Head Start/Early Head Start Community Needs Assessment

For New Haven, West Haven, Hamden, and East Haven

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Prepared for: LULAC Head Start, Inc. & United Way of Greater New Haven

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Executive Summary

About this Community Needs Assessment

Early Head Start (EHS) and Head Start (HS) programs provide high-quality early learning, education, and cognitive development services that support children's healthy social, emotional, and physical development. The programs connect enrolled children and their families with comprehensive support services spanning basic needs, health, mental health, disabilities, adult education, and employment.

LULAC and UWGNH jointly commissioned a very detailed Community Needs Assessment in 2018. This report (available here) includes information about the populations served by both organizations to inform program design and delivery, develop responsive strategic plans, and improve collaborative and system-wide efforts.

In 2021, LULAC and UWGNH commissioned Farnam Associates, LLC to update the needs assessment to guide their future work. This update focuses on a few areas that we identified early in the process as warranting a closer look – the issue of mental health and mental health services for very young children and the question of the impacts of the COVID pandemic on the early childhood sector – that the two partners must take into account in their service planning.

Community Profile

LULAC Head Start, Inc. (LULAC) and United Way of Greater New Haven (UWGNH) operate Early Head Start and Head Start programs in New Haven, West Haven, Hamden and East Haven, Connecticut that collectively have the capacity to serve 320 children and their families. The communities served by LULAC and UWGNH programs are comprised of families that are diverse in their countries of origin, religious affiliation, race, and ethnicity. Economic and health disparities related to race and ethnicity, gender, income, and neighborhood underpin many of the challenges faced by residents of the service area. The total population of the service area is 278,699 people. The Connecticut State Data Center projects that both the general population of the service area and the population of young children ages birth to four will grow about 14% in the 25 years between 2015 and 2040.

Today, approximately 29% of the population of children under age five live at or below the federal poverty level in the four-town service area. In New Haven, single-parent families account for 52% of all families with children under age six.

Community Needs and Priorities

Family Income, Labor Force, and Employment

According to a Brookings Institution study, income inequality in Greater New Haven is higher than in all but a few regions nationwide.[1]

Table I.1 Number of Children Ages Birth to 4 by Town and Poverty Status

	2019			2018			2017		
Town	**In Poverty**	**Total**	**Child Poverty Rate**	**In Poverty**	**Total**	**Child Poverty Rate**	**In Poverty**	**Total**	**Child Poverty Rate**
East Haven	209	1,174	17.8%	200	1,323	15.1%	156	1,271	12.3%
Hamden	201	2,559	7.9%	207	2,787	7.4%	159	2,796	5.7%
New Haven	3,190	7,904	40.4%	2,656	7,915	33.6%	2,625	8,107	32.4%
West Haven	586	2,878	20.4%	654	3,063	21.3%	687	3,039	22.6%

Source: American Community Survey 2017, 2018, and 2019 5-year estimates

Demonstrable for many years, poverty and income equality continue to rise. According to the Connecticut State Department of Education's 2019-20 Condition of Education Report - the percentage of students eligible for free or reduced-price meals increased to the highest proportion to date (43.3%), after a slight dip in the 2016-17 school year. Table I.1 above details the child poverty rate of children birth to 4 in the four-town region.

Community providers and parents confirm that, for thousands of families with incomes between 100% and 200% of the poverty level, the struggle to meet basic needs for housing, food, and transportation is a major stressor, and interferes with parents' ability to secure training and employment at living wage jobs and to support their children's care and education. This has an impact on children's brain development. A recent study showed that providing parents of newborns just $150 more funding a month for the first year of the baby's life results in measurable increases in brain development.

Participants in the state's largest job placement programs identify transportation as the most common barrier to finding and maintaining a job; data further indicates that the spread of jobs to suburban areas with limited public transportation has been a direct cause of long-term

[1] Berube, A. (2018). City and metropolitan income inequality data reveal ups and downs through 2016. *Brookings Institute*. Retrieved from *https*://www.brookings.edu/research/city-and-metropolitan-income-inequality-data-reveal-ups-and-downs-through-2016/.

unemployment, particularly in communities with lower household incomes and car ownership rates.

ALICE Households

More than one in four Connecticut households have earnings above the federal poverty level but below a basic cost-of-living threshold. Despite working hard, these households struggle to make ends meet. United Way calls this demographic Asset Limited, Income Constrained, Employed (ALICE).[2]

ALICE and federal poverty level households combined comprise 38% of all households in the state, revealing that more than one in three Connecticut households cannot afford basic needs such as housing, child care, food, health care and transportation. The average annual Household Survival Budget for a family of four in the state (two adults with one infant and one preschooler) is $90,660 – more than triple the U.S. family poverty rate of $26,500. The Household Survival Budget is primarily driven by childcare and housing costs.

UWGNH's 2018 ALICE statistics for New Haven paint an even grimmer picture: of 50,312 households, 19% live at or below the federal poverty level; another 43% of New Haven households are at or below the ALICE threshold. This means that 65% of New Haven households are struggling to meet the basic costs of living.

In all Connecticut counties included in United Way's ALICE Project, child care remains the most expensive budget item for households with two or more young children. In many ALICE families, one or both parents must modify their work schedules to minimize child care hours or conform to child care providers' standard hours, as quality care can be harder to find during nonstandard hours, like evenings and weekends. Low-income workers are more likely to have nonstandard work schedules and securing work hours that mirror child care hours is not always possible.

Nutrition, Health, and Education

Approximately 22% of New Haven's residents are food insecure, compared to 12% across the state and twice the national average. Food-insecure residents in New Haven's low-income neighborhoods are more likely than those living in more affluent neighborhoods to report high blood pressure, diabetes, and being overweight or obese. In a recent survey of eighth graders by the Community Alliance for Research and Engagement (CARE), food-insecurity was related to a higher incidence of childhood diabetes and asthma. Childhood obesity rates in the service area are higher than the national average.

Residents designate access to health care as their top concern. 28% of service area residents report having postponed or delayed seeking medical care due to excessive wait times,

[2] Hoopes, Ph.D., Stephanie. ALICE in CONNECTICUT: A FINANCIAL HARDSHIP STUDY Connecticut United Ways. 2020.

inconvenient office hours, or insurance participation. 23% of low-income residents suffer from asthma, nearly twice the statewide rate.

Among the most prevalent health care concerns were issues of access, with 38% of New Haven residents and 27% of those living in inner ring suburbs reporting that they had postponed or delayed getting medical care.[3] Racial and ethnic disparities in infant mortality are related to a broad array of disparities, and Black women in New Haven and the other service area towns consistently experience poorer health outcomes through childbirth.

The teen birth rate has continued to decline across racial/ethnic groups in the service area, mirroring a national trend. Publicly supported family planning centers in Connecticut are meeting 38% of women's contraceptive needs, better than the nationwide rate of 26%. However, the number of expectant mothers far exceeds the number of available prenatal home visiting slots.

Providers rank mental health services as the most significant unmet need, exacerbated by structural deficiencies within the state's early childhood system including a shortage of practitioners, insufficient prevention services, a dearth of in-home mental health services, inadequate in-school mental health services, and long waiting periods.

Children and adults report higher-than-average rates of Adverse Childhood Experiences (ACEs), including experiencing or witnessing domestic violence.

Educational attainment levels are vital indicators in a competitive labor market that increasingly requires post-secondary certificates or training. 14% of New Haven residents lack a high school diploma or equivalent, the lowest rate of attainment in the service area. Hamden enjoys the highest rate of attainment, with 46% of the population having earned a BA or higher. Surprisingly, 30% of Hamden residents currently living in poverty have earned a BA or higher.

Child Care and Family Development

Early childhood care and education options within the service area include licensed family child care and group daycare homes; center-based programs managed by schools, community groups, or municipalities; and a wide range of private arrangements. While there are a substantial number of preschool child care slots, there remains a gap in affordable childcare spots and a serious gap in both the quantity and affordability of slots for infants and toddlers. With respect to the broader family support service system, providers point to a lack of service coordination leading to inconsistent program delivery, long waits for services, funding uncertainties, and lack of adequate medical care.

Child care remains the most expensive budget item for households with two or more young children. Only 18% of approximately 629 center-based infant/toddler spaces in New Haven offer a sliding fee scale, and the number of families on the waiting list for Care 4 Kids, the

[3] Datahaven. (2016). Greater New Haven Community Index.

Connecticut child care subsidy program, has increased 47% since May 2017. In many families, one or both parents modify their work schedules to minimize child care hours or conform to providers' standard hours. There is a dearth of quality care during nonstandard hours, and low-income earners are more likely to work evenings and weekends than are those with higher paying jobs.

A 2021 study by Urban Institute compared demand for childcare during non-traditional hours by state. The demand in Connecticut closely mirrors the national trends, with 31% of CT working families with children under the age of 6 working non-traditional hours compared to the national share of 36%. Families of color are more likely to need child care during non-traditional hours than white families (Table I.2).

Table I.2: Percent of Working Families with Children Under Six, by Race/Ethnicity

	Black	Latino	White
US	51%	41%	29%
CT	49%	40%	24%

Connecticut also lags behind other states in approaches to funding non-traditional hours:

TABLE 8

CCDF Policies

CCDF policies affecting the supply of quality NTH child care

State	Uses grants or contracts to increase the supply of programs serving children during NTH	Uses grants or contracts to increase the quality of programs serving children during NTH	Restricts hours of care during NTH	Has differential rate for NTH
AL				
AK				
AZ				
AR				✓
CA		✓		✓
CO	✓	✓		✓
CT				
DE	✓	✓		

Source: Urban Institute, 2021

Community Resources

LULAC and UWGNH have created innovative programs for children and families by cultivating reciprocal relationships with a range of community partners, including the New Haven Public Schools and the region's homelessness services systems. Their jointly hosted Health Services Advisory Committee meets regularly to assess service connections and troubleshoot specific system issues. Three of the four towns in the service area have active Early Childhood Councils or Collaboratives to foster advocacy and data sharing.

A broad web of agencies and networks, such as Elm City Project LAUNCH, New Haven Healthy Start, Secure Start Network, and Connecticut Family Resource Centers, provide support for

families with children enrolled in EHS and HS. Family Advocates at LULAC and UWGNH's partners work directly with families from intake to Kindergarten transition, assessing their needs and connecting them to services that address issues of health and mental health, substance abuse, domestic violence, education and employment. Eligible families that are not enrolled in EHS or HS programs likely face additional barriers when navigating the complex system of services and programs.

The service area is home to a robust suite of health care and child welfare providers, including two major Federally Qualified Health Clinics (Fair Haven Community Health Care and Cornell Scott-Hill Health Center), Yale Primary Care Center, and many private providers. Local mental health service providers for children include Integrate Wellness, the Clifford Beers Child Guidance Clinic, Bridges Healthcare, Inc. and the Child Guidance Center for Central Connecticut.

There remains room for substantial improvement and coordination in the delivery of programs that support parent education, help solidify parent understanding of their role in their children's growth and development, and remove barriers to participation.

Opportunities for Future Action

EHS/HS services aim to close an ostensibly intractable problem: the achievement gap in K-12 education. Among anti-poverty programs, early care providers can achieve substantial impact by striving to develop and deliver universal, high quality early care and education and wraparound support services to children and families in their service areas. Key considerations for the future include: expansion of early head start programming to close the gap in slots available for infants and toddlers, support of public investments in the areas of workforce development, transportation, affordable housing supply and other factors related to poverty that impact the quality of life for these families and their children, and increased collaboration and communication across the array of early childhood initiatives in the service area.

I. Introduction

Background

LULAC Head Start, Inc. (LULAC) and United Way of Greater New Haven (UWGNH) provide early childhood education, social services, and health services for eligible young children and families in New Haven, West Haven, Hamden and East Haven, Connecticut (the service area). LULAC Head Start, Inc. (LULAC) and United Way of Greater New Haven (UWGNH) operate Early Head Start and Head Start programs that serve 300 children and their families in the cities of New Haven, West Haven, Hamden and East Haven, Connecticut.

LULAC and UWGNH operate Early Head Start programs serving 170 children ages birth to three and their families in New Haven, West Haven, Hamden and East Haven (the service area). LULAC serves an additional 118 children ages three to five through Head Start (102) and the School Readiness program (16) and UWGNH serves 11 children in Head Start.

Both LULAC and UWGNH participate in the Office of Head Start's Early Head Start Child Care Partnership (EHS-CCP) grant. LULAC provides EHS services to an additional 60 children in New Haven as a delegate agency to the New Haven Public Schools (NHPS) and receives funding from the State of Connecticut Office of Early Childhood (OEC) to run related programs serving children ages birth to five and pregnant women.

EHS and HS programs provide high-quality early learning, education, and cognitive development services that support children's social, emotional, and physical development. EHS and HS programs promote language acquisition, literacy, and general knowledge, and are responsive to each child's ethnic, cultural, and linguistic needs. In addition to in-house services, the programs connect enrolled children and their families with comprehensive support services spanning basic needs, health, mental health, disabilities, adult education and employment. Both EHS and HS strive to deeply engage families to build community and support parents and caregivers in their role as their child's first and most important teachers.

In fulfillment of their federal grant agreements, LULAC and UWGNH must complete a comprehensive community assessment at least once every five years. LULAC and UWGNH have pursued this Community Needs Assessment collaboratively due to the substantial overlap in their service areas.

Research Methodology

To conduct this community needs assessment, Farnam Associates, LLC (Farnam Associates) worked closely with LULAC and UWGNH to develop a research program and data collection plan incorporating both the data points required by Head Start Performance Standards and those requested by EHS/HS administrators. Farnam Associates:

- Collected quantitative data available through sources including the U.S. Census Bureau; Centers for Disease Prevention and Control (CDC); U.S. Department of Health and Human

Services and U.S Department of Agriculture; CT OEC; CT Departments of Education, Social Services, Children and Families, and Public Health; and the City of New Haven Health Department

- Collected quantitative data from LULAC and UWGNH and other community stakeholders, including the federal Healthy Start program and the Clifford Beers Child Guidance Clinic
- Conducted surveys of community service providers and of EHS/HS parents
- Collected qualitative data through key informant interviews and focus groups with agency staff, community stakeholders serving the EHS/HS population, and with current program staff
- Assessed current program services based on data analyses.

Focus Groups

Farnam Associates engaged a total of 30 parents, staff and community providers through four focus groups: Frontline Early Head Start and Head Start Staff, LULAC & UWGNH Policy Councils, and EHS/HS Parents. The goals of these focus groups were to determine perceptions of strengths and needs across Greater New Haven; identify gaps, challenges, and opportunities for better addressing community needs; and explore how these issues could be addressed in the future. Farnam Associates attempted to update this data during the COVID-19 pandemic by running focus groups over zoom. Turnout was unsurprisingly low given after months of isolation and screen-based meetings. Anecdotal findings from this work are included in Section 3.

Key Informant Surveys

To better understand the health needs of the region, Farnam Associates developed an electronic survey of providers and distributed it to key stakeholders in 2021. Survey questions covered a range of topics including early childhood education needs, family barriers, and communication preferences. With providers overwhelmed by the pandemic, only 15 responded, but these did give an indication of family needs at this time (See Section 3).

Community Conversations

Farnam Associates facilitated a number of conversations, interviews, and dialogues with local early childhood council leaders and other community organizations and representatives around needs, issues, challenges, and data. These one-on-one conversations contributed valuable information that broadened the scope of this assessment.

Using This Community Needs Assessment

LULAC and UWGNH will use this Community Needs Assessment to better understand the current landscape of their catchment area, track changes in the population and service area,

identify emerging trends, and monitor the degree to which their programs are responding to and effectively serving the needs of eligible families.

To that end, this assessment provides an overview of four communities in Greater New Haven and their residents, an in-depth profile of EHS/HS-eligible families, and a review of the current EHS/HS programs. This assessment also includes data from other area programs and agencies serving the target population. At the conclusion of the assessment process, early childhood providers should be better able to:

- Make informed decisions about service area plans and service delivery
- Develop strategic plans for their programs
- Respond to new federal regulations or initiatives
- Mobilize community resources and partnerships
- Reach out to additional funders

About this Assessment

This Community Needs Assessment is presented in accordance with Head Start Program Performance Standard 1302.11. Each community assessment must use data that describes community strengths, needs, and resources and includes, at a minimum:

I. The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including
   a) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons
   b) Children in foster care
   c) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies

II. The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being

III. Typical work, school, and training schedules of parents with eligible children

IV. Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served

V. Resources that are available in the community to address the needs of eligible children and their families

VI. Strengths of the community

Introduction to the Content

Section 2 presents data on the service area, including characteristics and demographics of the EHS/HS eligible population. Section 3 describes the education, health, nutrition, and social service needs of eligible children and their families with a deeper dive into the two issues of focus: COVID impacts and mental health needs of families and children. Section 4 presents other child care and family development programs in the service area, within the context of need established in Section 2. Section 5 describes resources available in the community to address the needs of eligible children and families identified in Section 3 while analyzing the community's particular strengths. Section 6 presents findings and recommendations based on the data and analysis in Sections 2 through 5.

About the Authors

This report was developed by Farnam Associates, LLC., a consulting firm located in New Haven, Connecticut. Farnam Associates' principal has been providing consulting services to nonprofit and public sector clients in strategic planning, program development, needs assessments, and research since 1989. Specific to early childhood care, Farnam Associates prepared two successful Early Head Start grants for UWGNH, the New Haven Early Childhood Plan for the New Haven Early Childhood Council (2009), and a Community Needs Assessment for New Haven Public Schools (2007), and the prior Community Needs Assessment for the United Way of Greater New Haven and LULAC Head Start (2018).

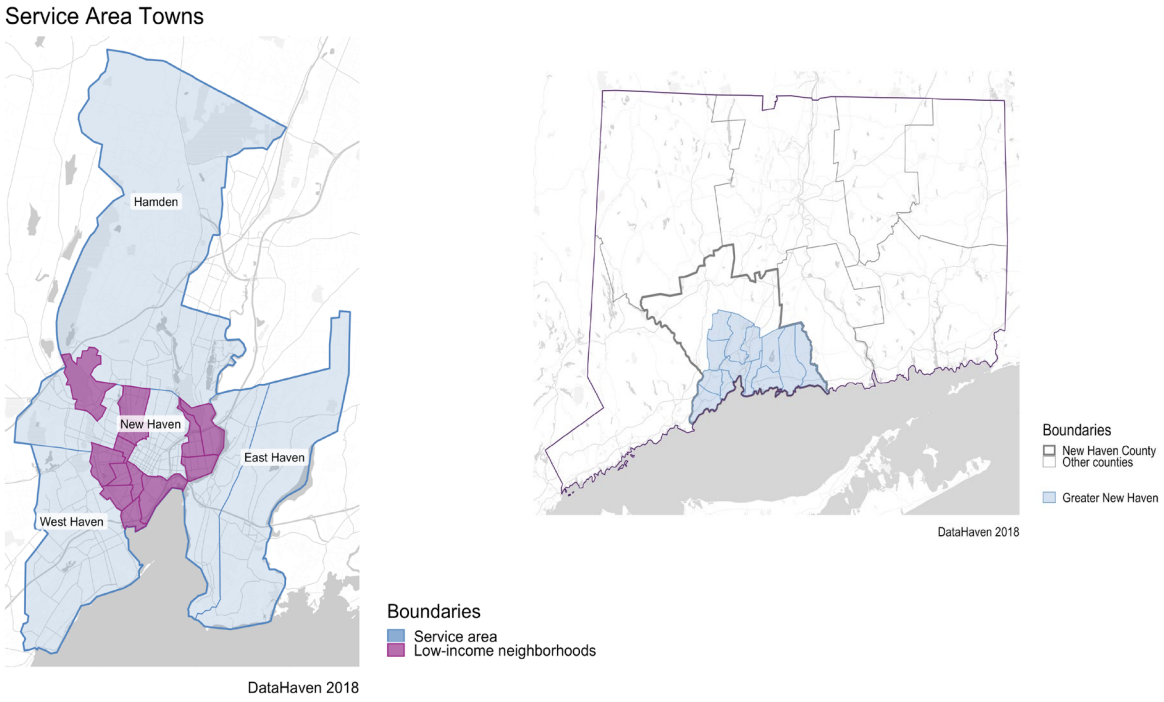
Owner James Farnam was previously a principal with local firm Holt, Wexler and Farnam where he provided a similar range of services to Connecticut and national clients since 1989. He has extensive experience in planning for early childcare services at the agency, community, and statewide levels. He contributed to Early Childhood Plans for eight communities under the William Caspar Graustein Memorial Fund's Discovery Initiative and also supported the work of the Governor's Early Childhood Research and Policy Council and the State of Connecticut Early Childhood Comprehensive Systems (ECCS) grant planning through the CT Department of Public Health. James Farnam has been joined in this work by Associate Consultant Keri Humphries, who provided extensive research assistance, data analysis and editorial support, and by Illisa Kelman, who provided editorial and research services.

