law and the increase in “prevention funding” to 10% by 2020, also enacted as state law.

Appendix A, Data Development Agenda

The CT Health Information Network (CHIN) initiative has amply documented that CT agencies have “a lot of data” but very little “information.” This cross-agency effort has also documented that while privacy and security issues need to be addressed and work needs to be done establish a “federated data architecture,” the main challenge facing the State of Connecticut involve “people problems.” These include the lack of collaborative work across programs within agencies as well as across agencies in achieving agreement on data definitions, data gathering methods, data analysis, data sharing and public reporting of results. In assembling this RBA framework, we have struggled through the same challenges.

The Early Childhood Research and Policy Council examined these challenges and recommended a substantial investment in data interoperability across the agencies now serving young children directly or through the purchase of community services. The Governor’s proposed budget allocates \$1 million to begin this work.

Key to moving this forward is to build on the work of the Office for Workforce Competitiveness and the Bureau of Rehabilitation Services (DSS) to bring together state agencies into a data development working group, as the challenges we face are not specific to the ages of the children we serve. In other states and cities, a systematic focus on data improvements has resulted in dramatically improved agency operation at both the state and local levels.

As part of this year’s RBA process, participating agencies have identified a series of data challenges to be addressed. Consolidation of these items and attention by the Early Childhood Cabinet and Early Childhood Research and Policy Council are the place to start. It will also be useful to examine Priority School District data on children and families to identify, in a town specific way, possible action steps to “turn the curve” locally. Finally, attention to data will allow the Cabinet to identify, work on and track – on a child by child basis – a target population of children.

Appendix B, Funding Details

Appendix C, Information and Research Agenda

As part of this year’s RBA process, participating state agencies have provided a large list of research questions that require attention. These are included in their individual program templates.

EARLY CHILDHOOD INVESTMENT INITIATIVE: Quality of Life (Population) Result

The Early Childhood Research and Policy Council has proposed the establishment of a network of Connecticut researchers to address the following agenda in partnership with the Early Childhood Cabinet:

- Assist agencies to continue to implement the RBA approach to all programs integral to meeting the two Cabinet goals (All children healthy and ready for early school success by age five; and all children reading goal level in reading by the 4th grade).
- Develop a comprehensive “accountability and assessment” system for early childhood. (Initial recommendations were made as part of the Investment Plan in December 2006)
- Identify indicators to be collected and reported on annually
- Assist in linking research questions to the evolving data development process noted above
- Conduct “Return on Investment” studies to identify short term benefits from these specific early childhood investments approved in SFY 07
- Assist SDE in final development of the Entry to Kindergarten assessment in order to assure that public policy questions are adequately answered by the instrument developed.

EARLY CHILDHOOD INVESTMENT INITIATIVE

Connecticut Appropriations Committee RBA Template Part II, Early Childhood Investment System Accountability Summary

