

2013 Program Report Card: Early Childhood Consultation Partnership (ECCP)/DCF

Quality of Life Result: All Connecticut children birth to age 9 grow up in a stable environment, safe, healthy, and ready to succeed.

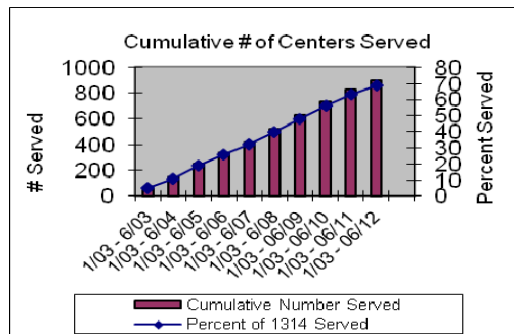
Contribution to the Result: : In partnership with families and communities, the Department of Children and Families will advance the health, safety and learning of all children we serve, identify and support their special talents, provide opportunities for them to give back to their communities, and leave the Department with an enduring connection to a family. This includes strengthening the skills of early childhood learning center staff, and parents, to meet the needs of young children with significant behavioral issues, so they can succeed in school.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 12	\$ 2,156,581	0		\$2,156,581
Estimated SFY 13	\$ 2,259,235	\$175,000		\$2,434,235

Partners: Parents, ABH, Community Providers, Early Childhood Centers, Other state agencies

How Much Did We Do?

Percent of unduplicated publicly funded early care and education centers receiving ECCP services.



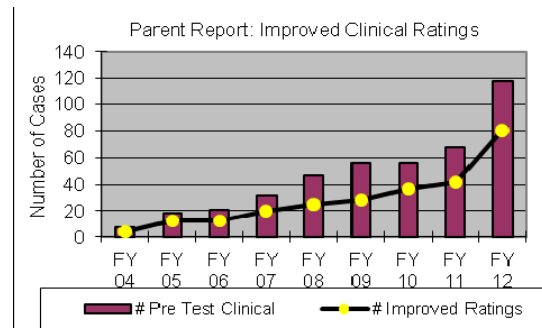
Story behind the baseline:

There are 1,314 centers in Connecticut that are eligible (serving children age's birth to five) for ECCP services. The graph shows unduplicated centers served cumulatively by fiscal year, and demonstrates a clear measure of ECCP progress toward serving 100% of all eligible centers. As of June 2012, ECCP has served over 900 (Approx. 70%) of the eligible centers. This is a significant increase since last reported in 2008, with 43% of eligible centers served at that time.

Trend: ▲

How Well Did We Do It?

Parent Report: Clinical Ratings (CBCL)

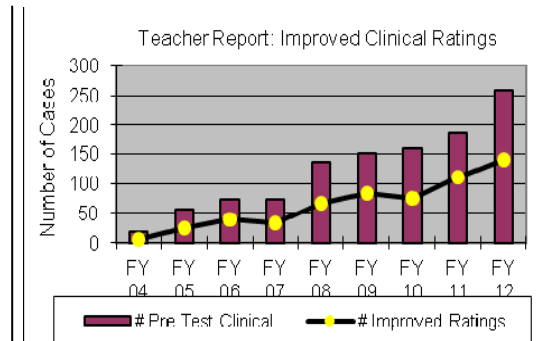


Story Behind the Baseline: Clinical treatment is often based on the findings of the Child Behavior Checklist (CBCL). Within ECCP increasing numbers of children have pre-test scores within the clinical range of the CBCL. While ECCP is a prevention program, it is evident that parental pre-test ratings of clinical symptoms indicate a significant number of children scored within the clinical –borderline clinical range on the CBCL from FY04 to FY12. In spite of the severity of their scores, many children moved from the clinical to improved ratings. ECCP has helped to improve ratings on average by 59% over the last 7 years. For children needing more intensive clinical services than ECCP, the program makes referrals, with follow-up assistance, for higher levels of treatment.

Trend: ▲

How Well Did We Do It?

Teacher Report: Clinical Ratings (CTR-F)



Story behind the baseline:

Teacher reports of changes in children's behavior are measured by pre/post administration of the Child Teacher Report Form (CTR-F). It is evident that teacher pre-test ratings of clinical symptoms indicate a significant number of children scoring within the clinical & borderline clinical range on pretest. Over the last 7 years, ECCP has helped to improve ratings on average by 51%, an impressive finding since ECCP is a prevention and not clinical program. Given the severity of behaviors teachers are reporting in these children, and based on the results of the rigorous evaluation by Yale, these percentages indicate ECCP has a significant & meaningful impact upon the children they serve.

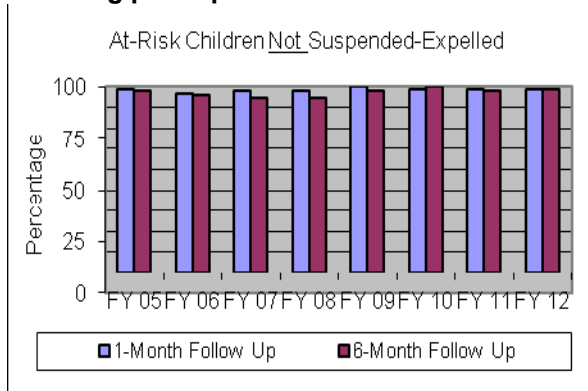
Trend: ▲

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Is Anyone Better Off?

Percent of children not suspended or expelled following participation



Story behind the baseline:

The preschool expulsion rate in CT was 12.48 per every 1000 children, the 9th highest rating in the country (Gilliam 2005).

Children are referred to ECCP because they are at risk of suspension-expulsion. At 1 month follow-up, an average of 99% of children who received ECCP services were **not** suspended/expelled from their early care and education setting. At 6 month follow-up, an average of 97% were not suspended or expelled. The chart above represents a break down of percentages by fiscal year where 1 and 6 month follow up data were available.

Proposed Actions to Turn the Curve:

ECCP is called in to work with children who are at risk of suspension/expulsion. Despite the severity of the behaviors and social-emotional problems these children present with, ECCP continues to increase the likelihood that children will be maintained in their childcare settings. ECCP will continue to increase the capacity of teachers to better manage at risk children and to effectively partner with families.

The ECCP has been deemed an evidenced-based, best practice program through the significant & meaningful results demonstrated by Gilliam's rigorous evaluation and as reflected in the improvement percentages of the CTR-F. ECCP will continue to maintain at or above the reported baseline of centers served.

The ECCP will continue to focus recruitment efforts on previously un-served centers. In addition, when ECCP does receive referrals from previously served centers, emphasis will be placed on systemic change at the level of the director and center policy

ECCP will work closely with families to integrate more intensive Child Actions Plans within both the home & early care/education programs. Through these plans ECCP will increase their focus on referrals to clinically based treatment programs to match the high clinical need evident in many of these children and where their needs go beyond the prevention scope of the ECCP.

Trend: ▲