II. Service Area and EHS/HS Eligible Population

Geography

Greater New Haven includes the 12 towns that share an economic, social, political, and historical focus on the City of New Haven: Bethany, Branford, East Haven, Guilford, Hamden, Madison, Milford, North Branford, North Haven, Orange, West Haven, and Woodbridge. These towns are a subset of the Census-designated New Haven-Milford Metropolitan Area, which has the same boundaries as New Haven County.

Figure 2.1: Service Area (left); Greater New Haven and New Haven County (right) for context



The EHS/HS programs run by LULAC and UWGNH serve four contiguous towns at the center of the South Central Connecticut planning regions: New Haven (population 134,203) and the adjacent suburbs of West Haven (55,584), Hamden (61,169), and East Haven (27,9233). The total population of the service area is 278,699 people (Figure 2.1).[4]

Data in the tables and figures in this Section are from the U.S. Census, American Community Survey, 2015-19, unless otherwise indicated.

New Haven

The families served by LULAC's and UWGNH's EHS/HS programs are diverse in their countries of origin, religious affiliations, race and ethnicity. New Haven, CT's second largest city, is the most racially and ethnically diverse municipality in South Central CT, with 98,640 people (74%)

[4] United States Census Bureau. (2020). Estimated Population by Race/Hispanic Ethnicity Across Service Area. *American Community Survey.* Retrieved from https://www.census.gov/programs-surveys/acs/.

identifying as people of color. Table 2.1 below shows the racial breakdown of children enrolled in LULAC and UWGNH's EHS/HS programs in 2021. 57% of LULAC's participants were Hispanic/Latino and 38% of UWGNH's children were Hispanic/Latino.

Table 2.1 Race and Ethnicity of LULAC/UWGNH Children, 2021

	Black	White	Native American /Alaskan Native	Pacific Islander	Asian	Multi-Biracial	Other	Unspecified
LULAC	41%	50%	0%	1%	1%	4%	2%	1%
UWGNH	43%	31%	0%	0%	0%	12%	1%	15%

Race, ethnicity, gender, income, and neighborhood have been historically related to economic and health disparities that are among the greatest challenges faced by the city. Within New Haven, such disparities are particularly prevalent among children. Isolated from the overall regional prosperity, individuals residing in concentrated poverty areas have limited access to the economic, educational, and social resources that promote upward mobility.

While 35% of New Haven children are poor, over half the children In ten neighborhoods with the highest child poverty are poor and 76% of all poor children live in those neighborhood. In West Haven three Census Tracts have child poverty rates over 20% of 70% of the city's poor children live in those tracts.

West Haven, Hamden, East Haven

West Haven, Hamden, and East Haven make up New Haven's inner ring suburbs. Parts of the Inner Ring have demographic characteristics that resemble poor, urban neighborhoods, most notably southern Hamden.

From 2010 to 2020, New Haven's population grew by 4,244 people, the only significant increase of the service area. Hamden and West Haven's population only grew by 209, and 20 respectively, while East Haven's population declined by 1,334. Table 2.3 and 2.3 show the service area's estimated population and racial and ethnic composition in 2019.

Figure 2.2: Population Change by Town, 2010-2020

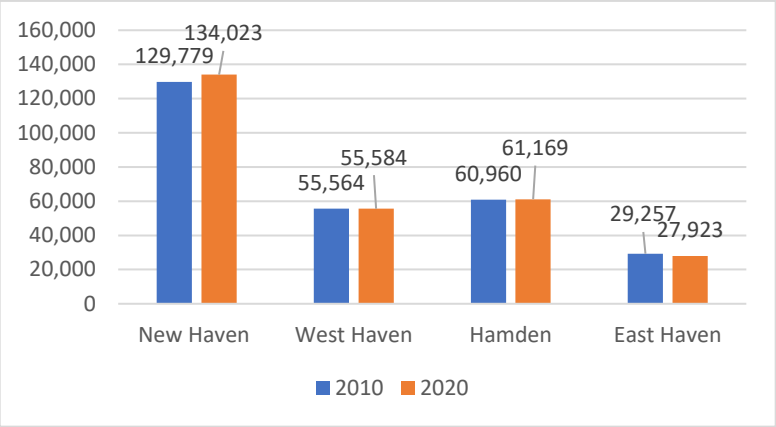


Table 2.2: Estimated Population by Race/Hispanic Ethnicity Across Service Area, 2019

	New Haven		West Haven		Hamden		East Haven	
Population by Race/Ethnicity								
White	59,506	44.40%	35,185	63.30%	37,252	60.90%	22,673	81.2%
Black or African	43,691	32.6%	11,450	20.6%	15,476	25.3%		4.1%
Hispanic	41,805	31.20%	12,896	23.20%	7,646	12.50%		17.3%
Asian	6,701	5%	2,335	5.10%	3,119	6%		3.6%
Other Race	6,433	4.4%	2,834	4.8%	2,080	3.3%		3.5%
Total Persons of Color								
Total Other than White Non-Hispanic	98,640	74%	29,515	54%	28,321	46%	8,013	29%

Table 2.3: Estimated Population by Race/Hispanic Ethnicity Across CT and Service Area, 2019

	Connecticut		New Haven County		Service Area, Combined	
Population by Race/Ethnicity						
White		79%		77%	150,616	54%
Black or African American	439,925	12%		15%	71,761	26%
Hispanic		17%		19%	67,177	24%
Asian		5%		4%	13,160	5%
Other		3%		4%	12,380	12%
Total Persons of Color						
Other than White Non-Hispanic	1,345,017	37%	361,501	42%	164,478	59%

Total Population			
All Individuals	**3,605,944**	**864,835**	**278,699**

Projected Population

The CT State Data Center projects that both the general population of the service area and the population of young children ages birth to four will grow about 14% in the 25 years between 2015 and 2040 (Table 2.4).

Table 2.4 Projected Total Population, 2015-2040

Year	New Haven	West Haven	Hamden	East Haven	Total
2015	131,871	56,224	61,263	29,248	278,606
2020	135,381	58,321	62,544	29,329	285,575
2025	138,958	61,459	64,551	29,517	294,485
2030	141,795	65,144	66,758	29,594	303,291
2035	143,574	69,422	68,676	29,397	311,069
2040	143,914	73,508	70,408	28,958	316,788
Change, 2015-40	**9%**	**31%**	**15%**	**-1%**	**14%**

This increase in children – estimated to be as high as 70% in West Haven and 21% in Hamden - will result in higher demand for child care slots, especially in West Haven and Hamden (Table 2.5).

Table 2.5 Projected Population Ages 0-4, 2015-2040

Year	New Haven	West Haven	Hamden	East Haven	Total
2015	8,888	3,158	3,065	1,347	16,458
2020	9,124	4,186	3,218	1,377	17,905
2025	9,106	3,920	3,353	1,459	17,838
2030	8,817	4,723	3,560	1,412	18,512
2035	8,643	4,953	3,569	1,340	18,505
2040	8,500	5,357	3,716	1,263	18,836
Change, 2015-40	-4%	70%	21%	-6%	14%

Source: Connecticut State Data Center, 2017

Race /Ethnicity

In 2020, 41.8% of Greater New Haven's residents identified as a race or ethnicity other than White, up from 37% in 2016. 59% of the overall service area and 45.6% of the population of the three inner ring suburbs are people of color**,** ranging from 73.2% in New Haven to 28.5% in East Haven. New Haven saw a 15% increase in its Hispanic population between 2010 and 2020. According to DataHaven's Community Wellbeing Index, racial and ethnic diversity is highest among youngest residents, a trend suggesting that the diversity of the region's population will continue to increase. East Haven's population is predominantly White Non-Hispanic (81.2%), compared to 60.9% for Hamden, 63.3% for West Haven, and 44.4% for New Haven.

Immigration

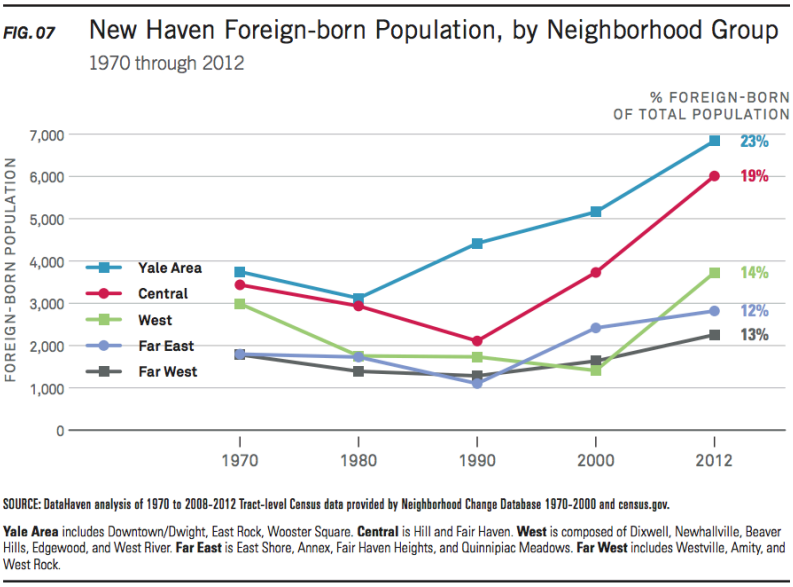
Approximately one in eight residents of Greater New Haven is foreign-born. From 1990 to 2016, the number of foreign-born people living in New Haven County increased by over 90%. Between 2012 and 2016, 16% of New Haven residents, nearly 17% of West Haven, and over 13% of Hamden's residents were foreign born, compared to 12% of the county-wide population. The combined total of foreign born people in the service area is more than 17,500 people.

Table 2.6: Percentage of Foreign Born People (2012-2016) (little change in 2015019)

	CT	New Haven	East Haven	West Haven	Hamden
Percentage Foreign Born	14%	16.2%	8.8%	16.9%	13.6%
Language other than English spoken at home, % of people, age 5 years+	22.1%	33.7%	18.5%	25.7%	19.7%

Figure 2.3 shows in greater detail New Haven's foreign-born population by neighborhood. Those showing the greatest increase in the percentage of foreign-born individuals include central New Haven, west New Haven and the Yale area.

Figure 2.3: New Haven's Foreign-born Population, by Neighborhood Group

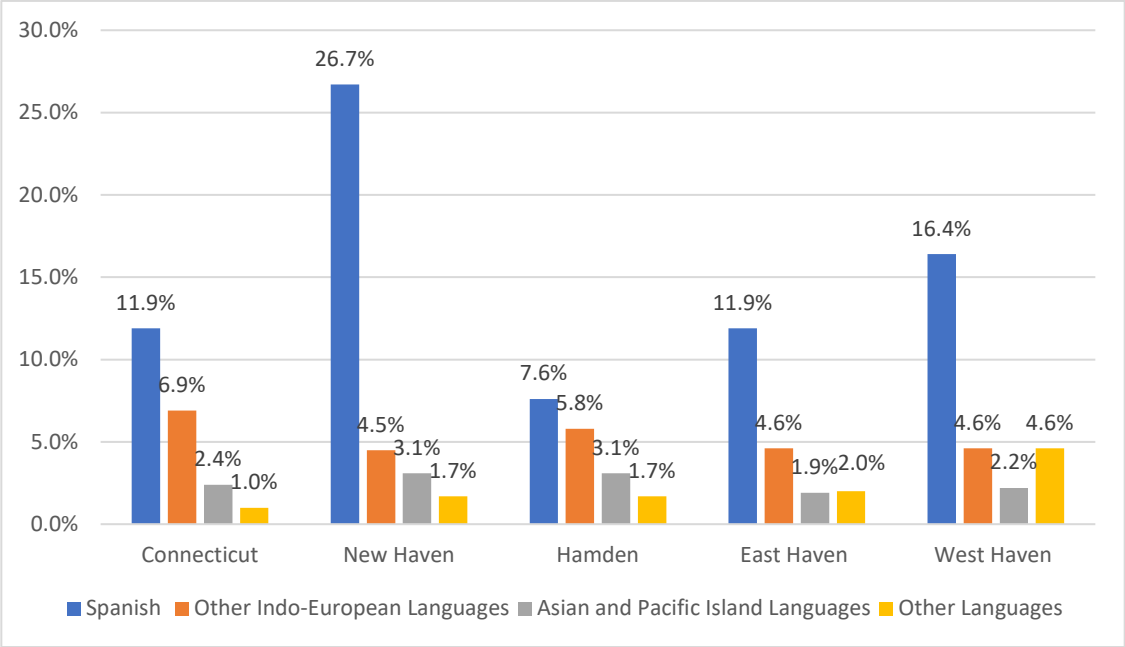


Source: DataHaven Immigration Report

Languages spoken at home reflect the diversity of the region. Nearly 27% of New Haven residents speak Spanish, which is almost 15% higher than the state as a whole. 5.8% of families Hamden and over 4% of those in New Haven, East Haven and West Haven report speaking other Indo-European languages. As this category includes dozens of languages, it is difficult to generalize the language needs of this group.

Figure 2.4 shows a breakdown of languages spoken at home, by percent of population across the state and the service area, as of 2019.

Figure 2.4: Languages Spoken at Home, by Percent of Population, 2019



Source: 2019 American Community Survey

Age and Gender Distribution

The population of the region and state is aging. Over the next decade, adults ages 65 and over are projected to be the only group to increase significantly in number: from 2014 to 2025, the older adult population will grow by 30,100, or 43%. This trend will have a major impact on all towns within the region.[5]

Table 2.7: Gender and Age Distribution, 2019

	CT	New Haven	West Haven	Hamden	East Haven
Persons under 5 years	5.1%	6.3%	5.3%	4.2%	4.1%
Persons under 18 years	20.4%	22%	19.7%	17.2%	18.4%
Persons 65 years and over	17.7-%	10.3%	13.7%	16.1%	19.1%
Female persons	51.2%	52.5%	50%	53.9%	50.8%

In recent years, New Haven has witnessed an increase in the population of young adults and preschool-age children. The City's median age is 30.8, compared to 36.6 for West Haven, 36.8 for Hamden, and 43 for East Haven.

[5] Ibid.

Households and Families

Table 2.8 compares all households with households and average household size in the service area. The area is home to a total of 105,787 household.

Table 2.8: Size and Number of Households, 2015-2019

	New Haven County	New Haven	West Haven	Hamden	East Haven
Households	330,572	49,177	19,886	22,577	11,147
Average Household Size	2.51	2.46	2.59	2.45	2.55

Source: 2019 American Community Survey

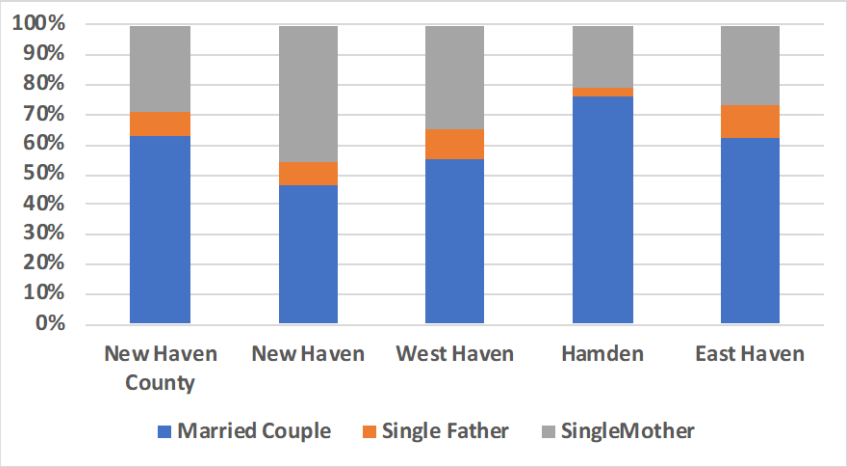
Table 2.9: Population Children Under 4 Years Old, 2019

Location	Ages 0-4	Share of Population
Connecticut	183,808	5%
East Haven	1,174	4%
Hamden	2,559	4%
New Haven	8,216	6%
West Haven	2,878	5%
Service Area	14,827	24%

Source: 2019 American Community Survey

The population of children under age 4 for the Service Area is 14,827, representing 24% of the total population of the service area.

Figure 2.5: Family Types, Families with Children Under 17, Service Area, 2015-2019



Educational Attainment

Levels of educational attainment vary dramatically among the four service area towns. New Haven has the highest rate of individuals with no high school diploma or equivalent (16.3%), followed by West Haven at 12.6%. Hamden, on the other hand, has the area's highest rate of educational attainment, with 45.6% of the population possessing a bachelor's degree or higher, 7.5 percentage points above that of the state. New Haven follows with 34.2% of the population possessing a bachelor's degree or higher.

Table 2.10: Educational Attainment, Population 25 years and over, 2015-2019

	CT	New Haven	West Haven	Hamden	East Haven
Less than high school graduate	9%	14%	12%	6%	9%
High school graduate (incl. equivalency)	27%	32%	39%	25%	41%
Some college or associate's degree	19%	14%	18%	16%	17%
Bachelor's degree or higher	39%	35%	24%	46%	24%

Across the service area, the percent of people in poverty who possess a high school degree or less ranges from 45% to 63%. Educational attainment levels are important because lower levels decrease competitiveness in a labor market that increasingly requires post-secondary certificates or training. 30% of residents of Hamden living in poverty have a BA or greater down from 55% in the 2016 Community Needs Assessment.

