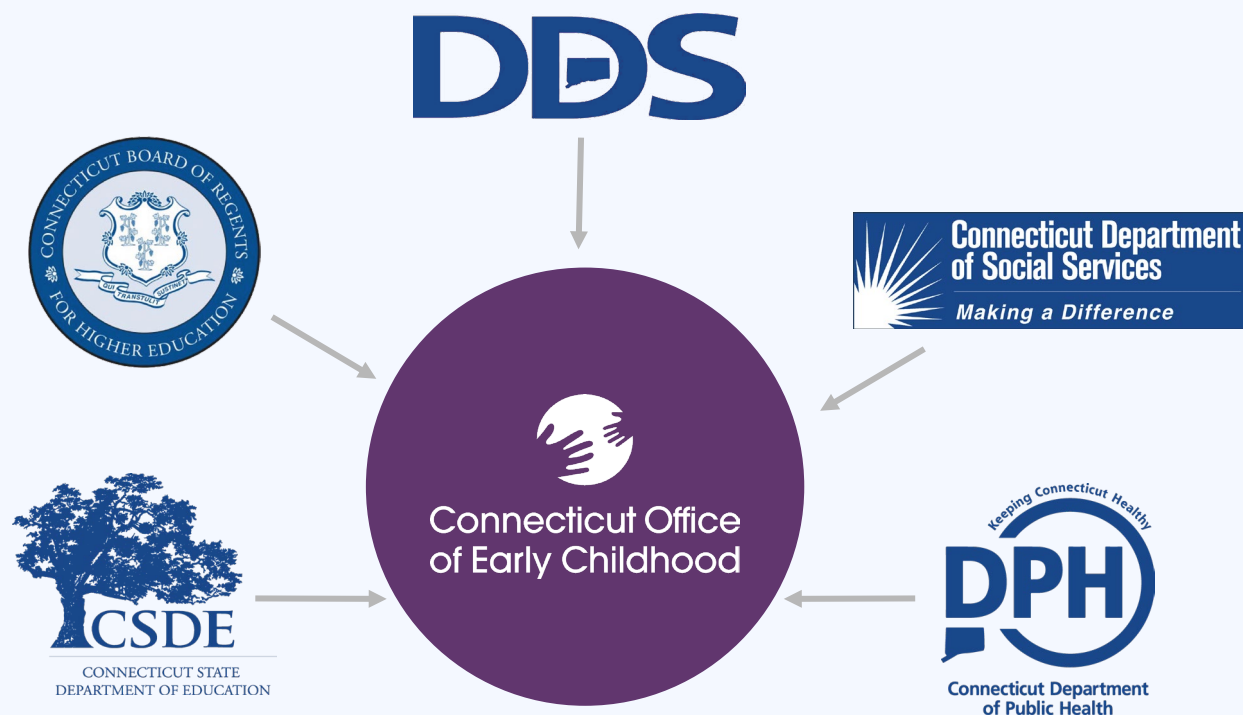# How the Office of Early Childhood (OEC) came to be...

Prior to 2013, services for young children in Connecticut were dispersed among five state agencies: Department of Education, Social Services, Board of Regents, Developmental Services, and Public Health. The Office of Early Childhood was created in 2013 to unify and improve delivery of services for young children in Connecticut within one agency.

On May 28, 2014, Public Act 14-39 signed by Gov. Dannel P. Malloy establishing the **Office of Early Childhood**.

Who is served by the Office of Early Childhood...

The earliest years of a child's life have a huge impact on that child, shaping who the child will grow up to be, affecting their future health, education, and success. Helping young children learn, develop, and overcome barriers will have benefits that last a lifetime.

Partnering with families through family engagement is essential. OEC works hard to support and strengthen families in Connecticut.

OEC is a state agency that oversees a network of programs and services that help young children and families thrive. A key part of that work is **supporting providers, teachers, and other professionals** who've dedicated their careers to caring for and educating children.