<p>Program/Agency/System Purpose: All children healthy and ready for school success at entry to K, by integrating, coordinating and reporting on services provided to children throughout the state</p>	<p>Key Budget Information</p> <table border="1"> <tbody> <tr> <td>Total Current Program Year Funding</td><td>286.5 million</td></tr> <tr> <td colspan="2">NOTE: For 3 large programs (HUSKY, DCF Child Protection & Foster Care funding is not available by age). If included the total would be significantly higher</td></tr> <tr> <td>Funding as Percent of All Funding for Population Result (est'd at \$533 million)</td><td>54%</td></tr> <tr> <td>Program Funding As Percent of Total Agency Budget</td><td></td></tr> <tr> <td colspan="2">Funding Distribution</td></tr> <tr> <td>Total Federal Funds</td><td>92 million</td></tr> <tr> <td>Total State Funds</td><td>190 million</td></tr> <tr> <td>Capital Projects Subtotal</td><td></td></tr> <tr> <td>Other Funding</td><td>4 million</td></tr> <tr> <td>Percent of Total Current Funding Contracted to Third Parties</td><td></td></tr> </tbody> </table>	Total Current Program Year Funding	286.5 million	NOTE: For 3 large programs (HUSKY, DCF Child Protection & Foster Care funding is not available by age). If included the total would be significantly higher		Funding as Percent of All Funding for Population Result (est'd at \$533 million)	54%	Program Funding As Percent of Total Agency Budget		Funding Distribution		Total Federal Funds	92 million	Total State Funds	190 million	Capital Projects Subtotal		Other Funding	4 million	Percent of Total Current Funding Contracted to Third Parties	
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<p>Program/Agency/System: Early Childhood Investment System/Early Childhood Cabinet</p> <p>Performance Measure 1 RBA agency and program expansion</p> <div data-bbox="241 836 739 1311"> <p>Early Childhood Cabinet Participation Expansion in RBA, 2006 and 2007</p> <table border="1"> <caption>Data for Early Childhood Cabinet Participation Expansion in RBA, 2006 and 2007</caption> <thead> <tr> <th>Category</th> <th>State Agencies</th> <th>Agency Programs</th> </tr> </thead> <tbody> <tr> <td>Year One RBA</td> <td>3</td> <td>2</td> </tr> <tr> <td>Year Two RBA</td> <td>9</td> <td>16</td> </tr> </tbody> </table> <p>Legend: State Agency (blue bar), Agency Programs (purple bar)</p> </div>	Category	State Agencies	Agency Programs	Year One RBA	3	2	Year Two RBA	9	16	<p>Story Behind the Baselines The Early Childhood Cabinet, in partnership with Early Childhood Research and Policy Council, has made huge progress in articulating set of goals for young children's development and learning. Together, these bodies have also proposed a greatly improved system of accountability and improved management as well as a set of new state-local partnerships.</p>											
Category	State Agencies	Agency Programs																			
Year One RBA	3	2																			
Year Two RBA	9	16																			
<p>Performance Measure 2 Communities with formal B-5 plans or public reports on their young children</p> <table border="1"> <thead> <tr> <th>Public Plans</th> <th>Public Reports</th> <th>Plans/Reports in Progress</th> </tr> </thead> <tbody> <tr> <td>Bridgeport, Hartford, Norwalk</td> <td>Meriden, Middletown, New London, Norwich, West Hartford</td> <td>Branford, Danbury, Hamden, East Hartford, Naugatuck, Waterbury</td> </tr> </tbody> </table>	Public Plans	Public Reports	Plans/Reports in Progress	Bridgeport, Hartford, Norwalk	Meriden, Middletown, New London, Norwich, West Hartford	Branford, Danbury, Hamden, East Hartford, Naugatuck, Waterbury	<p>Cabinet agencies have also vastly increased their participation in the RBA process, and plan to continue in its use for Year Three (SFY 07-08). Through the RBA process, much more state funding is transparent for agencies and the general public.</p> <p>Building "our" early childhood system in Connecticut, for children ages birth to nine, faces some substantial challenges, as seen through these five performance measures. These challenges, beginning with data, exist at the state and at the local levels of government and unless addressed will inhibit progress on accountability and service improvement.</p>														
Public Plans	Public Reports	Plans/Reports in Progress																			
Bridgeport, Hartford, Norwalk	Meriden, Middletown, New London, Norwich, West Hartford	Branford, Danbury, Hamden, East Hartford, Naugatuck, Waterbury																			
<p>Performance Measure 3</p>	<p>Turning The Curves: What do you propose to do over the next two years and why?</p>																				

EARLY CHILDHOOD INVESTMENT INITIATIVE

<p>Cross-agency MOUs related to data</p> <p><i>At least 6 state agencies (DPH, DSS, SDE, DCF, DOIT and DMR) and the Center for Health and Health Policy (UCONN) have been involved in MOU development regarding data extraction and analysis.</i></p> <p>Performance Measure 4</p> <p>Percent of young children with unique health and education identifier(s)</p> <p><i>Effective October 1, 2007 (and for the first time) all students in grades K-12 will be assigned a unique electronic educational identifier within the SDE Public School Information System.</i></p> <p>.</p> <p>Performance Measure 5</p> <p>Number and percent of MOUs for cross-agency case management, service delivery coordination and quality improvement.</p> <p><i>Presently being researched.</i></p>	<p>No cost/Low cost.</p> <p>1. MOU Research. The Cabinet will undertake a survey of state agencies serving vulnerable young children and their families to identify and analyze existing case management MOU's and identify other areas for formal cross-agency program and practice agreements.</p> <p>2. Systems Accountability Improvements. Implement vastly improved data processes and methods to allow for regular, public accountability and results documentation. Include a systemic "forms review" in this process.</p> <p>3. Cohort Ownership. The Cabinet will Identify and track the development of at least one specific cohort of children served across Cabinet agencies, to identify methods of improving service effectiveness and outcomes.</p> <p>4. RBA Resource Analysis and Recommendations. The Cabinet will review all state and federal fiscal resources identified through the past two years of RBA work, for population outcomes and program performance measures, and identify funds that can be relocated or reallocated for maximum efficiency and effectiveness</p> <p>5. Goal Two RBA Implementation. Over the coming year, the Cabinet will continue work to utilize RBA as the framework for the 2nd Cabinet goal focused on children's progress from kindergarten through 3rd grade. Finally, the Cabinet will identify additional state agency programs that serve children birth to nine and add them to our Year Three RBA work.</p> <p>6. Data Infrastructure Partnership, B-21. The Early along with the Research and Policy Council, will participate with the CT Youth Vision Team and Youth Futures Committee to host a cross-agency data infrastructure forum in the summer of 2007. The purpose is to educate executive and legislative branch policy makers on current "data interoperability" projects, explore cross-agency data development, and solicit agency support.</p> <p>7. Plan for and Manage Expansion Funding. The Cabinet, with the assistance of the Research and Policy Council, will implement such early childhood investment expansion funds as authorized in the 2007 legislative session</p>
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EARLY CHILDHOOD INVESTMENT INITIATIVE