Table 2.11: Educational Attainment, Persons 25 Years or Older, in Poverty, 2015-2019

Level	CT	New Haven	East Haven	West Haven	Hamden
Less than high school graduate	26%	25%	23%	26%	14%
High school graduate (includes equivalency)	35%	38%	33%	32%	31%

Some college/associate's degree	22%	16%	25%	20%	25%
Bachelor's degree or higher	17%	21%	19%	22%	30%

Students with Disabilities

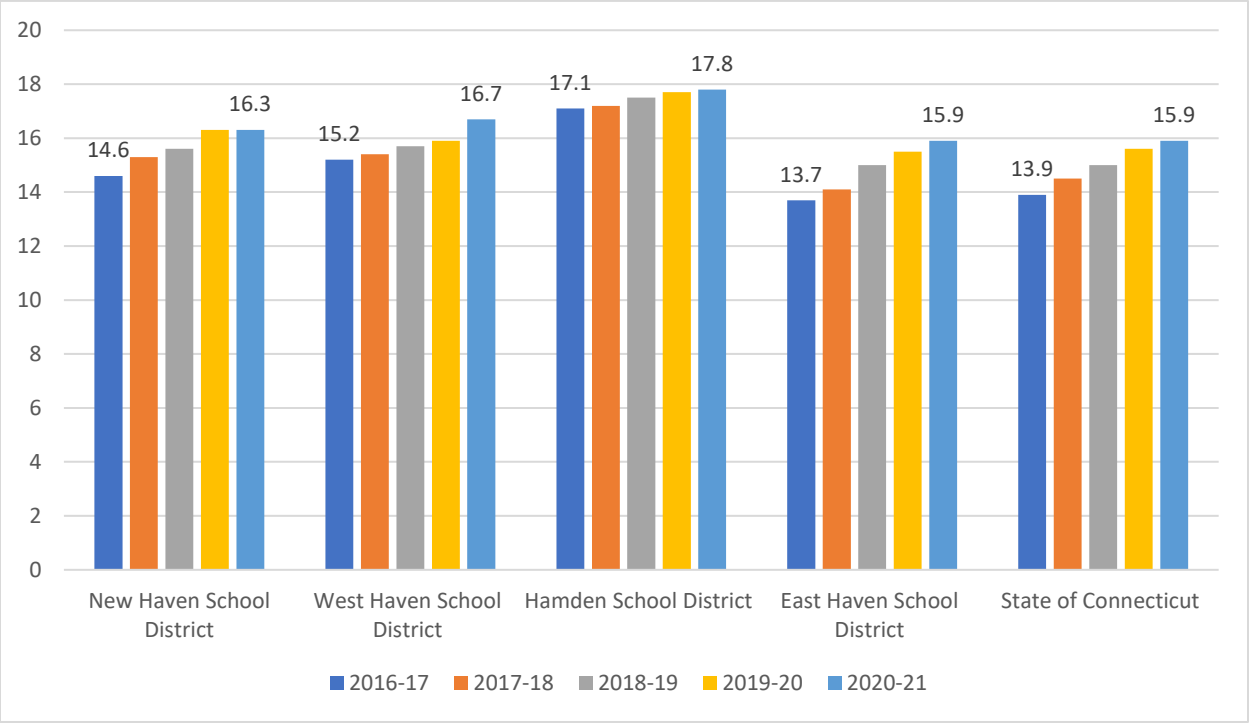
5,904 students in the service region were diagnosed with a disability during 2020-21, the most recent complete school year: autism (836), emotional disturbance (452), intellectual disability (320), learning disability (2104), other disabilities (486), other health impairment (1094), and speech/language impairment (612) (Table 2.12). The rate of increase in diagnosed disabilities has slowed over the past decade, although the number of children diagnosed annually continues to climb. The notable decrease in the rate of all diagnosed disabilities between the last two school years may be attributable to the COVID-19 pandemic, when schools were intermittently shuttered and offering remote instruction and education and health sectors were running on reduced capacity.

Table 2.12: Rate of increase in disability diagnoses for K-12 students over five years, by Type, Service Area

Disability Type	2020-21	2013-14 to 2016-17	2015-16 to 2018-19	2017-18 to 2020-21
All Disabilities	5904	19%	10%	4%
Autism	836	31%	25%	17%
Emotional Disturbance	452	17%	4%	3%
Intellectual Disability	320	28%	16%	8%
Learning Disability	2104	24%	14%	3%
Other Disabilities	486	15%	7%	4%
Other Health Impairment	1094	21%	12%	4%
Speech Language Impairment	612	-6%	-12%	-5%

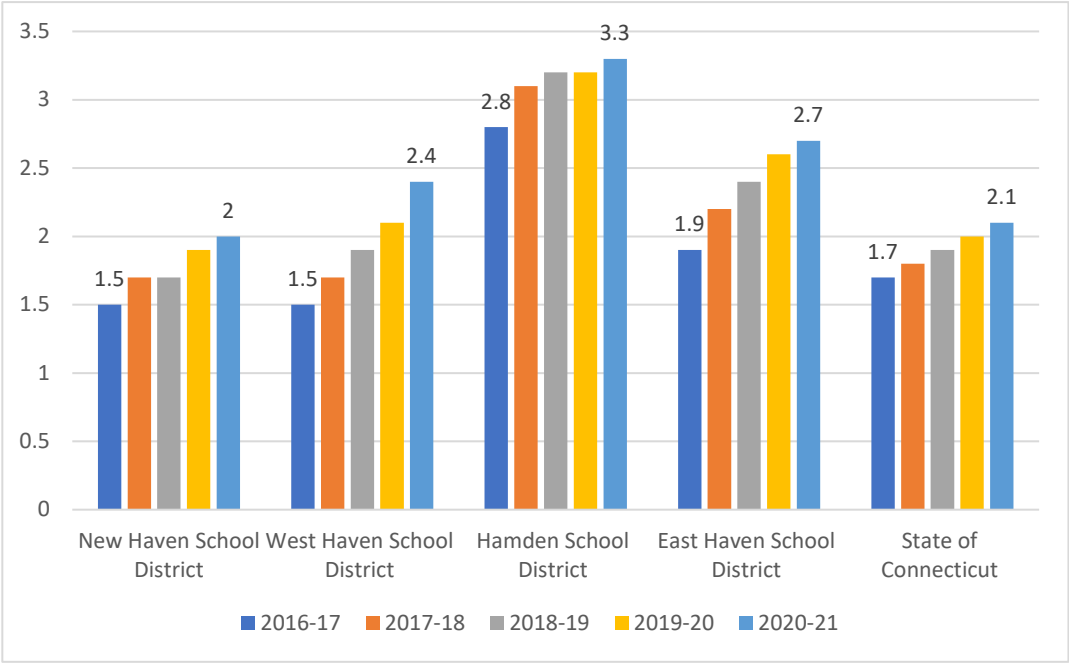
Source: CT State Department of Education, ED SIGHT

Figure 2.6: Students with Disabilities, Prevalence Rate, All Disabilities, 2016-17 to 2020-21



Source: CT State Department of Education, ED SIGHT

Figure 2.7: Prevalence Rate, Autism, 2016-17 to 2020-21



Source: CT State Department of Education, ED SIGHT

Income and Poverty

Households in New Haven County have a median income of $69,905– $1,202 higher than the national median and about $8,540 below the state median. Median family income in the County is $90,449 - $13,186 higher than the nation and $9,969 lower than the state. However, there are significant differences among household incomes across cities in the region, ranging from $71,274 in Hamden to $42,222 in New Haven.

Table 2.13: Median Household and Family Income, in 2019 dollars, 2019

	New Haven County	New Haven	West Haven	Hamden	East Haven
Median Household income	$69,905	$42,222	$62,985	$77,274	$67,390
Median Family Income	$90,449	$49,929	$76,651	$102,709	$84,981

Median household incomes in New Haven reflect concentrations of poverty and historic economic isolation. According to a Brookings Institution study, income inequality in Greater New Haven is higher than in all but a few regions nationwide.[6] The gap between rich and poor in the region is also widening faster than in all but a few other areas in the U.S.[7]

Family income varies greatly by family type, with married couple families on average earning more than double the amount earned by single mother families across all geographies.

New Haven has the highest rate of poverty in the service area, with 27% of the population living below the poverty line, compared to 12% of West Haven, 9% in East Haven, and 9% of Hamden's population.

Table 2.14: Families with Income Below Federal Poverty Level

	New Haven County	Four Cities	New Haven	West Haven	Hamden	East Haven
# of families with income below poverty	18,751	7,767	5,465	1,218	616	468
% of families with income below poverty	9.1%	13.4%	21.5%	10.4%	4.3%	7.0%

[6] Ibid.

[7] Berube, A. City and metropolitan income inequality data. (See footnote 1).

Within New Haven, East Haven, West Haven and Hamden, there are an estimated 3,715 children under five (25.1%) living in families with incomes below the poverty level. This comprises the pool of children eligible for Early Head Start and Head Start services (Table 2.15). Rates vary from 39% in New Haven to 8% in Hamden.

Table 2.15: Eligible Population Under 5 (below Federal Poverty Level)

Population	Service Area	New Haven	West Haven	Hamden	East Haven
Total population under 5 years	14,827	8,216	2,878	2,559	1,174
Population under 5 years below poverty level	4,186 (28.23%)	3,190 (39%)	586 (20%)	201 (8%)	209 (18%)

Table 2.16: Child Poverty Across New Haven Neighborhoods, 2015-2019

Neighborhood	Under 5 for Whom Poverty Status n Determined	In Poverty	% in Poverty
Newhallville	274	126	46.0%
Fair Haven	2,367	1,594	67.3%
Wooster Square / Mill River	2,005	1,087	54.2%
The Hill	1,742	924	53.0%
Dixwell	4,238	2,124	50.1%
Amity	907	390	43.0%
West River	1,100	429	39.0%
West Rock / Beaver Hill	959	356	37.1%
Newhallville	1,099	370	33.7%
Total	14,804	7,557	51.0%

Source: 2015-19 ACS

The percentage of children under the age of five in poverty grew significantly in West Haven and East Haven between 2000 and 2016 but has remained stable in New Haven and Hamden. The poverty rates among female-headed households with children under five is significantly higher, reaching 57% in New Haven's six low-income neighborhoods. In West Haven, this rate grew from 38% to 53% from 2000 to 2016.

Although the number of families with children in poverty grew (Figure 2.14), the percentage of children in poverty did not grow significantly from 2016 -2019. In New Haven, The poverty rates among female-headed households with children under five is significantly higher, reaching 54% in New Haven's six low-income neighborhoods. In West Haven, this rate decreased from 37% to 32% from 2016 to 2019).

Table 2.17: Family Poverty Rate by Community and Family Structure, 2016-2019

Area and Family Type	Ages 0-17	
	2016	2019
New Haven Low Income Neighborhoods	**48%**	**49%**
in female-headed family	54%	54%
in male-headed family	42%	35%
in married-couple family	37%	44%
New Haven	**37%**	**36%**
in female-headed family	51%	47%
in male-headed family	26%	22%
in married-couple family	21%	24%
East Haven	**14%**	**16%**
in female-headed family	26%	21%
in male-headed family	23%	27%
in married-couple family	7%	12%
Hamden	**10%**	**10%**
in female-headed family	27%	30%
in male-headed family	0%	4%
in married-couple family	4%	2%
West Haven	**21%**	**17%**
in female-headed family	37%	32%
in male-headed family	10%	28%
in married-couple family	13%	6%
Connecticut	**14%**	**13%**
in female-headed family	37%	36%
in male-headed family	18%	16%
in married-couple family	5%	4%

Figures 2.8 and 2.9 visualize poverty for children by family structure. Notably, the poverty rate for single mothers is considerably higher than for married couples or single fathers, except in East Haven where the poverty rate for single fathers was higher.

Figure 2.8: Poverty Rate by Family Type with children under 17, 2019

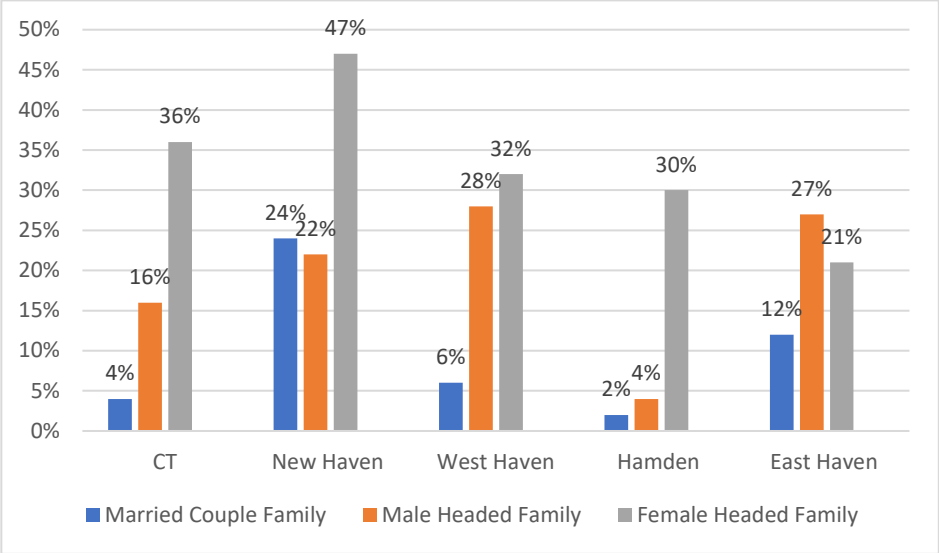
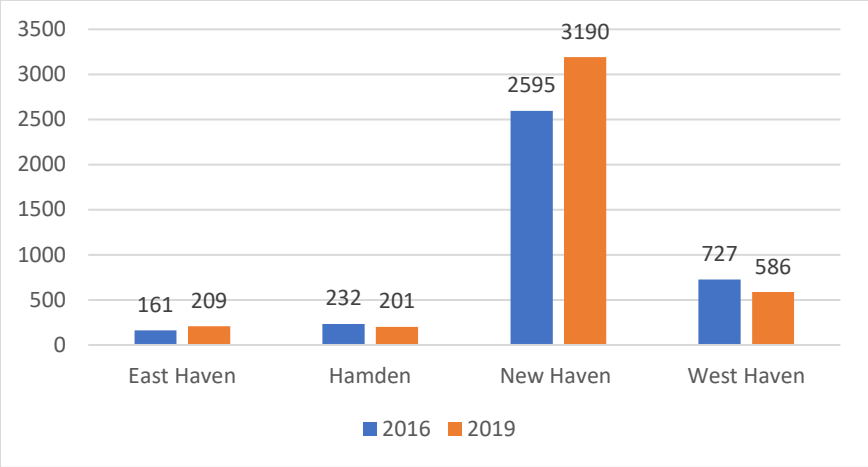


Figure 2.9: Families with Children Under 5 in Poverty, Number, 2016 vs 2019



The number of families eligible for EHS/HS services (those with children under the age of five living in poverty) has increased from 2016 to 2019 by 595 families in New Haven and by 48 families in East Haven. The significant increase in both New Haven and East Haven reflects a growing need for affordable childcare options. In Hamden and West Haven, the number of income eligible families decreased slightly, dropping by 31 families for Hamden and 141 families for West Haven.

ALICE Households

More than one in four Connecticut households have earnings above the federal poverty level but below a basic cost-of-living threshold. Despite working hard, these households struggle to

make ends meet. United Way calls this demographic Asset Limited, Income Constrained, Employed (ALICE).

ALICE and federal poverty level households combined comprise 38% of all households in the state, revealing that more than one in three Connecticut households cannot afford basic needs such as housing, child care, food, health care and transportation. The average annual Household Survival Budget for a family of four in the state (two adults with one infant and one preschooler) is $90,660 – more than triple the U.S. family poverty rate of $26,500. The Household Survival Budget is primarily driven by childcare and housing costs.[8]

UWGNH's 2018 ALICE statistics for New Haven paint an even grimmer picture: of 50,312 households, 19% live at or below the federal poverty level; another 43% of New Haven households are at or below the ALICE threshold. This means that 65% of New Haven households are struggling to meet the basic costs of living.

In all Connecticut counties included in United Way's ALICE Project, child care remains the most expensive budget item for households with two or more young children. In many ALICE families, one or both parents must modify their work schedules to minimize child care hours or conform to child care providers' standard hours, as quality care can be harder to find during nonstandard hours, like evenings and weekends. Low-income workers are more likely to have nonstandard work schedules and securing work hours that mirror child care hours is not always possible.

Expectant Mothers

There were an estimated 829 expectant mothers living in poverty in the service area in 2015. The number of women at a point in time intending to proceed to term with their pregnancy was calculated by applying the poverty rate by town and by race for children ages birth to four to the total number of births combined with fetal deaths. This number far outstrips the number of prenatal home visiting slots available to serve this population.

Table 2.18: Estimated Number of Expectant Mothers with Incomes Below Federal Poverty Level, 2015

Town	Total	White	Black	Other	Hispanic
New Haven	588	179	211	17	271
West Haven	162	42	55	0	50
Hamden	43	20	8	2	6
East Haven	36	53	0	0	4

[8] Hoopes, Ph.D., Stephanie. ALICE in CONNECTICUT: A FINANCIAL HARDSHIP STUDY Connecticut United Ways. 2020.

Total	829	292	275	19	331
Poverty Rate	26%	15%	31%	6%	35%

Source: Calculated from CT Department of Public Heath Registration Reports and Census, American Community Survey, 2012-2016

III. Child Care Needs of Families

A. Child Care Programs

New Haven and its inner ring suburbs support a variety of early childhood services operating at varying levels of quality. The early childhood service system includes licensed family child care and group daycare homes; center-based programs managed by public or private schools, community groups or municipalities, including NHPS Magnet schools and centers designated as Nursery Schools; unlicensed settings including "Family, Friends, and Neighbor" caregivers receiving Care 4 Kids child care subsidies; and a wide range of private arrangements.

The majority of family child care and center-based programs are licensed by the State of CT, and thus must meet minimum health and safety standards. Center-based programs located in public and private schools are exempt from licensing but are subject to either Head Start, NAEYC or educational and health standards associated with their funding and local codes.

Childcare Programs and Capacity: Supply and Demand

Several factors inhibit an accurate gap analysis both for the community at large and for income eligible families. First, a subset of the general population chooses to opt out of formal child care for myriad reasons. The OEC estimates that group to be 33% of the population based on their surveys and data on households where all caregivers are employed outside the home but acknowledges that many families opt out because they face significant barriers.

Secondly, because providers layer funding in complex ways, it is difficult to determine the degree of affordability of each subsidized slot. The most straightforward program is EHS/HS, wherein 90% of the slots must be offered to families with incomes under the federal poverty level. The School Readiness Program, on the other hand, is required to offer 60% of slots to families with incomes under 75% of the State Median Income. The NHPS system awards its 437 Magnet preschool slots solely by lottery with no guarantee or set-aside number for low income children. Therefore, the number of low-income families filling Magnet preschool slots can vary widely year to year.

Recent efforts to estimate the unmet need for early care and education services in the service area and across the state follow.

2-1-1 Child Care Survey

Another source of information on child care supply is 2-1-1 Child Care, part of United Way of Connecticut's 211 information and referral service. 2-1-1's 2020 Annual Capacity, Availability, and Enrollment Survey showed the impact of the COVID-19 shutdowns and lower enrollment.

identified a total of 342 infant centers and child care homes providing 1276 slots, 53 toddler centers and child care homes providing 944 slots, and 405 preschool centers and child care homes providing 5,895 slots across the service area. Table 3.1 shows the breakdown of slots by town and by center and group homes. Table 3.2 shows the slots in family child care homes. They do not receive responses from all providers, so actual slots available may be somewhat

higher than these numbers.

The unused capacity figure is the difference between what is licensed and what is actually offered (the sum of enrolment and stated vacancy). In 2020 for preschool centers, that number is very large (2,135, 46% of capacity) due to many licensed slots not being offered in the market. For infant-toddler slots, the number (434) was significant, representing 26% of licensed capacity.