The OEC focuses on children from birth into grade school

Connecticut is home to 181,607 children under the age of five

Overview of children served by Connecticut Office of Early Childhood & other early childhood partners

Early Care and Education

- **School Readiness: 11,879** school readiness spaces **8,708** children participated
- **Child Day Care Centers: 4,052** **2,998** children participated
- **Smart Start: 650** **650** children participated
- **Connecticut Even Start Family Literacy Program:** **69** children and 48 adults (from 37 families)
- **Child Care Subsidies (Care 4 Kids):** 25,124 children in **1,6814** families received C4K services by 5,494 providers.
- **Public School Preschool** (Local Education Agency funded): **15,300** children enrolled (2020-2021)

Home Visiting

- **Parents as Teachers: 2,425** children and 2,307 parents served
- **Child First: 343** children and 354 parents served
- **Nurse Family Partnership: 118** children and 149 parents served
- **Early Head Start: 58** children and 52 parents served

Services for Young Children and Families

- **Early Intervention** supports families with children under age 3 identified with developmental delays or disabilities.
- **Birth to 3 (IDEA Part C): 10,155** referrals, of which 8,695 children were evaluated, of which 6,492 (75%) were deemed eligible.
- **11,395** children under age 3 with an Individualized Family Service Plan (IFSP) were supported.
- Upon exiting at age 3, **2,105** children were eligible for IDEA Part B.

Head Start and Early Head Start

- **Head Start: 3,296** children ages 3 to 5 in 22
- **State Head Start Supplement:** funds 47 sites in 34 communities to create 264 additional full-day/full-year spaces and 994 additional extended day/extended year spaces, serving **730** children.
- **Early Head Start: 1,674** children ages birth to 3 and 70 pregnant women in 18 programs (center-based, family child care, and/or home visiting).
- **Early Head Start-Child Care Partnership**: has 3 grantees who fund 44 providers to serve **222** children (monthly average).

Children by Race & Ethnicity, 0-4 years of age (2020):

0.5% American Indian/Alaska Native
6% Asian
12% Black
28% Hispanic or Latino
0.5% Native Hawaiian/Other Pacific Islander
50% White
4% Two or more races

32,256 Children enrolled in public school kindergarten in Connecticut in the 2020-2021 school year.

16.3% of students in Connecticut public schools have special education status.

42.7% of students in Connecticut public schools qualify for free/reduced lunch.

12.3% of children (under age 18) in Connecticut are in households with income below Federal Poverty Level.

15.5% of children (under age 18) are in families that receive Food Stamps/SNAP.

69,521 three- and four-year-olds in Connecticut (2017 + 2018 births)

Role of Connecticut Office of Early Childhood
OEC's mission and vision...

OEC

OUR MISSION

To partner with families of young children to advance equitable early childhood policies, funding and programs; support early learning and development; and strengthen the critical role of all families, providers, educators, and communities throughout a child's life. We will assertively remove barriers and build upon the strengths of historically disenfranchised people and communities to ensure fair access to OEC resources.

OUR VISION

All young children in Connecticut are safe, healthy, learning, and thriving. Each child is surrounded by a strong network of nurturing adults who deeply value the importance of the first years of a child's life and have the skills, knowledge, support, and passion to meet the unique needs of every child.

How we conceptualize behavioral health

Behavioral health is how our mental health, physical health, and spiritual health affect our well-being and behaviors.

Mental health
includes our emotional, social and psychological well-being. It affects how we think, feel and act.

Spiritual health
is how we view our purpose and place. It affects the ways we connect with the world around us.

Physical health
is the normal functioning of our bodies. It affects how we grow, feel, and move.

Good behavioral health is important for children and adults. It helps us cope with life's stresses and reach our goals. Just like we care for our bodies and physical health, it is important to care for our minds. The tools for emotional wellbeing are lifelong skills that can be passed down for generations.

Behavioral health initiatives within OEC

OEC

Pyramid Model

The Pyramid Model is a framework that provides programs with guidance on how to promote social emotional competence in all children and design effective interventions that support young children who might have persistent challenging behavior.

ECCP (Early Childhood Consultation Partnership)

The Early Childhood Consultation Partnership (ECCP) is a strengths-based, mental health consultation program designed to build the capacity of caregivers by offering support, education, and consultation. ECCP is developed to meet the social-emotional needs and/or developmental concerns of children birth to five. Services are child-specific and provided in the classroom and home.

Insecure Housing Training and Support

Operating through a lens of equity, provide training on homelessness and housing instability and increase awareness of the McKinney-Vento Homeless Assistance Act. To increase awareness on how homelessness is a traumatic experience impacting children's development in lasting ways, including malnutrition, maltreatment, multiple school placements, and exposure to violence.