	<p>8. Biannual Council Reports. The Council will report twice annually on the status of its work with the Cabinet and other agencies to finalize design and begin development of (a) the Early Childhood Investment Assessment and Accountability Package, and (b) the CT Quality Rating System.</p> <p>9. Expanded Cabinet Membership. Cabinet membership should be expanded to include five additional agencies without whose expertise and resources it will be more difficult to attain the desired population outcomes. Agencies presently on the Cabinet are: DMR, DSS, SDE, DPH, DCF, Commission on Children, and OPM. Additional appointees should include DHMAS, CHEFA, Children's Trust Fund, Office of the Child Advocate, and the Office for Workforce Competitiveness. Two parent representatives should also be added.</p> <p>New Cost Items Recommended in the CT Early Childhood Investment Plan (Part 1), December 7, 2006.</p> <p>The Early Childhood Research and Policy Council proposed a set of "systems" quality and accountability investments in its December 2006 Early Childhood Investment Plan. Across these recommendations in data, quality improvement, and research capacity \$6.9 million was recommended for SFY 07-08 and \$9.0 for SFY 09-10.</p> <p>Performance outcomes from this investment include:</p> <ul style="list-style-type: none">(a) Development of a statewide Quality Rating System(b) Local program funding to systematically improve ECE quality(c) Creation of a more effective statewide governance structure and a process for improved local TA(d) Establishing of a first-ever CT Early Childhood Research Institute (virtual)(e) Funding for a series of data expansion and networking efforts, including implementing the SDE unique education child identifier for all younger children in state funded services. <p>The Council also urged strengthening state management and governance, and offered seven models by which this could be accomplished along with a projected cost for strengthening governance.</p>
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EARLY CHILDHOOD INVESTMENT INITIATIVE

	*Indicates, low-cost, no-cost action steps, including reallocation of existing resources.
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EARLY CHILDHOOD INVESTMENT INITIATIVE

Connecticut Appropriations Committee RBA Template Part II, Early Childhood Investment System Accountability

System

Early Childhood Investment System/Early Childhood Cabinet

Contribution to Population Result

No single state or local agency can accomplish the population result -- all young children healthy and ready for school success by entry to kindergarten -- by working alone, or working without family involvement.

Over SFY 06-07, Cabinet agencies began to evolve as a team. "Ready by 5, Fine by 9: CT's Early Childhood Investment Framework" was unanimously approved by Cabinet members as first evidence of a new collaborative working strategy. Additionally, the Cabinet and the newly established Early Childhood Research and Policy Council created two joint working groups: one on Building Local Capacity and one on Strategic Communications. In addition, the Cabinet's Year Two RBA work has expanded to involve 9 agencies representing 24 programs – establishing a base from which to build a true birth to five system.

To work as a "system" requires a higher level of trust, commitment, flexibility, and access to information. Work as a system also requires a joint public commitment to common quality and accountability measures, data development and sharing, and agreement on governance processes or structures. Recommendations for next steps in these areas of systems development are included in the Early Childhood Research and Policy Council's "Investment Plan."

Finally, the systems work is at the core of quality improvement, essential to achieving the desired child outcomes. Within the context of early care and education programs in particular, a robust body of research indicates that only high quality programs result in the desired levels of child growth among children at risk. Elements of this necessary work are outlined in the Early Childhood Investment Plan in the sections requesting investment in a quality improvement and rating system and in Appendix B, An Assessment and Accountability Plan.