A major concern and theme in our interviews with providers is the difficulty in recruiting and maintaining a full complement of teaching staff given the low salaries for early care providers and the availability of other opportunities. Much of the unused licensed capacity is due to the need to close rooms or reduce offered capacity due to the lack of teachers to meet state-mandated teacher-student ratios.

Table 3.1: Center-based Childcare Slots Across the Service Area, 2018-2020

	Infant/Toddler Centers					Preschool Centers				
	2020					2020				
	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	8	60	52	-	8	5	277	47	3	227
Hamden	36	591	306	109	176	25	866	457	119	290
New Haven	61	905	595	119	191	66	2,799	1,060	270	1,469
West Haven	5	91	31	1	59	7	492	262	81	149
Total	**110**	**1,647**	**984**	**229**	**434**	**103**	**4,434**	**1,826**	**473**	**2,135**
	2018					2018				
TOWN	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	6	44	16	-	28	6	297	204	43	50
Hamden	32	561	391	53	117	25	871	501	65	305
New Haven	63	818	466	33	319	69	2,933	1,846	171	916
West Haven	5	83	48	-	35	8	569	358	15	196
Total	**106**	**1,506**	**921**	**86**	**499**	**108**	**4,670**	**2,909**	**294**	**1,467**
	Change, 2018-2020					Change, 2018-2020				
TOWN	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	2	16	36	-	(20)	(1)	(20)	(157)	(40)	177
Hamden	4	30	(85)	56	59	-	(5)	(44)	54	(15)
New Haven	(2)	87	129	86	(128)	(3)	(134)	(786)	99	553
West Haven	-	8	(17)	1	24	(1)	(77)	(96)	66	(47)
Total	**4**	**141**	**63**	**143**	**(65)**	**(5)**	**(236)**	**(1,083)**	**179**	**668**

Source: United Way 2-1-1, 2021

Table 3.2: Family Child Care Slots Across the Service Area, 2018-2020

	2020					2020				
	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	24	49	25	13	11	24	95	63	24	8
Hamden	35	70	28	22	20	35	135	44	50	41
New Haven	150	294	139	87	68	150	577	217	202	158
West Haven	80	160	72	50	38	81	324	146	100	78
Total	**289**	**573**	**264**	**172**	**137**	**290**	**1,131**	**470**	**376**	**285**
	2018					**2018**				
TOWN	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	23	45	24	6	15	23	87	33	26	28
Hamden	34	72	26	14	32	34	132	32	37	63
New Haven	151	305	92	86	127	154	576	138	195	243
West Haven	57	112	60	21	31	59	240	93	75	72
Total	**265**	**534**	**202**	**127**	**205**	**270**	**1,035**	**296**	**333**	**406**
	Change, 2018-2020					**Change, 2018-2020**				
TOWN	#	Cap	Enr	Vac	Unused Capacit..	#	Cap	Enr	Vac	Unused Capacit..
East Haven	1	4	1	7	(4)	1	8	30	(2)	(20)
Hamden	1	(2)	2	8	(12)	1	3	12	13	(22)
New Haven	(1)	(11)	47	1	(59)	(4)	1	79	7	(85)
West Haven	23	48	12	29	7	22	84	53	25	6
Total	**24**	**39**	**62**	**45**	**(68)**	**20**	**96**	**174**	**43**	**(121)**

Source: United Way 2-1-1, 2021

Between 2018 and 2020, the total number of preschool childcare slots across the service area identified in the 2-1-1 survey decreased by 140 slots, which is likely related to the survey's coverage rather than actual changes in available slots. Infant and toddler slots increased by a total of 180.

Licensed Family Childcare Programs

There are 285 licensed family child care homes in the service area which have a capacity of 570 infants and toddlers and 1122 preschool children.

All Our Kin is a nationally-recognized, nonprofit organization that trains, supports, and sustains community child care providers in order to ensure that children and families have the foundation they need to succeed in school and in life. All Our Kin provides Early Head Start services for 46 children and families in up to 11 contracted licensed Family Child Care Provider homes spread across the program's service area.

Child Care by Town

Tables 3.3 and 3.4 show total licensed capacity by town for Centers/Group Homes and Family Child Care providers respectively. As noted above in the 211 survey data, the available capacity can be considerably lower than the licensed capacity.

Table 3.3 Center and Group Home Licensed Capacity, March 2022

Town	Licenses	Capacity	Under 3 Capacity	Count of Type
EAST HAVEN	5	176	74	5
HAMDEN	30	2072	618	30
NEW HAVEN	54	3047	1053	54
WEST HAVEN	8	751	120	8
Total	97	6046	1865	97

Source: CT OEC Licensing Database

Table 3.4. Family Child Care Licensed Capacity, March 2022

Town	Licenses	Capacity
EAST HAVEN	30	178
HAMDEN	33	198
NEW HAVEN	139	820
WEST HAVEN	83	496
Grand Total	285	1692

Source: CT OEC Licensing Database

Teacher Credentials

CT will soon require that all classrooms supported with state funds be staffed with Qualified Staff Members (QSMs). Due to the difficulty in recruiting teachers with bachelor's degree given the salaries in early care, the state keeps extending the deadline for meeting desired qualifications for teacher. standards. One teacher per room or group will be required to have a bachelor's degree by July 1, 2029.[9]

The OEC maintains a Professional Registry to which all teachers and administrators in state-funded programs must submit their credentials for verification to ensure that the providers are meeting state requirements.

B. Child Care Costs and Subsidies

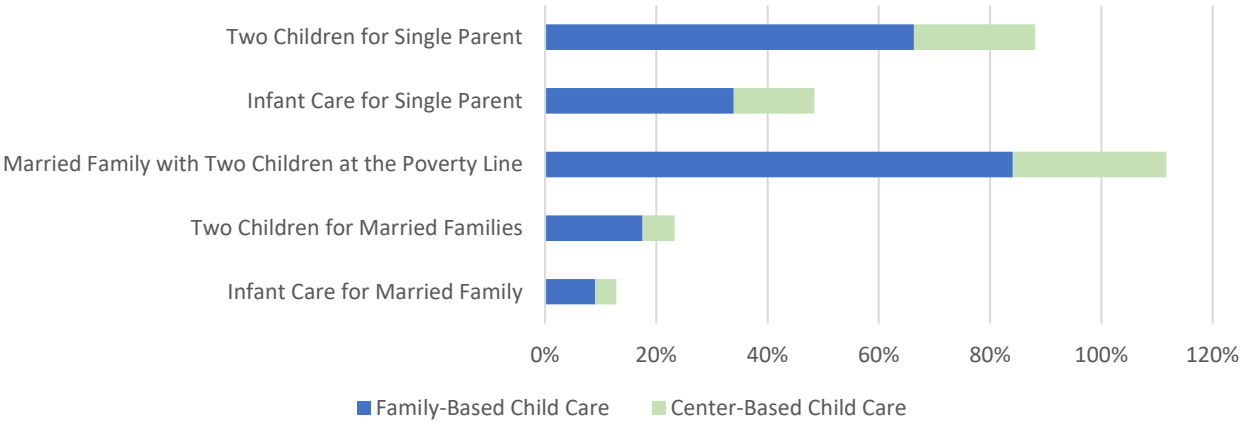
According to the latest data available on the Child Care 211 web site, the average annual cost of preschool-aged child care in the state of CT is $13,260 for center-based care and $11,817 for family-based care.[10] The cost of infant/toddler care averaged out to $16,328 for center based care, and $12,584 for family-based care. These costs are burdensome to many families, as they translate into a significant percent of their incomes. Even family child care, though often less expensive than center-based care, remains out of reach for many poor families without subsidies.

[9] CT Office of Early Childhood. (2017). Connecticut Administered State-Funded Program General Policy A-01, Legislative Requirements for Staff Qualifications in State-Funded Program. Retrieved from http://www.ct.gov/oec/lib/oec/gp_a-01_legislative_requirements_for_staff_qualifications_in_state-funded_programs-12-17.pdf

[10] 211 Site https://resources.211childcare.org/reports/average-child-care-cost/

The national advocacy group Child Care Aware estimated the percentage of family income required for child care for different family configurations (Figure 3.1).

Figure 3.1: Percent of Income Attributed to Covering Cost of Child Care, Connecticut Averages



Source: Child Care Aware, 2018

Child Care Subsidies

According to Connecticut Voices for Children's Early Childcare report, decade-long trends in state spending on early care and education programs have enabled increased programming and infrastructure building, even in recent years when other human services have experienced cuts.[11] CT has a "mixed delivery model" for early childhood education, wherein it encompasses both public school and community-based early care and education options. This diversity brings with it a wide variety of program hours, curricula, and levels of teacher training. Programs may be funded by the state, federal government, local municipalities or school districts, parent fees, or some combination thereof.

Many childcare centers and family care providers offer cost-assistance options, most notably for preschoolers. According to data compiled for the New Haven Early Childhood Council, however, cost assistance is much less forthcoming in infant/toddler settings.

Most state-funded programs serve children in communities classified as high-need. (Both the definition of community need and individual family eligibility criteria vary, as seen below in Table 3.5). Subsidized slots include Care 4 Kids vouchers, allocated to families to subsidize the cost of child care or education in family child care, center-based care, or unregulated options; free slots at EHS/HS; and slots subsidized by School Readiness funds or at child development centers. To be eligible to receive state subsidies for such programs as School Readiness, child care centers must be licensed and accredited by the National Association for the Education of Young Children (NAEYC), which requires meeting an additional set of quality standards. As this discussion excludes two sets of slots that require no parent fees – slots at magnet or charter

[11] Connecticut Voices For Children (2017), The Changing State of Early Childhood 2016-2017

schools and those allotted for special-education students - it undercounts the total number of free or subsidized slots available across all 4 towns.

Table 3.5: State Funded Early Care and Education Programs and their Eligibility Criteria

Program	Program Type	Eligibility Criteria Based On Income and Other Factors
Care 4 Kids	Childcare subsidy for infant/ toddler care, preschool and school- age afterschool care	Children with family incomes <50% state median income (SMI); current and former TANF recipients; children of teenaged parents. Parents must be employed or in approved education and training programs.
Child Day Care Centers	Preschool and infant/toddler spaces	Children with family income <75% SMI
School Readiness Priority School Districts	Preschool spaces	Priority School Districts includes 8 towns with largest population, top 11 towns with highest number of children in the TANF program, top 11 towns with the highest % of children in TANF, and towns that were priority school districts in the past. At least 60% of children enrolled must come from families with income <75% SMI.
School Readiness Competitive School Districts	Preschool spaces	Competitive School Districts: school districts containing a 'priority school' or in the 50 least wealthy towns. At least 60% of children enrolled must come from families with income < 75% SMI.
Head Start	Preschool spaces	Families with income below the Federal Poverty Level and other criteria.
Early Head Start	Infant/toddler spaces	Families with income below the Federal Poverty Level and other criteria.
Even Start	Early childhood education, adult education (e.g. GED), parent education and home visits	Eligible families have a child under age 8 and have a parent lacking a high school diploma and/or basic reading skills or have a parent who needs English as a Second Language class.
Smart Start	Preschool spaces	Preference for funding programs with 75% of spaces for children with family income < 75% SMI or 50% of spaces allocated to children who are eligible for Free and Reduced Price Meals.
Public Schools	Preschool classrooms within charter and magnet schools; programs for children receiving special education through IDEA and other programs	Varied criteria for eligibility. Some programs have no income requirements. Other programs are specifically for children with special education needs.

Source: Connecticut Voices for Children, 2017

Child Care Subsidy Programs

Early Head Start and Head Start

Early Head Start and Head Start promote school readiness for children by enhancing their cognitive, social, and emotional development. Low -income, high need pregnant women can enroll in Early Head Start before giving birth. The Office of Head Start oversees and funds local programs, and provides guidance through its Early Childhood Learning and Knowledge Center.

An estimated 56% of eligible children in the service area attend a preschool supported by Head Start. Only about 10% of eligible children attend an EHS program, pointing to a huge unmet need for EHS (Table 3.6).

Table 3.6: Head Start and Early Head Start Spaces in Service Area By Town, 2017-18

Town	Head Start Slots	Early Head Start Slots
New Haven	780	197
West Haven	144	22
Hamden	-	5
East Haven	-	16
Total	924	240

NOTE: All Our Kin's 46 EHS Slots can be used flexibly in New Haven, Hamden, and West Haven.

Table 3.7: Head Start and Early Head Start Spaces by Grantee, 2017-18

Grantee/Location	Head Start Slots	Early Head Start Slots
New Haven Public Schools		
Operated by NHPS – Federal Head Start	680	-
Operated by NHPS – CT State Head Start	20	-
Operated by LULAC as Delegate	71	60
United Way of Greater New Haven		
EHS Grant, 2009	-	26
EHS – Child Care Partnership Grant 2015	-	62
LULAC Head Start Inc		
CT State Head Start Grant	9	-
EHS – Child Care Partnership Grant 2015	-	88
CT Office of Early Childhood EHS	-	4
West Haven Community House	144	0
TOTALS	**924**	**240**

UWGNH manages an Early Head Start program with 88 infant and toddler slots for New Haven, West Haven, and Hamden.

School Readiness

The OEC administers its School Readiness Preschool Programs to provide spaces for eligible children (with a preference for families with incomes under 50% of the State Median Income) in

high-quality programs that are NAEYC accredited or Head Start approved. School Readiness goals for children include: adequate preparation for formal schooling, mitigation of developmental delays, and full integration of children with disabilities. The goals for providers include to enhance cooperation and reduce service duplication, and to augment federally funded school readiness programs. Municipalities implement the programs independently within state standards.

School Readiness serves higher income families than does Head Start. The required parent co-payment erects a participation barrier for some families.

Connecticut's Child Care Assistance Program

Care 4 Kids, the State of CT's child care subsidy program administered by the OEC, helps low to moderate income families pay the child care provider of their choice. Care 4 Kids can be used to pay for unlicensed "family, friend and neighbor" care as well as for licensed centers and family child care homes. Table 3.8 details the number of children covered by Care 4 Kids by age group and setting in October 2021. The total of 1,993 is down from a total of 2,553 in 2018.

Table 3.8: Care 4 Kids Number of Children Paid by Service Setting, October 2021

Service Type	Regulated/Licensed			Unregulated	
Town (Child Residence)	Center	Group Home	Family Child Care Home	Relative Care	Total
PreSchool					
East Haven	36	0	22	6	63
Hamden	103		17	17	137
New Haven	309	8	149	100	559
West Haven	109		47	21	177
Total	**557**	**8**	**235**	**144**	**936**
Infant-Toddler					
East Haven	46	0	15	7	67
Hamden	94	7	22	17	138
New Haven	359	10	188	96	651
West Haven	94		94	15	201
Total	**593**	**17**	**319**	**135**	**1057**
Total, 0-5					
East Haven	82	0	37	13	130
Hamden	197	7	39	34	275
New Haven	668	18	337	196	1210
West Haven	203	0	141	36	378
Total	**1150**	**25**	**554**	**279**	**1993**
Change from October 2020	**310**	**19**	**62**	**-33**	**353**

Source: 211 Childcare, Care 4 Kids

C. COVID-19's Impact on Early Childhood

The COVID-19 pandemic has had severe and lasting impacts on communities, and has increased uncertainty and stress for families and providers. Children and their families have faced

unprecedented isolation. Providers as well as families have suffered massive economic damage for both families and providers from factors such as low enrollment and low attendance on top of the additional stresses from fluctuating public health guidelines and staffing issues.

Connecticut Voices for Children has characterized the COVID-19 child care crisis as one that is compounded by a workforce crisis - families are forced to choose between care and work. Nationally, approximately 2.3 million women dropped out of the workforce in 2020 to care for their children.

National Trends

The pandemic sharpened the needs of families, especially that of low-income families and families of color who have continued to experienced disproportionate levels of need. People of color have experienced elevated rates of illness and death during the pandemic, and were more likely to work in essential jobs that could not be done from home.[i] Lack of income, health concerns, changing work environments, and being thrust into additional caretaker or educator roles for children compounded the stress experienced by families.

Table 3.9. Percentage of Adults With Children in Home Reporting Concerns, Sept. 16–Oct. 12, 2020

	Sometimes or Often Do Not Have Enough Food to Eat	Slight or No Confidence in Paying Rent or Mortgage On Time	Currently Do Not Have Health Insurance	Felt Down, Depressed or Hopeless
United States	**14**	**18**	**12**	**21**
Connecticut	**14**	**20**	**6**	**19**

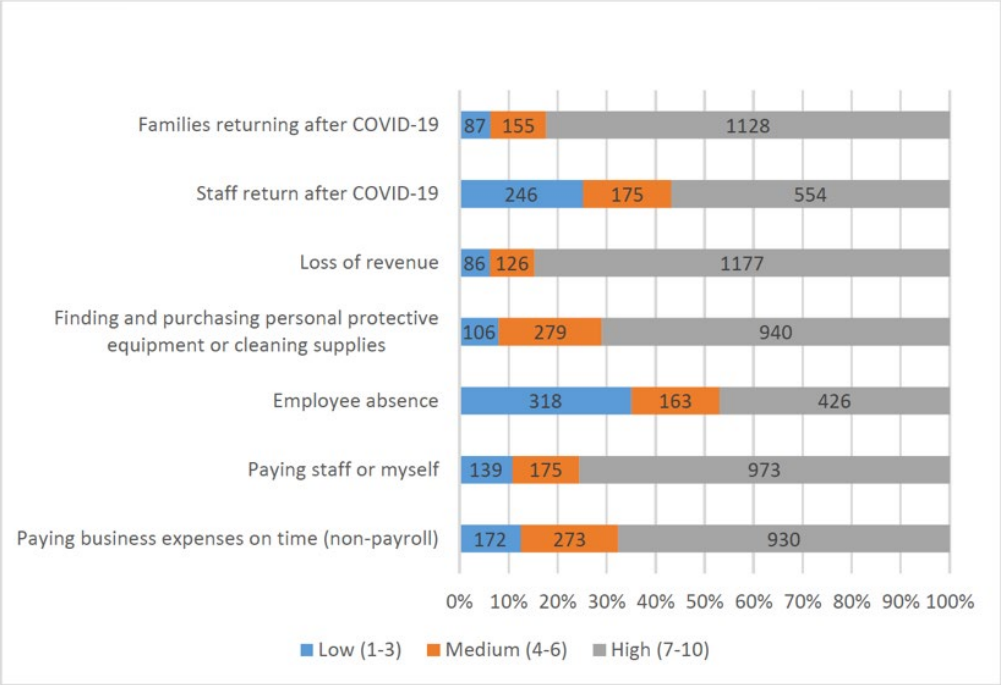
Source: Annie E. Casey Foundation, 2020

Poverty rates rose nationally during the pandemic. The national child poverty rate rose from 14.4% in 2019 to 16.1% in 2020, and, 5.6% of children remained uninsured[ii]. Additional changes in community needs are detailed in this Section of the report.

OEC Efforts and Local Data

Recognizing the pandemic's intense impact on providers, the Connecticut Office of Early Childhood responded by creating a COVID response team, directing providers to financial resources, hosting frequent webinars, and releasing relevant memos with up-to-date COVID guidelines for child care facilities. To gain a better understanding of how providers have weathered the pandemic and to plan for reopening, OEC conducted a survey of Early Childcare businesses. Figure 3.2 illustrates providers' seven most significant pandemic-related concerns.