Suspension & Expulsion

Operating through a lens of equity, advocating to decrease suspension/expulsion rates of children with behavioral and social/emotional needs. Educating on the importance for inclusion in early care childcare settings where Black and Brown children are disproportionately impacted.

Behavioral health initiatives within OEC

Mind Over Mood (MOMs)

The Mind Over Mood Initiative addresses maternal mental health within early childhood Home Visitation in multiple ways. One key component is the development of partnerships with independent practice therapists statewide. Mind over Mood is building a community of specialized perinatal mental health and attachment psychotherapists to attend to the unmet clinical needs of marginalized mothers who may be affected by trauma, socioeconomic stress, racial oppression and low social support.

Connecticut Association of Infant Mental Health (CT-AIMH)

CT-AIMH offers education and expertise in infant and early childhood mental health. CT-AIMH works to promote, support and strengthen nurturing, quality relationships for infants, young children and their caregivers, within the context of family, community and culture, through education, advocacy, and professional development. CT-AIMH promotes and holds a set of Competency Guidelines® that lead to an Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant and Early Childhood Mental Health®.

Help Me Grow/ Sparkler

Sparkler is a family engagement tool that empowers parents and caregivers as first teachers. Developmental Screening: Sparkler offers the mobile Ages & Stages Questionnaires® (ASQ-3 and ASQ:SE-2) to families on their smartphones/tablets to check on their children's development. A library of 1500+ off-screen play-based learning activities aligned with the Early Learning Outcomes Framework, plus a library of tips for parents/caregivers. Connection and support — Sparkler offers regular tips and two-way messaging between parents/caregivers and early childhood providers, who can connect them with resources and support. Sparkler is available to families on iOS and Android devices, in English and in Spanish. Sparkler also provides a web-based dashboard that enables educators, pediatricians, home visitors, and other providers to monitor and engage with the families they support.

Behavioral health initiatives within OEC

Doula Project

Doula project is intended to centralize a referral network for parents enrolled in home visiting who are interested in Doula services. The project seeks to increase and diversify the Doula workforce by offering regional training to current home visiting staff interested in the field and/or community members interested in becoming doulas. A goal is to reduce low birth weight babies, birth complications involving mothers or their baby, increase in initiation of breastfeeding, and increased mother's self-efficacy regarding her own pregnancy outcomes. Another goal is to shift the normal practice of systems to connect more families with services that will help them achieve their goals and improve their health, education, and economic outcomes.

Head Start Collaboration

Early Head Start and Head Start are programs funded and monitored by the federal government, Office of Head Start. The program focuses on promoting school readiness for infants, toddlers, and preschoolers for families that meet income eligibility requirements. Head Start programs also support children with identified needs (such as physical and developmental delays), children in foster care, and children experiencing homelessness. Early Head Start serves children from prenatal-2 years-old; Head Start serves children from 3-5 years-old and their families. Head Start programs are required to meet federal Head Start standards across all domains (known as the highest quality standards in early childhood).

Current funding within OEC allocated towards behavioral health: **$15,211,136**

Total available funding for behavioral health excluding grant $ (i.e. PDG) and time-limited federal $ (i.e. ARPA): **$7,635,848**

Funding overall comes from ARPA Discretionary, PDG B-5 Renewal Grant (grant has sunset), CCDF, CBCAP, B23, and State Contribution Early Head Start