EARLY CHILDHOOD INVESTMENT INITIATIVE

Key Budget Information (Dollars reported in millions)	
Total Current Program Year Budget	286.5 million
Funding as Percent of All Funding for Quality of Life Result	54%
Program Funding as Percent of Total Agency Budget	
Budget Distribution:	
Federal	92 million
State	190 million
General Fund	
Capital Project Funds	
Other State Funding	
Other Funds (Not Federal or State)	4 million
Percent of Total Current Funding Spent on Direct Service	
Percent of Total Current Funding Contracted to Third parties	

Basic System Facts

The Connecticut public and its policy makers have been dissatisfied with the state's persistent achievement gap over a decade. Yet at the same time, many children in Connecticut are doing quite well, a contrast that sometimes lead to complacency in addressing well-documented issues related to the "Two Connecticuts."

Disparities in child and family health, well-being, safety, learning and earning are most graphically seen when a group of 19 Connecticut towns is compared with all other Connecticut communities. Poverty, poor educational outcomes, and health challenges are concentrated in these communities, designated by the state as "Priority School Districts." Although children with challenges live in all Connecticut towns, these 19 towns -- when compared with other communities -- most vividly represent the Two Connecticuts.

A robust body of national research shows that identifying ***and addressing*** challenges to children's health, growth and learning ***early*** provides the greatest opportunity to "turn the curve" on poor outcomes and to obtain the best "return on our investments." The work of the Early Childhood Education Cabinet, over SFY 05-06, identified a set of specific risks to children's development and identified a group of communities where child outcomes were not acceptable. We also identified specific points in the lives of young children where challenges were clearly apparent and intervention would be most effective. The *Ready by 5, Fine by 9 Framework* report outlines these ages, risks and opportunities.

Research studies also reveal that the health, learning and safety challenges of our young children can best be addressed by families and in communities, but not without a coordinated, data-informed system of services and support at the state (and local) levels.

EARLY CHILDHOOD INVESTMENT INITIATIVE

The State of Connecticut already makes a substantial investment in young children up to the age of five years, nearly \$535,000,000 (in FY 2006), and the Early Childhood Research and Policy Council has requested an expanded two-year investment of \$102 million in the coming biennium. The Governor's biennial budget proposes \$74 million to begin this process over the next biennium.

To assess the effectiveness of current state expenditures as well as to assure the wise use of propose new resources, systems challenges must be addressed. These include cross-agency collaboration and service coordination, data gathering, analysis, and reporting, authority for population outcomes, and knowledge development and dissemination.

The general public wants "smart government," well-managed agencies, and demonstrable outcomes. If supported, the Early Childhood Investment Initiative, through the Cabinet, the Council and the RBA experience, can continue to be this kind of case example.

Barriers that remain to be overcome include:

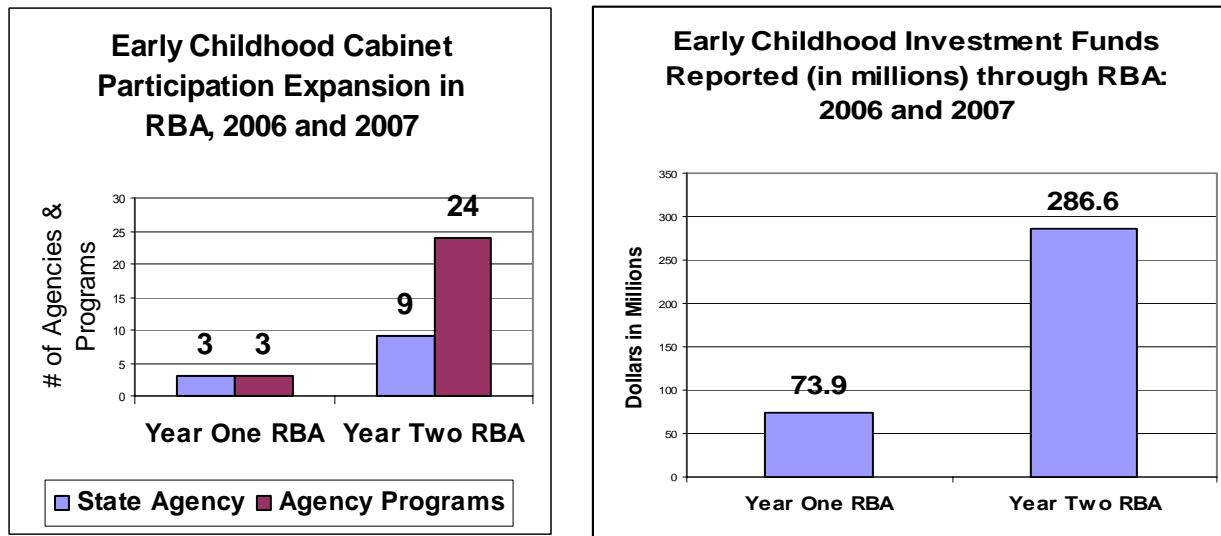
- **Data** methodologies, platforms, and privacy issues across agencies hinder client service improvement, resource leveraging, strategic planning and policy deliberation
- **Lack of unique child health and education identifiers** makes it impossible to track and share information on specific groups of individual children for the purpose of resource allocation, outcomes tracking and program evaluation
- **Lack of systematic, formal memoranda of understanding and/or an authority structure** across agencies results in agency inefficiencies and struggles over turf. When accomplished, strengthening system governance will improve management, accountability, and interagency resource alignment.
- **Lack of systematic, intentional support and technical assistance for local communities** hinders state-local strategic planning, local ownership of individual family challenges, and the development of family friendly state and local policies and programs