Figure 3.2 Summary of Provider COVID-19 Concerns



Source: OEC Business Survey, 2020

F80% of providers reported that COVID-19 has been extremely detrimental to their business. 91% of licensed child care centers and 92% of group home child cares reported extremely detrimental impacts. Of greatest concern to providers were loss of revenue, families not returning after COVID-19, and non-payroll business expenses.

Ongoing Concerns for Programs and Providers

As increasing vaccination rates have allowed programs to operate more normally, providers are facing ongoing concerns including the risk of program closures, low enrollment, and the developmental and emotional delays young children have experienced while isolated at home.

Closing. Most programs temporarily closed their doors in response to COVID-19, and at least 20% remained closed as of May of 2021. A July 2021 Pandemic Survey of Connecticut providers by the National Association for the Education of Young Children (NAEYC) disclosed that 28% of providers were considering closing their programs within the next year, with another 15% reporting they might close.[iii] 51% of these respondents were minority owned businesses and 81% have been in the Early Childhood Education field for a year or less.

Enrollment. As communities emerged from the pandemic lockdowns, many families were forced to choose between childcare and work, resulting in low enrollment across the early childhood education system. At the national level, the percentage of 3- and 4-year olds enrolled in pre-school fell from 54% in 2019 to 40% in 2020, the lowest level since 1996. The Office of Head Start Program Information Reports revealed a 28% decrease in enrollment from 2019 to 2021. NAEYC's July 2021 Pandemic Survey found that Child care centers and family child care

providers were operating at 70% of their licensed capacity, with only 53% of enrolled children attending on an average day.[12]

United Way's EHS Program reports 92% enrollment, a marked drop for a program that typically operates at 100% capacity with extensive waitlists.

Ongoing Concerns. Low enrollment suggests a significant loss of learning opportunities for young children. Program staff have witnessed the educational, social-emotional and developmental impact on infants and toddlers who were unable to attend childcare during the pandemic.

The additional stress and isolation on children, families, and providers resulting from childcare facility closures has awareness of and support for mental health. Results from the April 2020 US Census Bureaus' Pulse Survey showed that one in five people (21%) in households with children reported feeling down, depressed or hopeless during the prior week.[13]

As more children return to child care settings, providers face a new set of challenges: meeting the mental health needs of those infants and toddlers. Common responses of infants and toddlers returning to the classroom include increased crying and distress, regression, aggression, or other challenging behaviors. Providers report needing additional support in order to best meet the needs of children and families as they return to the classroom.[14]

D. Unmet Needs for Child Care

1. Overview of Unmet Needs

CT OEC has not updated their major 2018 unmet needs report and database which was relied upon for the 2018 Community Needs Assessment. In the absence of an updated, comprehensive Unmet Needs Analysis from the Connecticut Office of Early Childhood, this needs assessment has drawn on multiple national, state, and local data sources to inform the question of what the true unmet need for early childhood services is. The bottom line is that there are a variety of unmet needs which can be described in different ways. These include:

- The sheer unmet need for child care slots for infants and toddlers and for preschoolers in the community based on parents' need for child care
- The need for child care at non-traditional hours
- The need for child care in the parents' preferred type of provider
- The need for quality child care that meets defined quality standards related to staff qualifications, program delivery, and classroom environment

Our analysis also takes a look at the impact of the COVID-19 pandemic on child care needs.

The CT OEC Child Care Development Fund Annual Plan, 2022, documented the decline in both Child Care Centers and Family Child Care providers from 2002 to 2020. Looking at the number of providers in totality each year, there is a clear decline in providers across the last decade,

[12] State Survey Data: Child Care at a Time of Progress and Peril (2021)
[13] The Annie E. Casey Foundation, (2020). KIDS, FAMILIES, AND COVID-19: PANDEMIC PAIN POINTS AND THE URGENT NEED TO RESPOND
[14] Absher, L., Maze, J., and Brymer, M. (2021). The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN.

from 4,879 total child care provider sites in 2010 to 3,970 in 2020, representing a loss of 30 percent, even though the past few years have been flat. A significant decrease in the number of family child care centers appears to drive this overall decline and reflects a national trend of decreasing numbers of these providers. The COVID-19 pandemic turned this concerning trend into an acute crisis. At the lowest point in the pandemic in 2020, fewer than one in four programs in the state were operational. By March of 2021, the state was at 72 percent of its pre-pandemic program capacity, with 20 percent of programs permanently closed.[15]

Commissioner Beth Bye's pre-pandemic announcement of a 50,000 shortage of slots for infants and toddlers translated to capacity for only about a third of children in this age group statewide, leaving two-thirds of infants and toddlers without programs ready to serve them.

Figure 3.3 Early Care and Education Slots in All Licensed and Exempt Programs

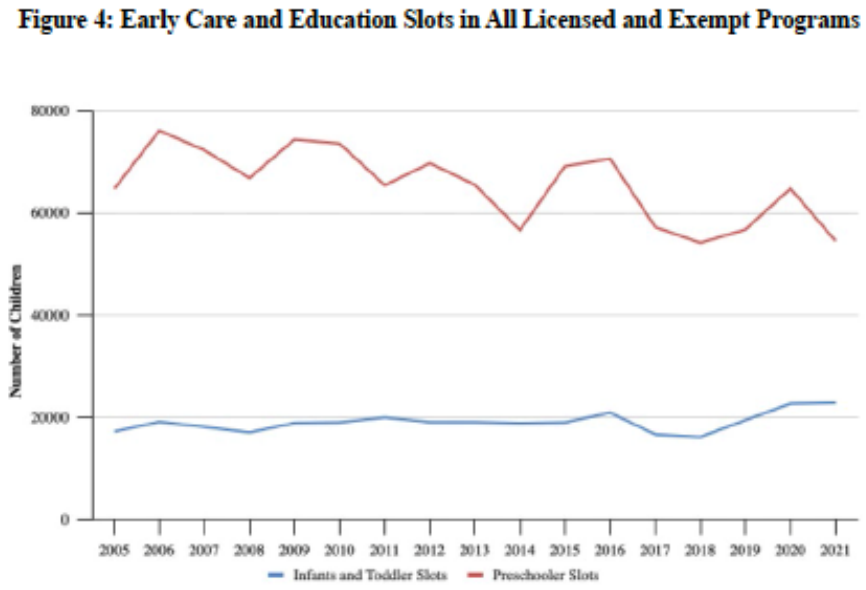


Figure 3.4 Change in Number of Programs

[15] Miller, S. (2020). The State of Early Childhood During the COVID-19 Pandemic. CT Voices for Children. https://ctvoices.org/wp-content/uploads/2021/05/2021-SOEC_Just-Research-Final.pdf

Figure 5: Licensed Centers, Family Child Care Homes, and Exempt Programs

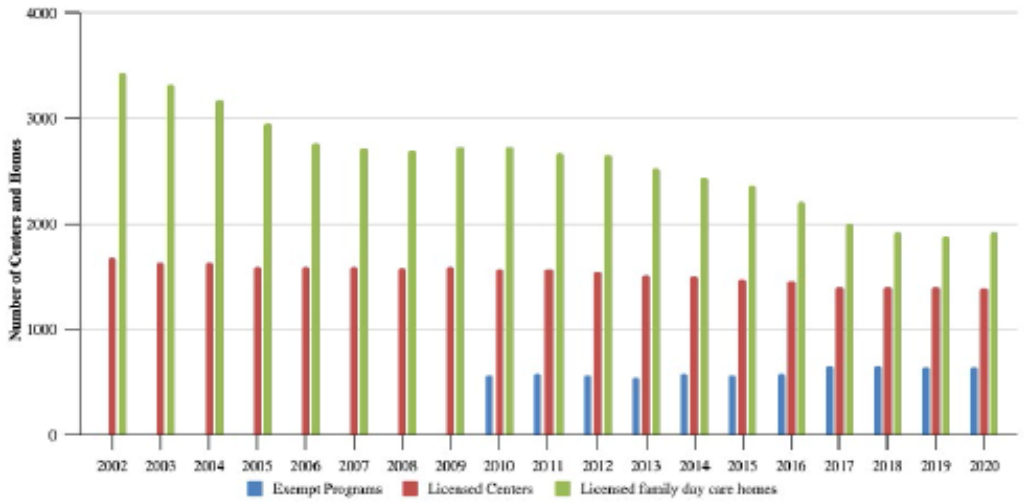


Table 3.10 and 3.11 show the number of center-based and family child care programs that have closed statewide in FY 2020-2021 and the reasons for closure

Table 3.10

211 Child Care Program Closure Reason's Report
July 1, 2020 - June 30, 2021

2-1-1 Child Care collects reasons directly from child care programs that closed or did not renew their license. Numbers also include programs that closed due to regulatory actions.

Licensed Child Day Care Centers and Group Homes **(83) Closed** (44) Responses, (39) Not Reported		
Reason for Closure	**Number of Programs with Response**	**%**
Covid19*	19	43%
Changed Ownership**	13	30%
Business Not Profitable	6	14%
Consolidated/Redistricted	3	7%
Regulatory Reasons (Summary Suspension, Voluntary Surrenders in lieu of Revocation and Revocations	2	4%
Moved	1	2%
Total	**44**	**100%**

*Programs closed during covid19 and did not reopen

Table 3.11

211 Child Care Program Closure Reason's Report
July 1, 2020 - June 30, 2021

2-1-1 Child Care collects reasons directly from child care programs that closed or did not renew their license. Numbers also include programs that closed due to regulatory actions

Family Day Care Homes **(137) Closed** (60) Responses (77) No Response		
Reason for Closure	**Number of Programs with Response**	**%**
Covid19*	20	33%
Retired	14	23%
Career Change	9	15%
Regulatory Reasons (Summary Suspension, Voluntary Surrenders in lieu of Revocation and Revocations	3	5%
Medical	3	5%
Moved	3	5%
Business Not Profitable	3	5%
Lack of Benefits	2	3%
Death	1	2%
Went from Licensed Home Provider to Center Based Operator	1	2%
Job Related Stress	1	2%
Total	**60**	100%

*Programs closed during covid19 and did not reopen

2. Unmet Needs in the Service Area

Several reports and data sources have quantified the unmet need in the service area.

Bipartisan Policy Center. In 2020, the Bipartisan Policy Center published a report titled "Child Care in 25 States: What we know and don't know, Quantifying the Supply Of, Potential Need For, And Gaps In Child Care Across the Country." The report initially intended to cover the child care need in all 50 states but was disrupted by the pandemic. Though a full analysis of the need in Connecticut was not included in the report itself, data by CT State Senate Districts was available and findings from the report can inform planning decisions. Table 3.12 below details the Child Care Gap by State Senate Districts of the 4-town region (the lowest level of analysis that covered the service area). This shows a gap of 6,750 child care slots for children ages 0-5 in the covered region, 31.3% of the potential need.

Table 3.12: Potential Need, Supply and Gap in Early Care by State Senate District

	District 10	District 11	District 14	District 17	District 34	Total
Potential Need	5,370	4,420	3,840	4,490	3,460	21,580
Supply	3,070	2,480	3,250	3,350	3,130	15,280
Gap	1,840	1,500	1,180	1,270	960	6,750
Gap Percentage	34.2%	34.0%	30.7%	28.1%	27.6%	31.3%

Source: Bipartisan Policy Center, 2020

Overall, the report found that in the 25 states a total of 2,682,262 children below the age of six with all available parents in the workforce did not have access to formal child care. This number represents at Child Chare Gap of 31.7%. The report also found that the child care gap in Opportunity Zones was larger than the state gap in 6 out of 25 states, and in 8 out of 25 states, the child care gap was larger for families under the Median Income compared to the state gap.

Findings from the report also underscore the need to respond to the types of child care that best fit families' needs and preferences. 63% of families with children under the age of 6 reported they pay for 30 hours or more of child care per week, and 44% reported needing more than four full days of child care per week.

Preferences in type of child care are also important factors to consider when responding to the need for childcare- 53% of parents ranked their own family or relatives providing child care in their top three choices of provider type. Finally, safety concerns are a major factor for family's child care choices – 85% of parents report the pandemic is a factor in their decision-making process, and 53% of families reported being more comfortable enrolling their child in a child care center compared to 41% who feel more comfortable enrolling their child in a family child care home.

New Haven Children's Ideal Learning District (NH ChILD). The New Haven Children's Ideal Learning District (NH ChILD) is an initiative that reimagines early care and education (ECE) systems and structures that perpetuate racial and economic disparities in access to high quality early learning experiences. NH ChILD is "a revolution that, in partnership with the New Haven community, challenges the current structures to create a sustainable system of high quality early learning."

NH Child estimates that there is an unmet need for 320 additional preschool slots in the City of New Haven alone. NH ChiLD estimates that the level of unmet need for New Haven infants and toddlers is much higher. If we assume that approximately 33% of infants and toddlers will not enroll in ECE programs due to parental preferences, that leaves approximately 2,833 infants and toddlers who need care. With an estimated 1,024 full time spaces for infants and toddlers in licensed home-based and center-based early childhood settings, a shortage of approximately **1,809 infant/toddler spaces** exists in New Haven alone. In other words, the number of infants and toddlers in need of high-quality ECE is more than 2.5 times the number of available spaces, making New Haven a child care desert. To make matters worse, the available spaces are dramatically unaffordable for many New Haven families and they vary drastically in terms of quality and hours. Moreover, NH CHiLD points out that the available spaces in infant/toddler and preschool programs are not all of equal quality nor are they accessible to all families because of cost, location, schedule, and other reasons.

Head Start Eligible Children. There were an estimated 4186 Head Start income eligible children in 2019, up from 3,715 in 2016 – 2,511 infants and toddlers, and 1,674 preschool age – in the service area and 750 expectant mothers. The four towns currently host 240 Early Head Start infant/toddler slots and 924 Head Start preschool slots. This indicates that there are over 10 times more eligible infants and toddlers than available slots (not including expectant mothers) and 1.8 times more eligible preschool children than available slots.

3. Child Care that fits parent work, school, and training schedules

There are approximately 220,000 children ages zero through five living in CT, 74% of whom have all available parents in the labor force. Approximately 14.8% live in families whose income puts them at or below the federal poverty level. In New Haven, 33.6% of children under age five are living in families with incomes at or below the federal poverty level. Working parents, especially those who are low-income, face an enormous challenge to find an accessible child care program that is conveniently located, affordable, supports child development, has space available, and offers a schedule that dovetails with their work, school, and career training needs.

The lack of a child care infrastructure or family-forward workplace policies—policies that support caregivers to both provide and care for their family members—means the challenges of this moment are leading the United States toward a catastrophe. Mothers will continue to shoulder the majority of family caregiving responsibilities, as they have both historically and thus far in the pandemic. Mothers of color will be the most affected.[iv]

4. Choosing a Provider: What Parents Want

As described in the CT Office of Early Childhood (OEC) 2017 Report, "Child Care in Connecticut: The Unmet Need for Early Care and Education" (the latest and most thorough analysis of this topic), the main reason that CT families are looking for child care is "so that the parent can work" (41% of surveyed families) followed by the desire to "provide the child with social enrichment" (27%).

More than 90% of Connecticut families state that their top criteria when selecting a child care program are: a nurturing environment, responsive caregivers and enjoyable daily activities for their kids. However, when asked to state the reason *why they actually chose their current child care provider*, 56% of families identified logistical concerns (such as location, cost, provider schedule, or available capacity) as paramount, ahead of program quality. Statewide, only 39% of families said that program quality was the main reason they chose their particular child care arrangement. When weighing the logistics of a child care program, Connecticut families consider the schedule of a program to be even more important than the cost of the program. 90% of families surveyed consider the calendar and hours of a child care program "important" or "very important" to their selection of a child care provider.

Furthermore, 90% of LULAC parents surveyed indicated that the importance of their child continuing at one center for both infant/toddler care and preschool mattered "a great deal" or "a lot."

5. Scheduling Needs

The OEC 2018 Unmet Needs report examined scheduling needs of parents, relying on a survey of parents. This remains the latest state level analysis of these matters. Families of color need

13% more full-time care than White families. 48% of families of color require full-time care vs. 35% of White families. Families earning less than $50,000 need 10% more full-time care than families earning over $100,000. 48% of families earning less than $50,000 require full-time care while 38% of families earning more than $100,000 require full-time care, close to the statewide average of 39%.

In Connecticut, 19% of the lowest-income survey respondents said the one of the reasons they chose their child care provider was due to “flexibility to provide care during varying work schedule/hours.” Only 3% of the highest income respondents cited schedule flexibility as a reason for choosing a child care center. This is consistent with several studies that child care options with sufficient flexibility to accommodate shifting and unpredictable work schedules and nonstandard hours are not sufficiently available to the low-income families that need them. Studies have further documented the limitations on care options that hourly workers face due to unpredictable work schedules that vary day to day with little notice, especially for workers in the retail sector.

49% of the infant toddler capacity and only 22% of preschool capacity in the state offers flexible scheduling. Most of this flexible preschool capacity is in family child care and privately run centers, as opposed to public schools.

When asked about their current child care arrangements, 87% of families with infants and toddlers surveyed indicated a need for child care that includes daytime hours on weekdays. 11% of families with infants and toddlers reported needing more child care on nights and weekends than currently available, and 17% of families surveyed indicated they need daytime hours on weekends.

There is a statewide shortage of approximately 12,147 licensed or regulated infant toddler child care spaces to meet demand on weekends. Approximately 12,682 infants and toddlers need daytime care during weekends statewide; there is currently weekend daytime capacity to serve 535 children.

18% of families with preschoolers surveyed said they need daytime hours on weekends. There is a shortage of approximately 11,422 licensed or regulated preschool child care spaces to meet demand on the weekend. Approximately 12,493 preschoolers need daytime care during the weekend.

17% of families surveyed need child care on weekday evenings or overnight, and 15% of families surveyed said they need child care on weekend evenings or overnight. This demand for care stays roughly consistent statewide and does not vary significantly across different demographics.

There is a shortage of approximately 2,595 licensed or regulated infant toddler child care spaces to meet demand for evening or overnight care during the week. Approximately 15,485 infants and toddlers need evening or overnight care during the weekdays. There is currently

extended hours and overnight capacity to serve 12,890 infants and toddlers (601 of which are overnight) in licensed or regulated child care settings during weekdays. There is a shortage of 12,895 infant and toddler spaces for evening or overnight care on weekends.

There is no shortage for preschoolers in Connecticut for evening or overnight weekday care. Approximately 18,263 preschoolers need evening or overnight child care during the weekdays. There is currently extended hours and overnight capacity to serve 21,811 preschoolers. There is a shortage of 17,210 preschool spaces for evening or overnight care on weekends.

Families of children with special needs report an extremely high need for weekend, evening and overnight care. 43% of families of children with special needs require weekday evening child care; 39% require weekend daytime child care; and 38% require weekend evening child care. This demand remains consistent across all demographic groups.

6. Child Care Deserts

A report by Rasheed Malik and Katie Hamm for The Center for American Progress analyzed the locations of child care providers in 22 states including Connecticut and found that nearly half of all Americans live in what they term “child care deserts.” A child care desert is defined as any census tract with more than 50 children under age five that contains either no child care providers or so few options that there are more than three times as many children as licensed child care slots.

In Connecticut, 44% of all residents live in child care deserts, whereas the rate climbs to 51% for the state’s Hispanic and Latino population. Child care supply is especially low in Connecticut's rural areas, where 50% of residents live in areas without enough licensed child care providers. Lower-income communities in Connecticut are 30% more likely to be living in areas with no child care than higher-income areas. In this report, approximately 50 census tracts in New Haven County were determined to be child care deserts, half of which report populations that are more than 50% African American and/or Hispanic.