Instead of behavioral health efforts operating in silos by department, initiatives will operate under an OEC umbrella taking a Primary, Secondary, and Tertiary Preventative Stance...
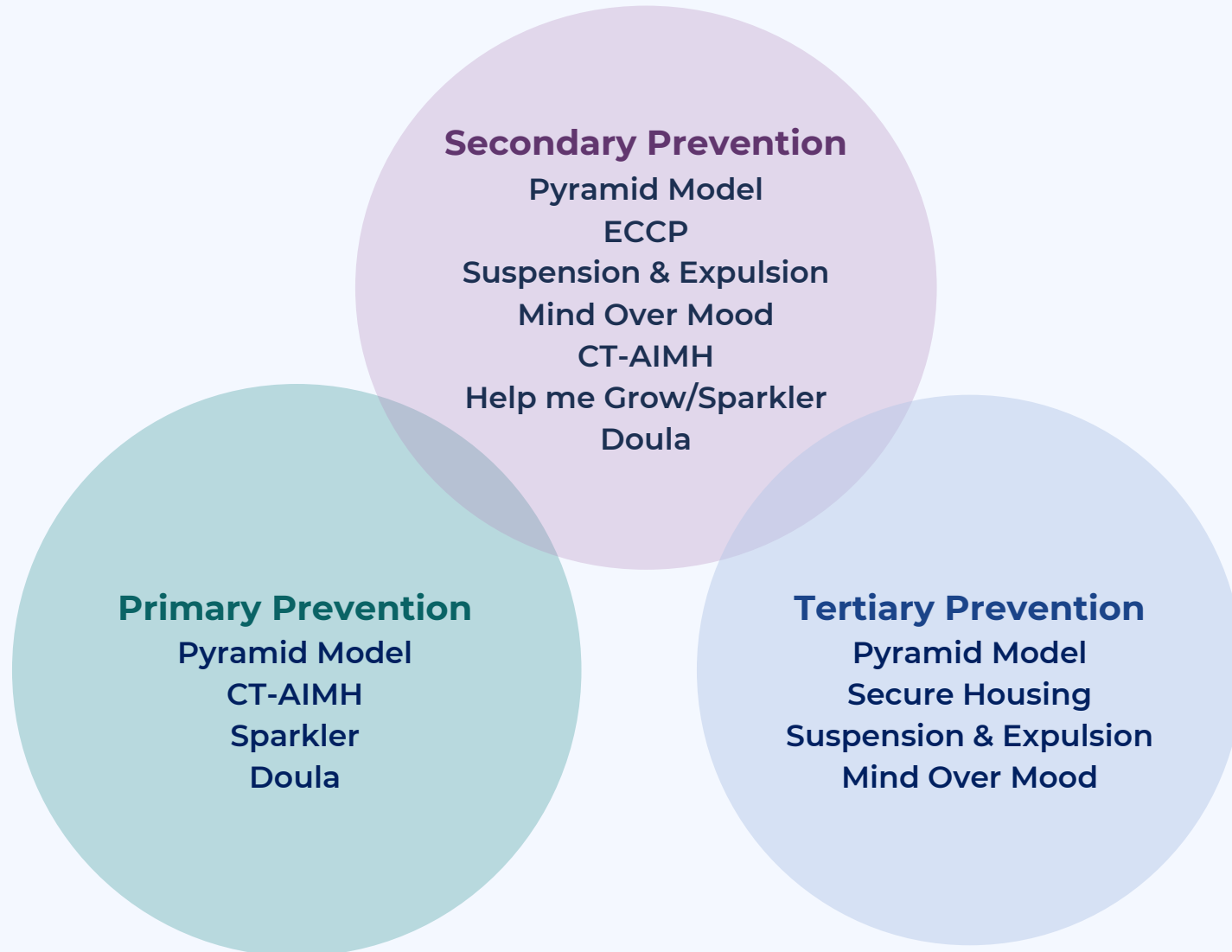
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Behavioral Health w/in ECE

+

Behavioral Health w/in Home Visiting

+

Behavioral Health w/in Birth to Three

+

Behavioral Health w/in Early Head Start

Behavioral Health w/in OEC

"An ounce of prevention is worth a pound of cure"

When it comes to community-based intervention efforts, there are three types of interventions, or preventative measures: primary prevention, secondary prevention, and tertiary prevention: According to ChildWelfare.gov:

● *Primary prevention* directed at the general population to prevent maltreatment before it occurs (universal). All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment. Universal approaches to primary prevention might include:

- Public service announcements that encourage positive parenting
- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting
- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members
- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect

● *Secondary prevention* targeted to individuals or families in which maltreatment is more likely (high risk) and are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors. Approaches to prevention programs that focus on high-risk populations might include:

- Parent education programs located in high schools, focusing on teen parents, or those within substance abuse treatment programs for mothers and families with young children
- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes
- Respite care for families that have children with special needs
- Family resource centers that offer information and referral services to families living in low-income neighborhoods

● *Tertiary prevention* targeted toward families in which maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. These prevention programs may include services such as:

- Intensive family preservation services with trained mental health counselors that are available to families 24 hours per day for a short period of time (e.g., 6 to 8 weeks)
- Parent mentor programs with stable, non-abusive families acting as "role models" and providing support to families in crisis
- Parent support groups that help parents transform negative practices and beliefs into positive parenting behaviors and attitudes
- Mental health services for children and families affected by maltreatment to improve family communication and functioning

OEC behavioral health initiatives cont.