Expanding the Cabinet membership and participation, expanding joint work with the Early Childhood Research and Policy Council, and policy level resolution of governance alternatives will enable individual agencies and cross-agency efforts to better support the health, well being, safety and learning of all of the state's young children.

EARLY CHILDHOOD INVESTMENT INITIATIVE

Performance Measures and Story Behind the Baselines

Systems Measure 1. RBA agency and program expansion



Story Behind Measure 1. Agency participation in the RBA process utilized by the Early Childhood Education Cabinet increased significantly from Year One to Year Two, increasing from three agencies with one program each to nine agencies responsible for a total of 24 programs. Similarly, funding included within the RBA framework increased more than 300%, from \$73.9 million in Year One to more than \$286.5 million in Year Two.

Context and Detail. Established in law in 2005, the Early Childhood Education Cabinet met first in September 2005. In late fall of 2005, CT General Assembly's Appropriations Committee selected the Cabinet as one of its first-year RBA "case examples." Three programs were presented in 2006, one per agency (by SDE, DSS and DPH). All were related to the provision of state funded center-based early education programs.

In July 2006, the Cabinet adopted *Ready by 5, Fine by 9: CT's Early Childhood Investment Framework*, having prioritized 10 top investment items from the 50 action items identified as necessary over time to achieve two key population outcomes:

- All children are healthy, meet developmental milestones and reach kindergarten fully ready for early school success.
- All children make continued academic progress in reaching the state's "goal" in reading performance at entry to 4th grade.

EARLY CHILDHOOD INVESTMENT INITIATIVE

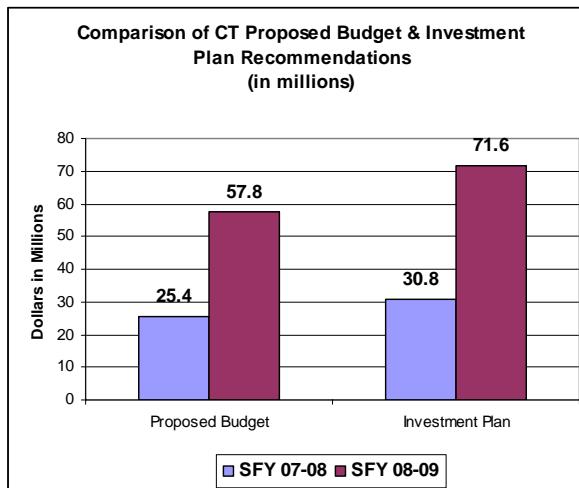
Over September and October 2006, *Ready by 5, Fine by 9* was reviewed by about 950 citizens who attended 14 Local Listening Forums. Public support was strongly positive. Over 5,000 copies of the 28-page *Framework* were distributed by request in October 2006 alone.

Early in the fall, the Cabinet was selected to participate in the second year of RBA work by the Appropriations Committee and with the Office for Fiscal Analysis. The Cabinet allocated its own funding to support this critical 2nd year work (see below). In December, CT's Part I of CT's first ever early *Childhood Investment Plan* was released, recommending the appropriation of \$102 million in new funds for (a) increased accountability and systems management, and (b) the top priority items identified by the Cabinet.