OEC’s Unmet Needs report showed that roughly 75% of towns in CT have a shortage of infant/toddler care. 123 out of the 169 towns (73%) lack sufficient number of spaces for infants and toddlers to meet the estimated demand for care. The shortage of infant/toddler care capacity is widespread across the state, but is particularly acute in cities, including Bridgeport, Danbury, Waterbury, New Haven, and Stamford. This infant/toddler space shortage is also particularly acute in our most racially diverse communities; each of these five cities have high levels of racial diversity, higher than the statewide average.

23% of the lowest income families said the main reason for selecting a child care provider was “a convenient location.” In comparison, only 6% of the highest income families listed convenient location as a deciding factor in child care choice. Most families need child care within 10 miles of where they live or work. According to results from the Connecticut Family Survey, 45% of families are not willing to travel more than five miles, and 78% of families are

not willing to travel more than 10 miles to access child care. Low-income survey respondents reported being significantly less willing to travel more than five miles to access child care than higher-income families, though both groups have a strong preference for child care that is located close to home. 61% of families earning less than $50,000 indicated they would only be willing to travel five miles or less, while 40% of families earning over $100,000 reported a similar preference or requirement.

IV. Education, Health, Nutrition, and Social Service Needs of Eligible Children and Families

To develop a comprehensive picture of the current needs of Early Head Start/Head Start eligible children and their families, the assessment team collected and analyzed updated available data on prevalent social, environmental, and economic factors that impact wellbeing. In addition to family, teacher, and provider surveys and focus groups, source data included reports published within the City of New Haven and the State of CT as well as topical literature. Relevant indicators by need category include:

- Health: maternal, infant and child
- Mental health: maternal/caregiver and child, Adverse Childhood Experiences (ACES)
- Child welfare
- Education: maternal level of attainment, availability and accessibility of high-quality education, children with developmental delays and disabilities
- Basic needs: nutrition and food insecurity, housing and homelessness, transportation, income, employment
- Other wellbeing indicators: safety concerns, child care that fits parent and caregiver work, school or training schedules

There are serious and increasing levels of need among eligible families. Most community providers and parents confirmed what other local assessments have concluded – that the struggle to meet basic needs for housing, food, transportation, and materials for living remains a major stressor for the thousands of EHS/HS eligible families and the thousands more living with incomes between 100% and 200% of the federal poverty level. These stressors interfere with parents' ability to secure their own education and employment at living-wage jobs and to support their children's care and education.

Among the 3,364 expectant mothers assessed and engaged through New Haven Healthy Start since January 2014, 96.4% expressed serious concerns about housing, food, jobs, and transportation. High stress levels contribute to poor birth outcomes. Regarding the overall risk of poor birth outcomes based on a detailed assessment, 29% rated high-risk and another 55% at moderate-risk (84% total).

Children's behavioral health and social development emerged as another dominant theme. Preschool and infant/toddler teachers report significantly increased occurrences of children acting out, and they associate this behavior with these out-of-school stressors.

Stakeholder Surveys

15 early childhood providers across the service area completed a 2021 Community Provider Survey asking their views on the needs of families with young children and the problems within the early childcare system that limit its efficacy.

Surveyed providers ranked a predetermined list of unmet needs of low-income families in the service area, which were identified in discussion with Head Start program leaders and staff (Table 3.1). The scale presents the total weighted score for each issue based on each respondent' ranking of the top 5 issues (i.e. a first rank was given a weight of 5, a second a 4, etc.). Respondents also assessed trends in the severity of each issue over the previous three years (Table 3.2). Survey responses, both ranked and open-ended, are interwoven into the discussion of needs.

Providers consistently cited the mental health services as a top unmet need, followed by insufficient income or joblessness and lack of affordable housing or homelessness - all problems exacerbated by fallout from the COVID-19 pandemic. When providers considered the same issues across three years, they cited the need for mental health services as the need that has increased the most over that time period.

Recurring themes in providers' comments highlight the need to focus on the mental health of children, families and providers. Regarding staff, providers cite pandemic related stress, personal and vicarious/collective trauma as areas of concern. Providers noted that the pandemic has further marginalized and increased the stress of individuals and families living in poverty, an increase in wait times for services, the continued need for adequate transportation and livable wages jobs for families.

Table 4.1: Community Provider Ranking of Issues Faced by Families, 2021.

Ranking of Top 5 Issues	
Issue	**Weighted Rank**
Need of mental heath services	2.73
Poverty / Lack of Income	2.13
Affordable housing availability / Homelessness	2.07
Trauma / adverse childhood experiences	1.80
Need for developmental /special education services	1.67
Food Insecurity / Hunger	1.53
Transportation needs	1.13
Job availability in community	0.87
Domestic Violence	0.60
Drug abuse / need for substance abuse treatment services	0.20
Immigration challenges	0.20
Language barriers	0.07
Teen pregnancy	-

Table 4.2. Relative severity of issues, 2018-2021

Is this Issue increasing or decreasing in severity in last 3 Years??	
Issue	**Weighted Degree of Change in**
Need for mental health services	4.60
Trauma / adverse childhood experiences	4.53
Need for developmental / special education services	4.13
Domestic violence	4.13
Affordable housing availability / homelessness	4.07
Food Insecurity / hunger	4.07
Range/complexity of services required by families	4.00
Drug abuse / need for substance abuse treatment services	3.93
Families with language barriers	3.93
Poverty / Lack of Income	3.73
Transportation needs	3.67
Number of female head of households	3.53
Job availability in community	3.33
Families facing immigration challenges	3.33
Number of male head of households	3.13
Teen pregnancy	2.60

This update to the Community Needs Assessment was conducted during the COVID-19 pandemic, an unpresented time that greatly impacted the Early Childhood system. From the shutdown centers to prevent the spread of the virus, to ever-changing re-opening and operating guidelines, and the stress and uncertainty for families and providers resulted in a focus on COVID's impacts on early childhood and infant and infant and early childhood mental health for this report.

E. Infant and Early Childhood Mental Health

"Infant and early childhood mental health (IECMH) is the developing capacity of the child from birth to 5 years old to form close and secure adult and peer relationships; experience, manage, and express a full range of emotions; and explore the environment and learn—all in the context of family, community, and culture.[16] IECMH underpins healthy social-emotional, behavioral, and cognitive development.

A nurturing, responsive, consistent primary caregiver and a safe and secure home may foster good IECMH, which in turn encourages positive physical, social, and mental development and even school readiness. In contrast, poor IECMH stymies development across these areas[17]. Mental health problems in infants and very young children often manifests as problematic or atypical behavior.

A 2021 meta-analysis of studies that explore the relationship between infant social interactions and brain development demonstrated that infant mental health is closely influenced by certain aspects of the child's interactions with their primary caregiver. The impact of these interactions on brain development and social processing can be seen in brain images of children as young as three months old, with some having strong predictive value into adolescence.[18] Caregiver-infant interactions, for example, impact the development of cognition and emotional regulation.[19]

Young children require emotional/behavioral health support for developmental reasons discussed above, as well as for Child Welfare involvement, issues related to disabilities, and Adverse Childhood Experiences.

Adverse Childhood Experience (ACE): An ACE is defined as "a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult." There are three categories of ACEs: abuse (emotional, physical, and sexual), household dysfunction (mother treated violently, substance use, mental illness, separation/divorce, and incarceration), and neglect (emotional and physical). ACEs impact victims' mental health, behavior, and physical health for the rest of their lives. According to the Office of Head Start's Early Childhood Learning

[16] Zero to Three, 2017

[17] Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. Public Health Reports, 121(3), 303–310. Available from www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/ from 023,

[18] https://doi.org/10.1016/j.neubiorev.2021.09.001

[19] Neuroscience & Biobehavioral Reviews
Volume 130, November 2021, Pages 448-469

and Knowledge Center, children who experience four or more ACEs are 32x more likely to experience behavior and learning problems, 10-12x more likely to use intravenous drugs and attempt suicide, and 2-3x more likely to develop cancer or heart disease.

Table 4.3: Number of Adverse Childhood Experiences (ACEs) Reported by Mothers, 2016

	0 ACEs	1 ACEs	2ACEs	3 ACEs	4 or more ACEs
Percentage Reporting	52%	17%	10%	7%	14%

There are eight categories of abuse and neglect tracked: physical abuse, educational neglect, emotional neglect, medical neglect, physical neglect, and sexual abuse. In 2017, 28% of the referrals made by the Family Centered Services of CT were for abuse or neglect. Nearly 30,000 reports of child abuse and neglect were made to CT's Child Abuse Hotline in 2015, detailing more than 72,000 individual allegations, 17% of which were substantiated. Physical neglect allegations were the most numerous, occurring 44,613 times at a rate of about 12 per 1,000 residents across the state. In six communities, allegations of physical neglect occurred at more than double the statewide rate: Hartford (29 per 1,000 residents), Waterbury (27), New London (27), New Haven (25), Putnam (25) and Norwich (25).

A pilot program administered ACE screenings to the 176-member kindergarten class at Strong School in New Haven, which largely serves children from low-income families. 90% of kindergarteners reported experiencing ACE events, but only 23% were currently displaying symptoms. The results suggest the extent of the problem across the city's low-income neighborhoods and highlight the need for ECIMH screenings.

A National Institute of Health survey estimated that 9.5-14.2% of children, ages birth to five suffer from emotional/behavioral disturbance that interferes with their ability to function in family or school settings. Early prevention, accurate and early detection, and evidence-based treatment of mental health issues can redirect brain development in young children and cost-effectively improve outcomes for children at risk of or suffering from poor emotional health.[20] The IMH community looks at behavior problems by focusing on appropriate behaviors for the particular stage of child development, how the child communicates needs, history of trauma, attachment relationships, brain development, sensory issues, and temperament. Recommended strategies include partnering with families, and promoting play as learning. The continuum of services and supports around ECIMH fall under three main categories: **promotion** of the importance of IECMH through, for example, educating caregivers and the public, prevention, and treatment; **prevention** of mental health disorders via identifying and supporting at risk children and their caregivers; and **treatment** by highly trained professionals using specialized interventions.

The Community Provider Survey gave child care providers across diverse settings the opportunity to elaborate on their clients' most profound needs and service gaps, access, or

[20] Aos, S., Lieb, R., May eld, J., Miller, M., & Pennucci, A. (2004). Bene ts and costs of prevention and early intervention programs for youth: Technical appendix. Retrieved from www.wsipp.wa.gov/rpt les/04-07-3901a.pdf

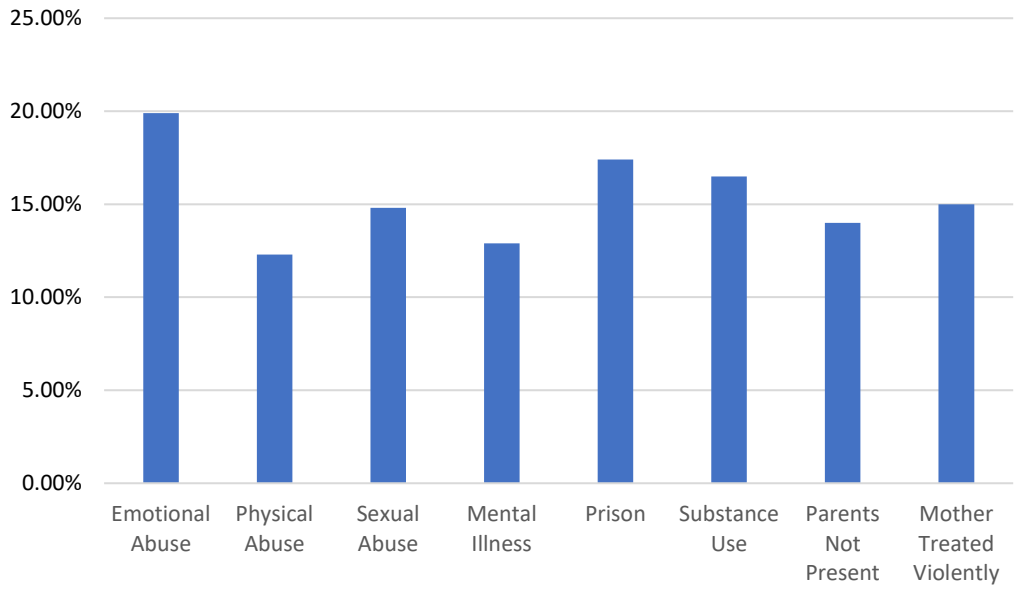
other issues that augmented these needs. They cited inadequate counseling/social work services available to children suspected of or diagnosed with social-emotional issues or suffering from trauma and toxic stress. Providers reported that structural deficiencies with the early childhood system in CT, such as insufficient resources and available practitioners, insufficient prevention services, a lack of in-home mental health services, a lack of adequate in-school mental health services, and long waiting periods for the services that do exist, exacerbate the gaps in mental health care.

Through a 2009 clinician survey, the CT Association for Infant Mental Health (CT AIMH) found diverse organizations and practices that provided ECIMH services. This disconnect between services availability and accessibility is related to a workforce development deficiency. CT AIMH supports ECIMH work across healthcare, education, and human service organizations and providers. The agency offers the internationally recognized Endorsement® credentialing to all professionals who work with children ages birth to six. Endorsement® competencies center on eight areas of expertise, from direct service and professional development skills through law and policy, and develop competence in culturally-sensitive, relationship-focused practices that promote ECIMH. CT AIMH is currently developing a Training and Workforce Development Programmatic Assessment to improve ECIMH services across the state.

Maternal/Caregiver Mental Health.

The New Haven MOMS Partnership conducted a survey (2014-2016) of 2,194 low-income mothers in New Haven on supports they received and challenges they faced in their role as parents. The purpose of the survey was to ascertain the number who were experiencing mental health issues and/or had experienced ACEs. MOMS Partnership Community Ambassadors interviewed mothers where they live, work and raise their children, including public housing, schools, playgrounds, libraries, and grocery stores. 44.0% of parenting women in New Haven reported experiencing at least one ACE, and 18.6% reported experiencing three or more ACEs. The most commonly reported ACE was recurrent and severe emotional abuse (19.9%), followed by a family member being imprisoned (17.4%), and substance use (16.5%) (Figure 3.2).

Figure 4.1: ACEs Among Parenting Women in New Haven



Women who experienced ACEs were more likely to report experiencing very poor or poor emotional health than were those who did not report an ACE. Those who reported abuse (emotional, physical or sexual) and those that experienced household dysfunction (alcohol or drug use, an imprisoned or mentally ill family member, mother being treated violently, or biological parents not being present) were more likely to report symptoms of depression, as measured by the Center for Epidemiological Studies-Depression, than those who did not report these types of ACEs.

The MOMS Partnership survey demonstrated the significant mental health challenges faced by poor mothers:

- 84% of mothers reported needing help to manage feelings of sadness or depression, controlling stress, and coping with traumatic events; what we call poor emotional health.
- In all 18 neighborhoods surveyed, more than 75% of mothers reported poor emotional health.
- In 17 out of 18 neighborhoods surveyed, more than 80% of mothers reported poor emotional health.
- The % of mothers reporting poor emotional health was highest in Fair Haven, Edgewood, and West Rock neighborhoods.
- Of mothers who responded (84% of survey respondents), 18% reported social isolation.

- Mothers reported feeling alone in raising their children and that they lack significant sources of support in their lives.

The Community Provider Survey gave providers the opportunity to elaborate on their clients' most profound needs and service gaps, access, or other issues that augmented these needs. Corroborating the MOMS survey, mental health was both the most discussed unmet need and the need that ranked most dire. Providers across the spectrum cited inadequate counseling/social work services available to both children and caregivers suspected of or diagnosed with social-emotional issues or suffering from trauma and toxic stress. Untreated trauma – one of the top three unmet needs identified – magnifies a caregiver's difficulties across many other areas, including housing, employment, and family life.

Providers ranked mental health services as not only the most significant unmet need, but also as one of the top two needs with a recent increase in severity. Providers reported that structural deficiencies with the early childhood system in CT, such as insufficient resources and available practitioners, insufficient prevention services, a lack of in-home mental health services, a lack of adequate in-school mental health services, and long waiting periods for the services that do exist, exacerbate the gaps in mental health care.

Table 4.4. Reports of Domestic Violence in the Service Area, 2017-2020

	New Haven				West Haven				East Haven				Hamden			
	'17	**'18**	**'19**	**'20**	**'17**	**'18**	**'19**	**'20**	**'17**	**'18**	**'19**	**'20**	**'17**	**'18**	**'19**	**'20**
All Incidents	2527	2577	2062	2581	715	648	468	391	319	351	330	335	436	421	342	383
Overall Rate per 100,000	*1929*	*1982*	*1583*	*1981*	*1304*	*1177*	*862*	*717*	*1105*	*1184*	*1155*	*1176*	*708*	*704*	*565*	*634*
Incidents Involving Assault	1142	1520	1211	1045	131	119	88	82	67	75	60	45	78	72	66	45
Incidents with Children Present	310	283	247	270	76	38	57	64	43	46	42	41	40	48	44	41
% of Incidents with Children Present 2017-2020	***11.4%***				***10.57%***				***12.81%***				***10.94%***			

Source: Family Violence Detailed Report, 2017-20. CT Department of Emergency Services and Public Protection http://www.dpsdata.ct.gov/dps/ucr/ucr.aspx

Table 4.4 above details the Reports of Domestic Violence in the service area from 2017-2020. The percentage of children present during incidents range from 10.94% in Hamden to 12.81% in East Haven. Children who experience instances of domestic violence are at risk of health

problems like heart disease and diabetes and mental health problems such as depression and anxiety.[21]

Involvement in the Child Welfare System

Involvement with the CT Department of Children and Families (DCF) includes any youth under 18 who is involved with DCF through any of its mandates. This includes youth committed to DCF through child welfare or juvenile justice and those dually committed. It also includes youth for whom DCF has no legal authority, but assists through Voluntary Services, Family with Service Needs, and In-Home Child Welfare programs.

Table 4.5: Safe Scorecard, Department of Children and Families of Connecticut

	Year latest data provided	Occurrence
Abuse, Neglect All Types 0-17 (Unique, Substantiated)	2018	9.84 per 1,000
Juvenile Delinquency	2016	9,495
Unexpected Deaths	2017	70
High School Students who do not feel safe	2017	6.9%
Emergency department visits for injuries	2017	9,273
Emergency department visits for traumatic brain injury	2017	1,022
Students restrained or secluded in school	2016	2,995

Source CT Department of Children and Families, data on Data.CT.Gov

F. Maternal Health and Birth Outcomes

Key drivers of maternal behavior and health include access to health care and early intervention services; educational, employment, and economic status and opportunities; social support; and availability of resources to meet daily needs. Key drivers of childhood behavior and health include family income, educational attainment among household members, health insurance coverage[22], and health status.

The five key social determinants of health include:

- Economic Stability – poverty, food insecurity, employment, housing instability

[21] 2019, Office of Women's Health

[22] Larson K, Halfon N. (2010). Family income gradients in the health and health care access of US children. *Maternal and Child Health Journal*, 14(3):332–42.