Secondary Prevention
Pyramid Model
ECCP
Suspension & Expulsion
Mind Over Mood
CT-AIMH
Help me Grow/Sparkler
Doula

Primary Prevention
Pyramid Model
CT-AIMH
Sparkler
Doula

Tertiary Prevention
Pyramid Model
Secure Housing
Suspension & Expulsion
Mind Over Mood

An Ounce of Prevention is Worth a Pound of Cure...

The ideal approach to prevention includes all three levels, which results in a comprehensive service framework focused on improving outcomes for children and families.

OEC

Why is mental health in children important?

Promoting children's mental and behavioral health underlies healthy development and health equity across the lifespan. Advances across broad areas of behavioral, social and neuroscience inform practice, programs, and policy in child and adolescent mental and behavioral health.

Childhood and adolescence provide critical periods for prevention, early detection, and intervention to promote child mental and behavioral health.

Disorder presentations are affected by biological determinants, environmental influences and genetics, including prenatal development and exposures and subsequent nutrition, in an interplay that is multi-determined and complex.

Additionally, when children have a mental and behavioral health disorder, they often develop academic impairments or difficulties leading to educational underachievement due to frequent absences, higher rates of suspension or expulsion, or failure and dropout from high school.
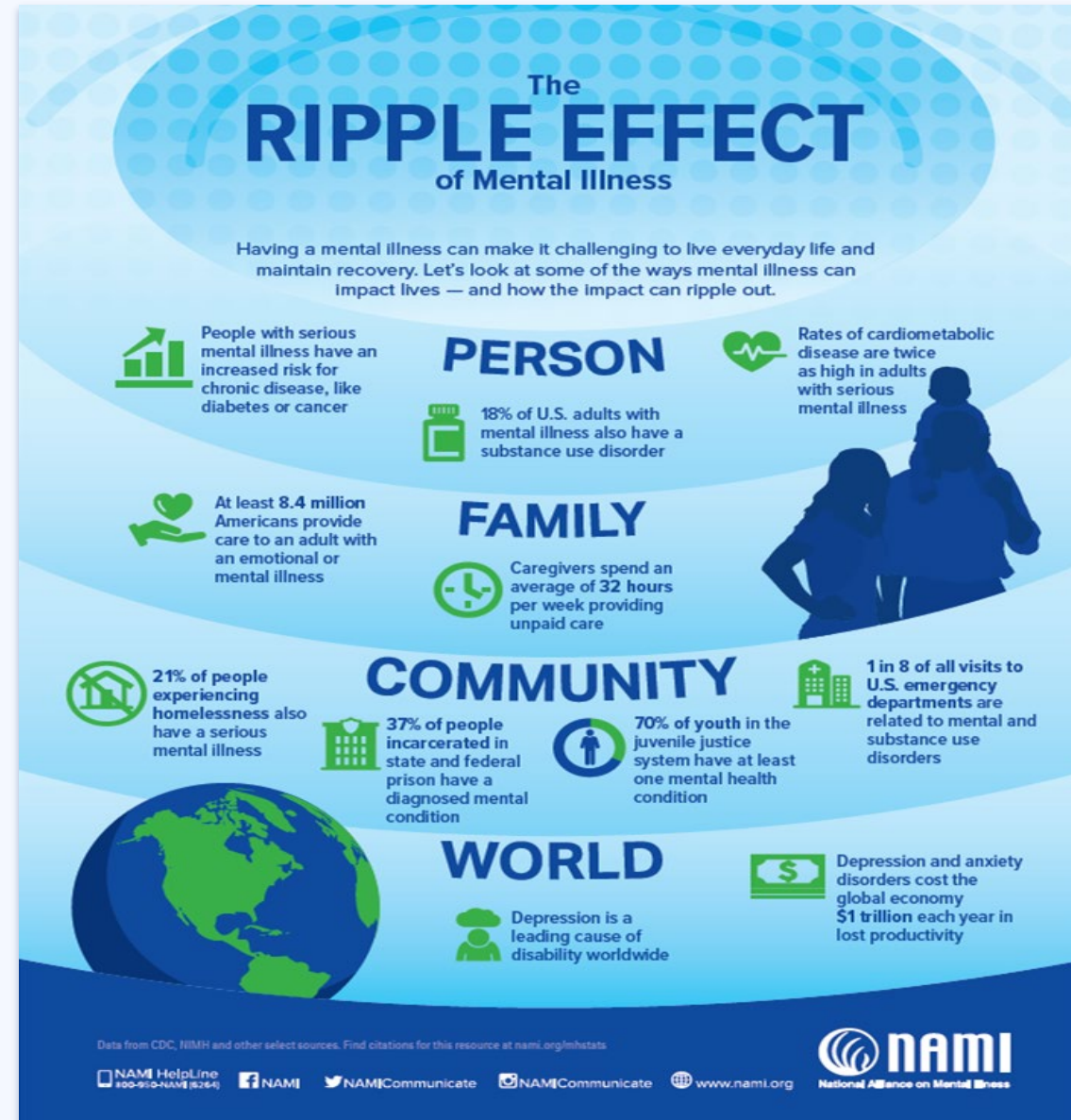
Promoting mental and behavioral health in children is important