Comparing Investment Proposals

Proposals. The Governor's proposed biennial budget, released on February 7th, would appropriate a total of \$ 83.2 million over SFY 07-08 and SFY 08-09. The Early Childhood Investment Plan recommended a total of \$102.4 million over the same period, the 1st years of a five-year expansion.

An item by item comparison of the two sets of proposals follows in Appendix C at the end of the Systems Template.



Cabinet Expenditures. The Cabinet was appropriated \$450,000 in each of the present biennium (SFY 05-06 and SFY 06-07). It has been frugal in its use of these funds. A summary of expenditures through February 11, 2007 follows. Additional detail is available.

- Development and Printing of *Ready by 5, Fine by 9* \$ 16,000
- Development of *Ready by 5, Fine by 9 Infant & Toddler Plan* \$ 25,000
- Printing/Summit for CT *Early Childhood Investment Plan* \$ 20,000
- Year Two Cabinet staffing/consultant support \$ 75,000
- Year Two RBA Technical Assistance \$ 80,000
- Strategic Communications/ Public Information \$ 45,000
- Continuation of Data CONNections \$150,000
- Data Interoperability Project \$ 50,000
- Community Preschool Facility Technical Assistance \$100,000
- Cabinet-Bridgeport Leadership in Action Program \$ 75,000

[Note: This 1st state-local partnership effort leveraged \$160,000 in philanthropic funding.]

EARLY CHILDHOOD INVESTMENT INITIATIVE

Total: July 2005 through 13 February 2007 \$636,000

Total Available: July 2005 through June 2007 \$900,000

Measure 2. Communities with formal B-5 plans or public reports on their young children

Public Plans	Public Reports	Plans/Reports in Progress
Bridgeport, Hartford, Norwalk	Meriden, Middletown, New London, Norwich, West Hartford	Branford, Danbury, East Hartford, Hamden, Naugatuck, Waterbury

Story Behind Measure 2.

In order to receive funding as part of Connecticut's School Readiness Program, eligible communities must establish a School Readiness Council. There are currently 58 Councils, led by the school superintendent and the mayor or their designees. Councils in the 19 Priority School Districts (only) receive administrative funds annually as part of the School Readiness grant that are generally used to cover administration, coordination and evaluation of the local School Readiness Program. Just over a million dollars was utilized across the 19 Priority School District Councils in each of SFY 06 and SFY 07.

School Readiness Councils are mandated to identify local resources, encourage public participation, facilitate coordination among providers, and make recommendations to the chief elected official and school superintendent on school readiness issues. While some of the Councils also receive philanthropic support, there are no state funds available to support comprehensive strategic planning or population outcomes analysis. No state support is provided for the 39 Councils in non-Priority School Districts.

At the present time, three communities have completed and published formal "birth to five" strategic plans. Five communities have produced annual public reports on the status of their young children, and six additional communities have begun the process of developing either a formal plan or annual public report.

The broadest source of philanthropic support local early childhood capacity building is the Discovery Initiative, a \$15 million multi-year commitment of the William Caspar Graustein Memorial Fund to 50 communities and other partners to build a broad base of support for the early school success of all children. All but 12 of the 58 School Readiness Council communities are also supported by the Discovery Initiative. This fall, the Trustees of the Graustein Memorial Fund authorized additional fiscal and technical support for communities that wish to undertake development of a birth to five strategic plan for their town.

EARLY CHILDHOOD INVESTMENT INITIATIVE

The Early Childhood Investment Plan recommended a \$10 million two-year investment in building local capacity for policy and program planning, systems development, public accountability, leadership, and resource allocation in the 58 School Readiness communities (19 Priority Districts and 39 other districts at risk of poor school readiness outcomes). The Governor's budget proposed \$450,000 in SFY 07-08 and \$600,000 in SFY 08-09 to support the first stage of this local capacity building process.

Measure 3. Number and percent of MOUs related to data that have been finalized and implemented.

At least 6 state agencies (DPH, DSS, SDE, DCF, DMR and DOIT) and the University of Connecticut Center for Public Health and Health Policy have been involved in MOU development regarding data extraction and analysis.

Story Behind Measure 3. Access to aggregate data related to children, in a health or educational context, for use in the 2007 RBA process has been extremely difficult. Without the assignment of unique child identifiers, it will not be possible to track the trajectory of individual children over time and across service agencies. Similarly, without individual data that can be variously categorized and analyzed in the aggregate, state and local policy and program planning will continue to be impaired.