- Education – early childhood education and development, language and literacy, high school diploma, enrollment in higher education
- Social and Community Context – discrimination, incarceration, social cohesion, civic participation
- Health and Health Care – access to primary care, access to health care, health literacy
- Neighborhood and Built Environment – access to healthy foods, crime and violence, environmental conditions, housing quality.[23]

The parent survey and focus group results demonstrate that Head Start clients recognize the powerful effects of these determinants, even if they do not recognize the statistical links to their health outcomes.

Factors Linked to Birth Outcomes

Critical factors linked to birth outcomes and infant health include maternal health care access, maternal behaviors such as alcohol and drug use, nutrition, pre-pregnancy obesity, short intervals between births, and stress.

Pre-pregnancy obesity

Women who enter pregnancy at a weight above or below normal weight, defined as a body mass index (BMI) above 24.9 (overweight) or below 18.5 (underweight), are more likely to experience adverse pregnancy outcomes and to have infants who experience adverse health outcomes.[24] According to the 2015 New Haven Health Survey (updated findings: April 2016), obesity is rampant across the general population. 82% of Black women in the service area are overweight or obese, as are 74% of Latinas and 69% of White women.[25]

Smoking/Drinking

The CT Department of Public Health advises women to refrain from smoking and drinking during pregnancy due to their connection to a host of negative birth outcomes and childhood health problems. A survey of births to New Haven women indicated that 11% of Medicaid patients smoked during pregnancy, compared to only 7% of the general population. In 2015 (the last year for which data is available), 5.2% of New Haven mothers reported smoking during pregnancy, a higher rate than the statewide rate of 3.5%.[26]

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[23] Braveman, P.A., Egerter, S.A., Mockenhaupt, R.E. (2011). Broadening the focus: the need to address the social determinants of health. *American Journal of Preventative Medicine*, 40(1 Suppl 1):S4–18.

[24] Deputy, N.P., Dub, B., & Sharma, A.J. (2018). Prevalence and Trends in Prepregnancy Normal Weight – 48 States, New York City, and District of Columbia, 2011-2015. *Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report*. DOI: http://dx.doi.org/10.15585/mmwr.mm665152a3.

[25] The U.S. Standard Certificate of Live Birth includes maternal height and pre-pregnancy weight and is used by the National Vital Statistics System (NVSS) to collect demographic and health information for live births in the United States. Connecticut is one of four states that issues an alternative certificate that excludes maternal height and pre-pregnancy weight.

[26] CT Department of Public Health, Vital Statistics Division, Registration Reports, 2015

Teen Births

Nationally, teen births have declined 75% in the last decade. The number and rate of births to girls ages 15-19 across the service area has continued to fall as well. There were 136 teen births in the service area between 2015 and 2019, a 28% reduction from the previous five-year period (Table 4.6). Data analyzed by the Guttmacher Institute suggests that the declines are related to a moderate increase in the use and effectiveness of contraception.[27]

Table 4.6: Average Annual Teen Births (to Women Age 15-19) by Period, 2012-2019

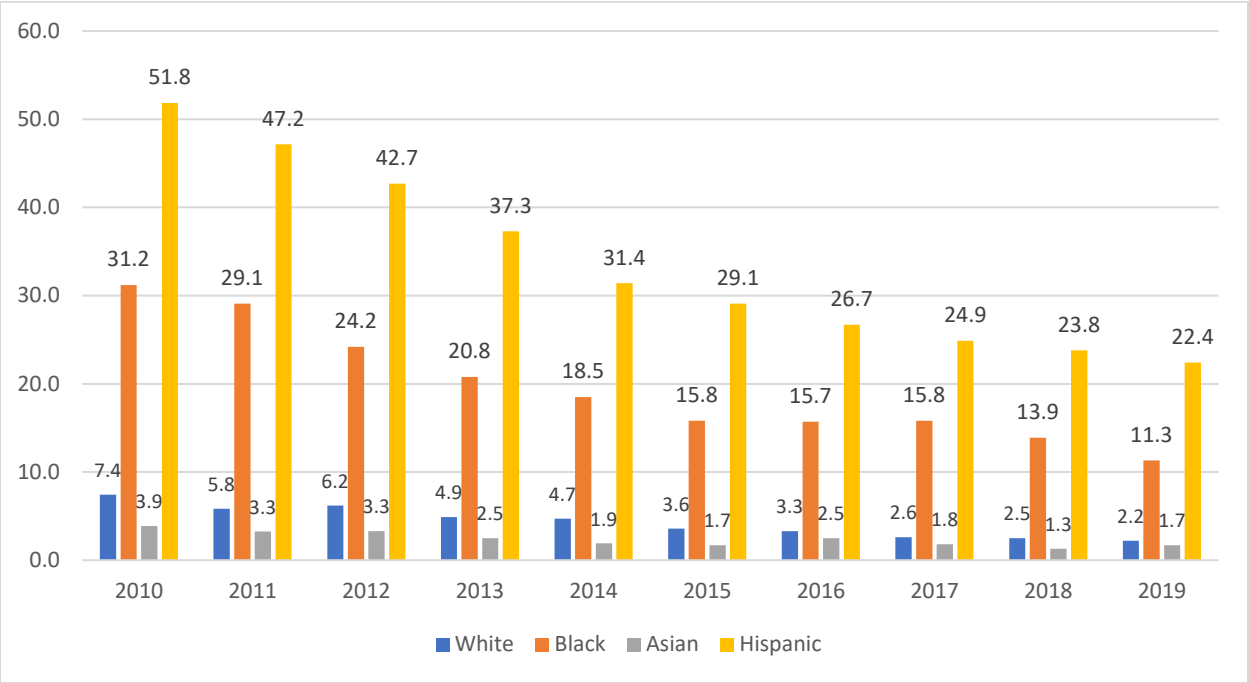
Area	2012-2016	2013-2017	2014-2018	2015-2019	Change 2012-16 to 2015-19
New Haven	135	117	105	97	-28.1%
West Haven	29	25	22	20	-31%
Hamden	14	12	10	10	-28.6%
East Haven	11	11	10	9	-18.2%
Total	189	165	147	136	-28%

Source: CT Department of Public Health, Registration Reports, 2016-2019

The teen birth rate has declined across racial and ethnic groups in the state, though minority teens still become pregnant at disproportionate rates that mirror poverty rates: in 2019 pregnancy rates for Hispanic (22.4 per 1,000) and Black (11.3) teens were significantly higher than for White (2.2) teens. However, Black and Hispanic teens have shown the most dramatic declines in pregnancy in the past ten years (Figure 4.2).

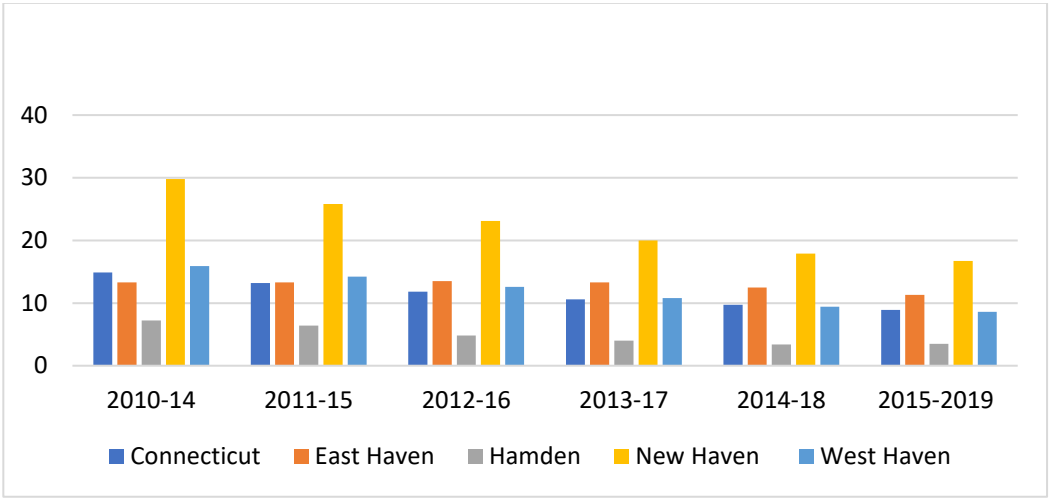
[27] Boonstra, H. (2014). What is Behind the Pregnancy Rates?, *Guttmacher* Institute. Retrieved from https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates.

Figure 4.2 CT Teen Birth Rate (per 1,000 live births), by Race and Ethnicity, 2010-2019



Source: CT Department of Public Health, Registration Reports, 2010-2019

Figure 4.3. Teen Birth Rate (per 1,000 live births), by 5 Year Intervals, 2010-2019



Source: CT Department of Public Health, Registration Reports, 2010-2019

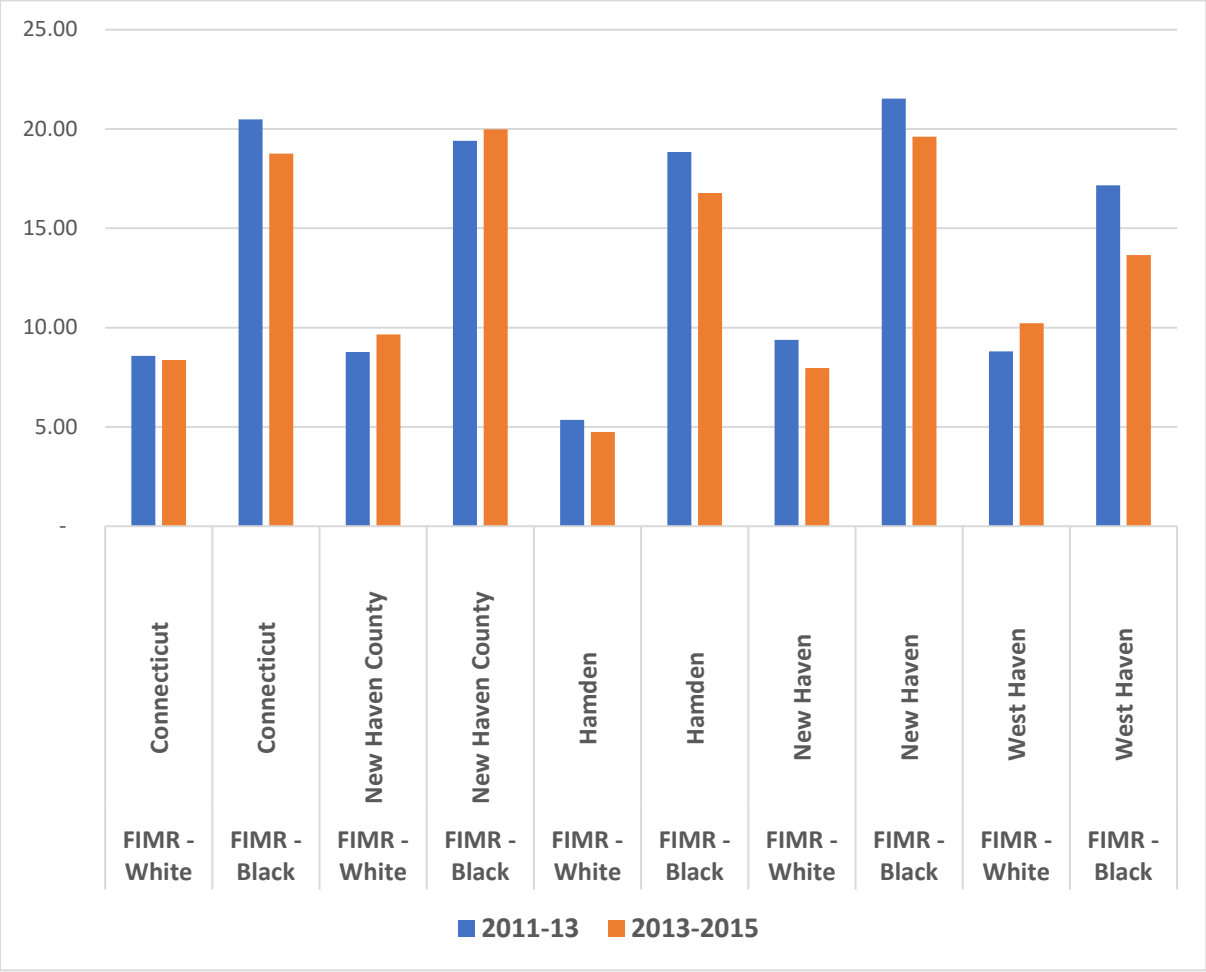
G. Children's Health and Access to Health Care

Access to health care was the top health issue identified through focus groups and was among the top three issues from the Key Informant Surveys. Among the most prevalent health care

concerns were issues of access, with 28% of adult respondents in the Greater New Haven Region indicating that they had postponed or delayed getting medical care. Respondents also cited not being able to get an appointment within an acceptable time frame (38% of New Haven residents, and 27% of those living in inner ring suburbs), health care providers or hospitals not accepting their insurance (22%, and 16%, respectively), or lack of convenient office hours (23% and 31%).[28]

Because maternal health care access, as well as smoking, nutrition, and stress, are linked to birth outcomes and infant health, quality prenatal care is a critical component of infant mortality and morbidity prevention. Figure 4.4 compares birth outcome indicators in New Haven to that of the region and state.

Figure 4.4: Fetal and Infant Mortality Rate by Location and Race/Ethnicity, 2011-2013 vs 2013-2015 (deaths per 1,000 live births)



Source: CT Department of Public Health Registration Reports, 2011-2015

[28] DataHaven, 2016

Racial and ethnic disparities in infant mortality are related to disparities in social determinants of health, family income, educational attainment among household members, health insurance coverage, child health status, and structural, historic racism endemic to the US.[29] Black women in New Haven and the other service area towns consistently experience poorer health outcomes through childbirth (Table 4.7). Increasing access to quality care before pregnancy, during pregnancy, and between pregnancies may reduce the risk of maternal and infant mortality and pregnancy-related complications.[30]

Table 4.7: Birth Outcomes, 2019

	CT	New Haven County	4 Towns	New Haven
Total Births Annualized	34,260	8,392	3,039	1,676
Fetal and infant Deaths Annualized	323	85	35	21
IMR (Infant Deaths per 1,000 live births)	4.4	5.1	7.9	8.9
FIMR (fetal and Infant deaths per 1,000 live births)	9.36	10.00	11.52	12.53
Percent Low Birth Weight	7.8%	7.7%	-	7.5%
Percent Very Low Birth Weight	1.3%	1.3%	-	1.1%

Source: Connecticut Department of Public Health, Registration Reports

Table 4.8: Low Birthweight Births, 2019

	New Haven	Hamden	East Haven	West Haven
White	4.8%	3.9%	6.9%	8.3%
Black	12.7%	10.1%	-	11.7%
Hispanic	4.7%	-	-	7.2%
Asian	7.0%	-	-	-
Other non-Hispanic	6.3%	7.2%	-	-

Source: Connecticut Department of Public Health, Registration Reports

Absence of prenatal care is known to triple the incidence of low birth weight. Black and Hispanic women in New Haven County delay or receive no prenatal care at much higher rates (19.9% and 17%) than do white women (8.2%). Their prenatal care is also the least adequate: 21.8% of Black women, and 21.5% of Hispanic women versus 14.5% of White women receive inadequate prenatal care. This disparity negatively impacts fetal and infant mortality rates.

[29] Maternal, Infant and Child Health. *Office of Disease Prevention and Health Promotion: 2020 Topics and Objectives*. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health#seven.

[30] Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *Morbidity and Mortality Weekly Report*, 55(RR-06):1–23.

Unintended pregnancies

An extensive body of research links unintended or closely spaced births (within 18 months) to a host of social and economic challenges, including delayed initiation of prenatal care, poor maternal health, and preterm birth. Births resulting from closely spaced pregnancies are also associated with adverse maternal and child physical and mental health outcomes in addition.[31]

In 2011, the most recent year for which national-level data are available, there were 45 unintended pregnancies for every 1,000 American women aged 15–44, a rate significantly higher than that in many other developed countries. Three out of four pregnancies were to women younger than 20. Racial disparities in teen births are evident: 2.1% of Black women and 2.5% of Hispanic women give birth before age 18, compared to 0.3% of White women.

In 2016, 25% of all pregnancies (36,021) in CT were unintended, down from 51% in 2011. While the percent of unintended pregnancies has dropped dramatically, women of color were more likely to have an unexpected pregnancy than non-Hispanic White women – 42% for Black women, 36.2% for Hispanic women, and 25.5% for other races compared to 17.2 for White women.[32] The 2019 adolescent pregnancy rate in CT was 8.9 per 1,000 women aged 15–19. In 2019, Connecticut ranked the 4th lowest for teen birth rates in the United States. The national rate was 16.7 births per 1,000, and state rates ranged from 6.6 per 1,000 in New Hampshire to 30 per 1,000 in Arkansas.

Infant and Childhood Vaccinations

The vaccination rate for the four communities is high in the face of strong state regulations limiting exemptions from vaccination requirements and strong efforts by the schools and the medical community to reinforce the importance of vaccination. Between 2015 and 2016, the CDC recorded statistically significant nation-wide decreases in average vaccination coverage for seven key vaccines (DTaP, Poliovirus, MMR, Hib, HepB, Varicella, PCV, HepA and Rotavirus) among children ages 18-35 months. Connecticut had the highest childhood vaccination rate in the nation.[33]

In 2016-17, 1.5% of all families enrolling children in kindergarten in New Haven County were granted vaccination exemptions (Table 4.9), which is lower than the statewide rate.

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[31] Mayer, J.P. (2011). Unintended childbearing, maternal beliefs, and delay of prenatal care. *Birth, 1997*, 24(4):247–252.

Guttmacher Institute. Testimony of Guttmacher Institute, Submitted to the Committee on Preventive Services for Women. *Institute of Medicine*. Retrieved from https://www.guttmacher.org/article/2011/01/testimony-guttmacher-institute-subcommittee-preventive-services-womens-institute.

[32] The Health of Connecticut: Maternal Infant and Child Health. CT Department of Public Health, 2016.

[33] Westerfield, C. (2016). Connecticut boasts highest child vaccination rates. *Yale Daily News. Retrieved from* yaledailynews.com/blog/2016/10/18/connecticut-boasts-highest-child-vaccination-rates/.

Table 4.9: Kindergarten Exemptions, 2016-2017 School Year

Exemptions	Connecticut	New Haven County	% of total exemptions
# of schools	739	176	23.8%
Enrollment	39,002	9,592	24.6%
Exemptions	808	141	17.4%
Religious	701	123	17.5%
Medical	107	18	16.8%
Percent of students exempt 2016-17	2.1%	1.5%	

Source: CT Department of Public Health Registration Reports, 2011-2015

Childhood Obesity

Childhood obesity has major implications on the physical and psychosocial wellbeing of millions of children in the US. Obese children are more likely to develop risk factors for chronic diseases early in life including elevated blood sugar, blood triglycerides, and blood pressure, and they are more likely to contract chronic diseases such as type-2 diabetes before becoming adults. These children are also more likely to experience bullying and discrimination.[34] Latino and Black children in the US are significantly more likely than their White counterparts to be exposed to almost all known life risk factors for becoming overweight or obese early in life.[35]

Preventing obesity in early childhood and eliminating existing ethnic/racial disparities has been identified as a strong public health priority. Despite recent declines in the prevalence among preschool-aged children, obesity amongst all children remains too high.

Childhood obesity tracks into adulthood: children who were overweight at five years of age are four times as likely than their normal-weight counterparts to become obese by age 14. This early onset obesity may be more difficult to reverse than weight gained originally in adulthood.