**Gizmo's Pawesome Guide to Mental Health© is a social-emotional learning curriculum that gives kids the tools to manage their mental health.
The Guide and Curriculum help kids learn:**

- Mental health is as important as physical health.
- How to identify when mental health needs attention.
- Daily activities and healthy coping strategies that support mental health.
- How to identify and connect with trusted adults.

The Guide was printed with funding from the NCSP and the CT Children's Mental Health Block Grant under DCF. The NCSP grant is co-directed by DMHAS, DCF, and DPH.

Destigmatizing mental health...

OEC

Stigma

"Mental health...is not a destination, but a process. It's about how you drive, not where you're going."
- Noam Shpancer, PhD

"I think it's really important to take the stigma away from mental health... My brain and my heart are really important to me. I don't know why I wouldn't seek help to have those things be as healthy as my teeth."
- Kerry Washington

Mental health relates to all of us...
We all have it!
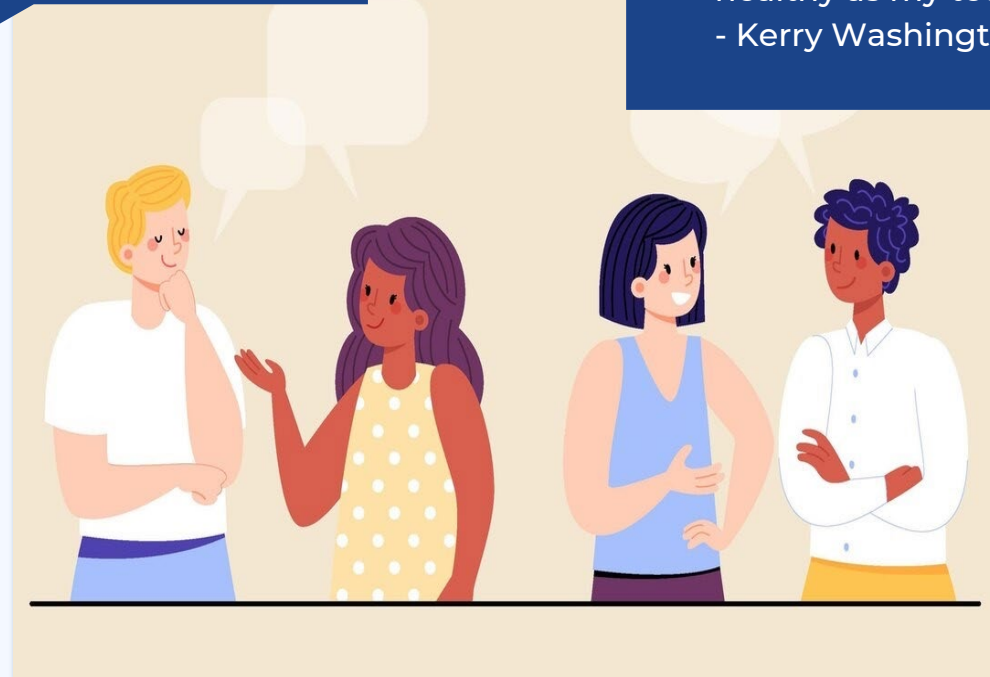
How "healthy" one is, however, is subjective. The more we talk about it, the less stigmatizing the subject matter is.

What can we do?

The ties that bind...

Attending to mental and behavioral health is a lifelong developmental process that continues well after children age out of OEC services.

Recognizing the value in a well-established continuum of care, it is important to proactively expand partnerships with our sister agencies...