The CT Health Information Network is being developed by the Center for Public Health and Health Policy at the University of Connecticut and a number of state agencies as a “federated data architecture,” reports having secured MOU’s with participating agencies, including DCF, DMR, SDE, DPH and DOIT. All data accessed through CHIN will be “de-identified” and is therefore not usable for case management or service delivery improvements.

e-Health CT, just announced in January 2007, will develop – over a 10 year period – “a master person registry, a statewide provider registry, a record locator service, and privacy and security policies and applications...Patient problems, medication history, laboratory results, allergies, and radiology results are examples of information that will be available through the exchange. While individual medical records will remain decentralized, eHealth Connecticut will build de-identified databases for analysis and reporting of quality, disease status and cost, across the population.”

There is also a multi-agency data working group emerging, hosted by the Office for Workforce Competitiveness and the Bureau of Rehabilitation Services (within the Department of Social Services). This effort was initially directed at similar data challenges related to youth, but representatives of Early Childhood Cabinet agencies have joined to assist in identifying what an effective cross-agency data development initiative would involve.

EARLY CHILDHOOD INVESTMENT INITIATIVE

The Early Childhood Research and Policy Council recommended a \$6 million, two-year investment in the coming biennium to foster a federated database that could work across Cabinet agencies to improve data on individual case coordination, on program operation, and on strategic planning. The initiative would also support the application of State Department of Education student identifiers to all young children enrolled in early care and education settings funded by the State of Connecticut.

The proposed biennial budget includes \$2 million over two years to begin this work and also to begin work on a quality rating, public accountability system.

Measure 4. Percent of young children with unique health and education identifier(s)

Effective October 1, 2007 (and for the first time) all students in grades K-12 will be assigned a unique electronic educational identifier within the SDE Public School Information System.

Story Behind the Measure.

The Department of Public Health and Department of Social Services have a MOU regarding joint data analysis of birth and HUSKY A data, lead screening, and children with special health needs. While data runs on individual children are exchanged on an annual basis, the MOU restricts the public release of any information developed except for specific federal reporting purposes.

The State Department of Education is required to have unique identifiers for all students in the K-12 state system actively in place and accessible to local school districts by October 1, 2007. There are currently insufficient fiscal resources within the State Department of Education to apply unique identifiers to younger children. This issue was addressed in the Early Childhood Investment Plan's data recommendation. [Note: The proposed biennial budget eliminates funding now in the State Department of Education's current budget for this purpose, postponing its implementation until 2010.]

The CT PreK-16 Council, an initiative of the Department of Higher Education, Board of Governors of Higher Education, and the CT State Department of Education, was launched in January 2007. An initiative of the National Governors Association, one of the key tasks of the Council is to develop a longitudinal database that operates with unique student identifiers from preschool through college.

Measure 5 Number and percent of MOUs for cross-agency case management, service delivery coordination and quality improvement.

EARLY CHILDHOOD INVESTMENT INITIATIVE

Being researched at this time.

Story Behind the Measure. The Cabinet will undertake a survey of existing and needed client- and service-based MOUs across agencies in the spring of 2007. As one example, however, the State Department of Education has shared a MOU between itself and the Department of Public Health that provides the transfer of \$25,000 from SDE to DPH to support the Department of Public Health's awareness campaign for school officials about the CT School Health Survey. The MOU further presents the Department of Education's agreement to help identify key stakeholders for the 2007 Survey and to collaborate with DPH in creating a plan for results reporting. The MOU is in effect for the SFY 06-07 fiscal year.

Partners and Their Roles

- **Cabinet** agencies, existing and proposed: This group holds resources of many types (fiscal, human, and data) necessary to achieve the population outcomes in a five to eight year period.
- **Early Childhood Research and Policy Council:** This group brings significant business, philanthropic, education, local government, workforce and economic development assets to the Systems Development table.
- **CT Poverty and Prevention Council.** This group is charged with developing strategies to reduce child poverty and also ensure that by 2020 10% of key agency budgets are allocated to prevention initiatives.
- **CT Youth Vision Team, Youth Futures Committee, and CETC Youth Committee:** These entities focus on youth needs and challenges, some of whom are teen or young single parents at risk of raising children in environments and conditions that could threaten youth children's health, safety, and learning success.
- **Interagency Data Working Group:** This informal group is working to develop methods and procedures for improved data definition, gathering and sharing across state agencies as well as to advance development of a federated technology architecture that will serve children and youth, B-21/24.
- **School Readiness Councils:** The Councils are represented on the Cabinet but we will need to develop a more inclusive process for state-local partnership and involvement including increased parent representation.

What do you propose to do to improve performance in the next 3-5 years and why?

7. Review all state and federal fiscal resources identified through the past two years of RBA work, for population outcomes and program performance measures, and identify funds that can be relocated or reallocated for maximum efficiency and effectiveness

EARLY CHILDHOOD INVESTMENT INITIATIVE

8. Implement a comprehensive, cross-agency system of program accountability
9. Implement vastly improved data processes and methods to allow for regular, public accountability and results documentation
10. Identify and track the development of at least one specific cohort of children served across Cabinet agencies, to identify methods of improving service effectiveness and outcomes
11. Implement such early childhood investment expansion funds as authorized in the 2007 legislative session
12. Develop budget proposals for years three and four of the Early Childhood Investment Plan, including recommendations that arise from the Infant & Toddler Strategic Plan (due by June 2007)
13. Continue to develop improved statewide and state-local governance processes
14. Fully implement the CT Quality Rating System, pending resource allocation

Appendix A, Data Development Agenda

State agencies participating in the RBA process have identified a long list of data needs as part of their RBA program templates. These are summarized below:

- Development of program measures for all agencies currently lacking them and develop data dictionaries across all agencies to ensure a common understanding of how program, evaluation and outcome terms are used by each agency
- Early care and education workforce: Data registry of all individuals employed in ECE and their education and training status
- Unique child identifiers: In health and education, with the capability of linking across them using middle-software and proper privacy agreements, waivers and consent
- Linking child identifiers with learning, development and health outcomes
- Electronic program data, including fiscal, workforce, and performance measures – capable of being shared across state agencies that fund the same programs
- Common data elements (and definitions) across agencies serving the same children and families
- Access to aggregated data for use in more sophisticated strategic planning, including community and neighborhood mapping
- Increased use of online application processes and public accountability reports
- Participation in further development of a federated data platform to produce a coherent B-21 policy and framework for data collection and use

EARLY CHILDHOOD INVESTMENT INITIATIVE

Appendix B, Link to Budget

RBA Program Agencies 2007	08 New Gov	Council 08	09 New Gov	Council 09
Family Strengthening				
Child Development/School Information & Targeted Outreach to Families	0	892,792	0	1,208,975
Birth to Three (Net to State)	913,507	1,224,655	1,267,912	8,298,652
Child Health, Development and Safety				
HUSKY	8,100,000	0	13,000,000	0
Early Care and Education Quality Improvement & Preschool Expansion				
Care Centers Rate Equity	2,160,000	2,163,495	4,460,000	4,456,800
School Readiness Program	11,050,000	11,080,374	30,500,000	30,514,618
Preschool Space Expansion	2,000,000	2,450,000	4,000,000	6,600,000
Quality enhancements	0	2,417,500	0	3,000,000
Early Childhood Consultation Network	0	287,000	0	323,000
Teacher Preparation	1,108,000	1,285,703	2,957,500	3,298,387
Building Local Capacity				
Building Local Capacity, including Technical Assistance on Facility Expansion	450,000	3,504,770	600,000	6,991,360
Management & Accountability Improvements				
New Management/Governance Structure	120,000	437,510	120,000	915,090
Quality rating System	1,000,000	201,000	1,000,000	350,000
Data Architecture Improvements, including unique ed identifiers to preschool children	-1,540,000	3,150,000	-160,000	3,550,000
Early Childhood Research	0	703,500	0	1,059,000
K Assessment	0	1,000,000	0	1,000,000
Totals	\$25,361,507	\$29,905,507	\$57,745,412	\$70,356,907

EARLY CHILDHOOD INVESTMENT INITIATIVE

Appendix C, Information and Research Agenda

State agencies participating in the RBA process have identified a substantial list of research questions that they believe will improve the quality of services, population outcomes, fiscal accountability and resource leveraging, and workforce preparation.

The Early Childhood Research and Policy Council proposed the establishment of a network of Connecticut researchers to address the following agenda in partnership with the Early Childhood Cabinet. This recommendation, available within the Early Childhood Investment Plan and posted online at www.ecpolicycouncil.org, was not funded in the SFY 07-08 or SFY 08-09 budget proposals now under consideration.

Appendix E, What Works (Optional)