Asthma

Asthma is a chronic disease characterized by reversible obstruction of the airways and airway hyper-responsiveness to a variety of stimuli. Asthma hospitalizations are associated with living in poor neighborhoods, having Medicaid or no insurance coverage at the time of birth, and Hispanic ethnicity. In addition, toddlers are at greater risk to be hospitalized for asthma. According the CT State Department of Health's *The Burden of Asthma in Connecticut – 2012 Surveillance Report*, children, females, Hispanics, non-Hispanic Blacks, and residents of Bridgeport, Hartford, New Haven, Waterbury, and Stamford disproportionately suffer the

[34]Taveras, E.M., Gillman, M.W., Kleinman, K., Rich-Edwards, J.W., Rifas-Shiman, S.L. (2010). Racial/ethnic differences in early-life risk factors for childhood obesity. *Pediatrics*, 125(4): 686-695.

[35] Perez-Escamilla, R., & Meyers, J. (2014). Preventing Childhood Obesity: Maternal-Child Life Course Approach. *Farmington, CT: Child Health and Development Institute of Connecticut*.

effects of asthma. 10.4% of middle and high school students across CT reported an asthma attack or episode in 2015 – 12.7% of girls and 8.1% of boys. Non-Hispanic Asian (5.4%) students were significantly less likely to have had an asthma episode or attack during the past 12 months than non-Hispanic White (10.6%), non-Hispanic Black (12.4%), or Hispanic (10.2%) students. Exposure to secondhand smoke increases the likelihood that a child will experience an asthma episode or attack.

Table 4.10: Rate of Emergency Department Visits for Asthma, by Town, 2019

Town	Hospitalizations (all)		ED Visits (Children)	
	Total	Age-Adjusted Rate (per 10,000)	Total	Child Age-Adjusted Rate
New Haven	**301**	**25.5**	**638**	**214.4**
West Haven	**38**	**7.8**	**107**	**94.7**
Hamden	**52**	**9.9**	**94**	**81.6**
East Haven	**27**	**10.2**	**68**	**136.9**

Source: CT Department of Public Health Asthma Surveillance Program

Table 4.11: Asthma, Emergency Department Visits Crude and Age-Adjusted Rates by Race/Ethnicity and Year, Primary Diagnosis, Connecticut, 2000-2016

Race/Ethnicity	Children (0-17 years old)		
	Total	Crude Rate	Age-Adj. Rate
White, non-Hispanic	1,603	36.7	38.3
Black, non-Hispanic	2,000	209.2	212.4
Hispanic	2,867	162.4	161.5
Other, non-Hispanic	362	82.6	82.6

Source: CT Department of Public Health Asthma Surveillance Program

Lead Exposure

Lead poisoning most commonly results from ingestion of lead-contaminated dust when infants and toddlers are crawling and playing on the floor and in contaminated soil. Lead poisoning can cause long-term and often irreversible disabilities including hyperactivity, developmental delays, behavioral problems, learning disabilities, anemia and hearing problems. Very high lead exposures can cause severe developmental delays, convulsions, coma, and death. Children 6 years old and younger are particularly vulnerable to the damaging effects of lead because their

central nervous systems are not fully developed, and their bodies absorb and retain more lead than do the bodies of adults.

Out of the 135 dwelling units in New Haven for which Environmental Lead Hazard Investigations were completed and reported, 85.2% were identified with environmental lead hazards. Of these, 84.4% contained paint hazards, 59.3% had dust hazards, and 34.1% had soil hazards.

Prevalence of childhood lead poisoning is defined as the proportion of children under 6 years of age with a confirmed blood lead levels of ≥5 μg/dL. This blood level is the threshold at which public health agencies must initiate case management action. Black children are almost five times as likely as White children to be lead-burdened. Low-income children are eight times as likely to be lead-burdened as those from wealthier backgrounds: about 60% of all children suffering from lead poisoning are enrolled in Medicaid.

Under the Lead and Healthy Homes Program (2015), 75,423 children in CT under the age of 6 were screened for blood lead levels. Among those children whose blood lead level was ≥5 μg/dL, Black children (5.0%) were more than twice as likely to be lead poisoned than White (2.2%), or Asian children (2.4%), while Hispanics (3.9%) were 1.6 times as likely to be lead poisoned than Non-Hispanics (2.5%). Across the service area, 419 children (5.9%) tested at elevated lead levels. Children in New Haven had a much higher rate of lead poisoning (7.7% of those tested) than in the other service area towns. The higher rate in New Haven is likely attributable to the larger proportion of older housing stock and the higher poverty rate.

Oral Care

Tooth decay remains the single most common preventable chronic disease among U.S. children. Children living in poverty are five times more likely to have tooth decay, and the extent of this decay is 3.5 times greater than that of their more affluent peers.

In response to an increase in cavities among preschool-aged children, the dentistry profession recommends that proper oral health practices be introduced during early childhood. Regular oral hygiene practices, professional oral health risk assessment, and the first dental visit should all occur by the child's first birthday. Among the center based EHS and HS population in the service area, children are more likely to enter care with a medical home than a dental home.

H. Disabilities and Special Needs

Nationally, nearly one in ten children under the age of six has a special health care need - either a developmental delay or a childhood condition - that places him or her at increased risk for a chronic physical, developmental, behavioral, or emotional condition and requires health and related services that are of a type or amount beyond what is generally required by children.

Families making less than the state median income face significant barriers to access infant/toddler programs that have experience serving children with special needs and those who require medication administration. However, families making less than 100% SMI are just

as likely, if not more likely than wealthier families, to access a preschool program that has experience serving children with special needs and who need medication administration.

Parents of children with special needs and those needing specific accommodations are often confronted with high levels of employment disruption and limited provider choices. Furthermore, children with disabilities are more likely to be cared for by family, friends and neighbors, making it more difficult to connect these families to services in the community.[36]

In 2015, the OEC surveyed 180 center-based providers and 206 licensed family child care providers about serving children with disabilities. Just under 60% of child care center providers and half of the family care providers had experience serving this population. The most common disabilities encountered included: Autism Spectrum Disorders (>50%), ADD/ADHD, and speech or language impairments, followed by respiratory problems, behavioral problems, and developmental delays.

2-1-1 at the United Way of CT operates a "warmline" called the Child Development Infoline (CDI) which provides those who are concerned about an infant or toddler's development with information and connection to community resources and services. In FY2021, CDI received 14,463 calls they considered to be cases, an 8% decrease since 2017. While the Service Area saw a similar decrease in calls (12%), that ranged from a 21% decrease in New Haven to a 25% increase in calls from East Haven. In the four-town service area 846 (71%) of these calls were referred to Birth to Three services and 212 (18%) were to Help Me Grow. Other referrers included trusted health care providers, relatives, friends or co-workers, or social service, education, or childcare providers.

Table 4.12: Calls to Child Development Infoline, FY 2017-2021

Town	2017	2018	2019	2020	2021	% change 2017-2021
New Haven	759	733	830	619	600	-21%
West Haven	275	296	284	218	257	-7%
Hamden	213	142	240	207	204	-4%
East Haven	111	78	124	224	139	25%
Service Area	1,358	1,380	1,478	1,268	1,200	-12%
Statewide	15,710	15,067	16,140	14,235	14,463	-8%

Source: United Way of Connecticut, 2021.

[36] Booth-LaForce, C., & Kelly, J.F. (2004). Child care patterns and issues for families of preschool children with disabilities. Infants & Young Children, 17(1), 5-16. Retrieved from https://depts.washington.edu/isei/iyc/laforce_17_1.pdf.

Table 4.13: Calls to Child Development Infoline, by Program by Town, FY2021

Town	Help Me Grow	Early Childhood Special Education	Children w/ Special Health Care Needs	Ages & Stages Program	Birth to Three	Total
New Haven	86	20	21	16	457	600
West Haven	47	8	9	14	179	257
Hamden	39	10	3	20	132	204
East Haven	40	11	2	8	78	139
Service Area Total	212	49	35	58	846	1,200
Statewide	2,656	471	206	957	10,173	14,463
Service Area as % of State	8%	10%	17%	6%	8%	8%

Source: United Way of Connecticut, 2021.

The CT Birth to Three System serves families whose children have severe disabilities or developmental delays. Of the 8,798 evaluations completed in FY17, 5,557 children (63%) were eligible. 4,999 children (90%) had significant developmental delays, while 558 children (10%) had a diagnosed medical condition that would likely result in developmental delays. Of these children:

- **125** children were premature *(less than 28 weeks completed gestation out of 40)* or extremely low birth weight *(less than1000 grams, or 2.2 lbs.)*
- **117** children had brain/spinal anomalies
- **69** children were deaf or hard of hearing
- **67** children had neurological conditions
- **61** children had a serious infection or exposure to a serious illness
- **51** children had autism spectrum disorders: *(known at the time of referral)*
- **48** children had Down Syndrome
- **35** children had known chromosomal or metabolic disorders *(other than Down syndrome)*
- **21** children had cleft palate
- **6** children were blind or visually impaired

Table 4.14: Referrals and Children served by Birth to Three (July 1, 2016 to June 30, 2017)

Town	2016 Births	Referrals	Children Served
New Haven	1755	473	483
Hamden	517	125	122
East Haven	261	66	79
West Haven	610	137	165

Surveyed providers largely agreed that funding to maintain programs that serve children with developmental needs is an ongoing problem. Infants and toddlers needing special education and developmental services often go without these services due to an insufficient number of programs. Programs that do receive adequate funding report that the unique, stringent, and time intensive reporting requirements of multiple funding sources limits time for actual service provision.

I. Basic Needs and Employment

New Haven is a diverse city with deep and enduring economic and social disparities. Approximately 26% of residents live in poverty, compared to 10% statewide, and an additional 40% struggle to afford basic necessities like housing and food.

Housing and Homelessness

Surveyed providers linked the prevalence of housing insecurity and homelessness to rising housing costs, the dismantling of many public housing developments in favor of housing vouchers, and declining available funding for housing programs.

676 students within New Haven Public Schools have been identified as homeless under the federal McKinney Vento requirements. Of that number, 317 are Black and 330 are Hispanic. 200 of these children have fled hurricanes and other disaster areas. The rate of chronic absenteeism among McKinney Vento students is 41% while the same rate for the NHPS district is 18%. New Reach contracts with NHPS to provide training for staff and resources for homeless children, using the district's McKinney-Vento grant money.

Food Insecurity

Approximately 22% of New Haven's residents are food insecure compared to 12% across the state of Connecticut and 13% across the country. Food insecurity varies widely across the city, affecting low-income people of color and poor people at relatively higher rates.

One in three adults in the city's lowest income neighborhoods suffer from food insecurity: a 2016 survey from Southern Connecticut State University determined that more than one-third

(35%) of New Haven residents reported being hungry in the past 30 days. Families with children are particularly vulnerable, with 40% experiencing hunger in the past month. About one third of parents surveyed reported that they sometimes did not have enough money to pay for food. Prevalence of hunger is greatest for families with 2 or more children. The MOMs survey further elucidates the significance of food insecurity to New Haven families:

- 53% of mothers reported that their family sometimes runs out of food before the end of the month.
- Of mothers with food need, 50% said they go to a food bank or soup kitchen when their food runs out.
- 15% said their family goes without food if they run out.

Hunger has enormous consequences on health. Food-insecure residents in New Haven's low-income neighborhoods are more likely to report high blood pressure, diabetes, and being overweight or obese. In a survey of eighth graders, food-insecure children were more likely to have diabetes and asthma.

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides an avenue for low-income families to mitigate food insecurity. WIC participation data offers insight into the extent of food insecurity across the service area

Table 4.15: CT WIC Total Participation 2017-2020

2017	2018	2019	2020
47,830	47,297	45,770	43,777

Source: USDA, State Level Participation 2020

Table 4.16: Average CT WIC Monthly Enrollment, by Participation Category, 2017

Program Category	Monthly Average	% of Total Enrollment
Women	10,829	22.7%
Pregnant	5,434	50.2%
Breastfeeding	3,005	27.7%
Fully Breastfeeding	876	29.1%
Partially Breastfeeding	2,129	70.9%
Postpartum	2,391	22.1%
Infants	12,834	26.9%
Breastfed	4,542	35.4%
Fully breastfed	1,074	23.6%
Partially breastfed	3,469	76.4%

Formula Fed	8,292	64.6%
Children	24,109	50.5%
Age 1	7,589	31.5%
Age 2	6,288	26.1%
Age 3	5,499	22.8%
Age 4	4,733	19.6%
Total Avg WIC Monthly Enrollment	47,771	

Source: CT DPH, 2017

Diapers

A monthly supply of diapers can cost over $100. According to a 2017 study released by a partnership between the National Diaper Bank Network and Huggies, one in three U.S. families (36%) struggle to provide enough diapers to keep a baby or toddler clean, dry, and healthy. New Haven mothers who participated in the MOMS Partnership survey reported diaper shortages that are potentially harmful to their babies:

- Of mothers who had children ages three and under, 52% reported that they sometimes feel they do not have enough diapers to change their children as often as they would like.
- Of mothers with diaper needs, 32% said that they stretch the diapers they have when they run out.

Neither SNAP nor WIC cover the cost of diapers, and most licensed day care centers require parents and caregivers to provide a steady supply of disposable diapers and do not accept cloth diapers (UWGNH and LULAC do not have this requirement). Therefore, an inability to afford disposable diapers becomes a barrier to free or subsidized childcare, which in turn creates an additional barrier to education and employment. In New Haven's neediest neighborhoods, 50%-75% of families reported that they could not readily afford enough diapers.

Transportation

More than one out of every four New Haven households (13,000) are "zero car" households, meaning they do not have access to a car. 31% of those living in New Haven's poorest neighborhoods suffer from transportation insecurity, compared to 21% of all city residents and 16% of inner ring residents. In the Dixwell, Dwight, the Hill and West Rock neighborhoods, nearly half of all households have no car while the same is true for an estimated 5,000 households in the inner suburbs of West Haven, Hamden, and East Haven.

Participants in CT's largest job placement programs consistently identify transportation as the most common barrier to finding and maintaining a job; job placement data indicates that the spread of jobs to suburban areas with limited public transportation has been a direct cause of

long-term unemployment, particularly in communities with lower household income and fewer cars available.

Transportation problems keep people out of the workforce. The unemployment rate among workers who say they do not often have access to a car is 35%, whereas only 10% of workers who say they often have a car available are unemployed. A NAACP 2014 survey of low-income service area residents showed that 69% of respondents said they do not often have access to a car when they need it.

Limited access to public transportation presents a huge barrier. While 69% of all jobs in Greater New Haven are physically located within a quarter-mile of at least one active bus stop, during the morning rush hour (7-9am), during late evenings (10pm-12am), and on Sunday mornings (1-9am), only 42% of jobs are located near an active bus stop. Furthermore, 61% of The National Association for the Advancement of Colored People (NAACP) survey respondents said they use public transportation to get to their job or to job interviews often. Over 20% of parents surveyed cited a lack of transportation as a barrier to employment.

Employment

81% of living-wage jobs in New Haven are held by workers who commute into the city from surrounding towns. Unemployment and lack of sufficient income is linked to all other needs.

Table 4.17: Unemployment Rates (as of December 2021)

	USA	Connecticut	New Haven	Hamden	East Haven	West Haven
Unemployment Rate	3.7%	5.8%	5.2%	3.9%	5.0%	4.6%

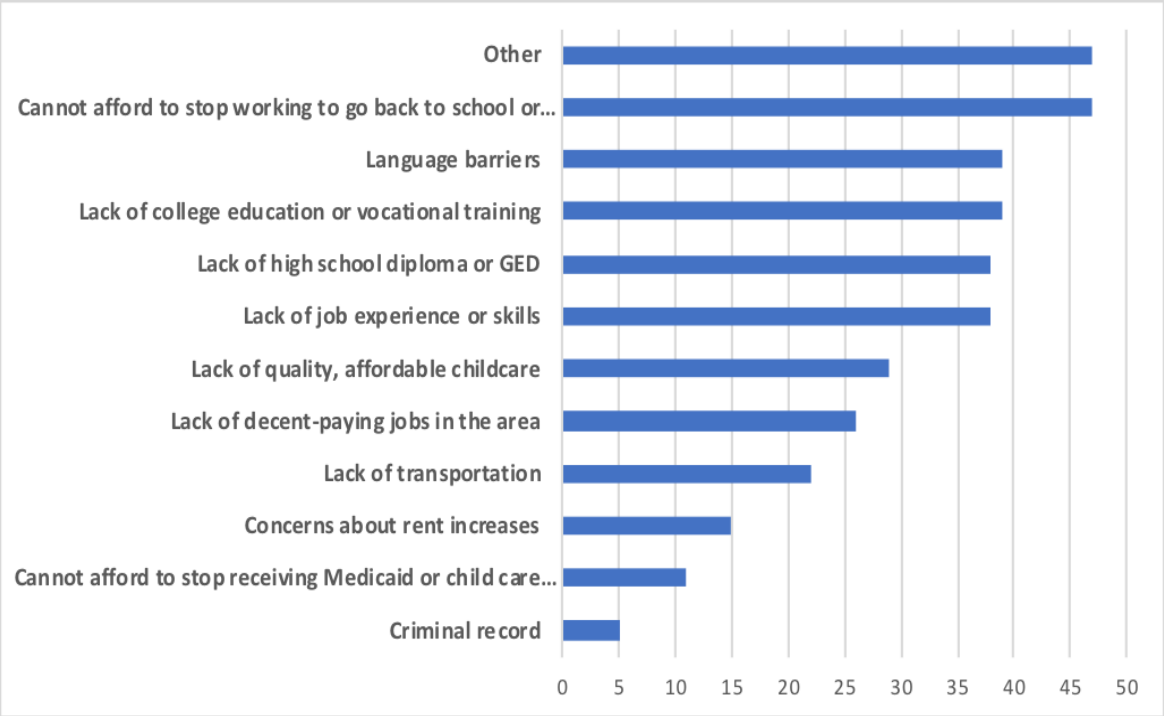
Source: CT Department of Labor

Table 4.18: Working Parents, 2000-2019

	CT	GNH	New Haven	Inner Ring	Outer Ring
2000	62%	64%	61%	67%	63%
2014	69%	72%	71%	77%	68%
2019	76%		73%.		

Figure 4.5 presents the reasons parents cited for difficulties in finding stable employment in the earlier needs assessment, listed in order by the number of parents (out of 153) who selected each reason. Nearly half of the parents reported they cannot afford to stop working to train for higher paying work. Child care hours are often inadequate to meet the demands of working full-time and going to school. (See Section 4 for a discussion of child care availability.)

Figure 4.5 Reasons for Difficulty Securing More Stable Employment



J. Safety

People living in New Haven's poorest neighborhoods report feeling significantly less safe than do those in wealthier neighborhoods. The contrast grows starker when considering the immediate suburbs and more so when looking at statewide data (Table 4.19).

Table 4.19: Neighborhood Safety in New Haven

	New Haven Promise Zone	New Haven Citywide	Inner Ring Suburbs	CT Statewide
% Feel Area is Good Place to Raise Children	29	40	60	74
% Agree Area is Not Safe to Walk in at Night	62	55	38	28

Violent Crime

Violent crime, including gun violence, is one of the most distressing issues that low-income, urban communities face. The number of those impacted (either directly or indirectly) by violent crime has remained consistent over the last few years, but New Haven's rate is high.

Table 4.20: Citywide Violent Crimes and Overall Rate, New Haven, Calendar Year 2017-2019 (Rates based on population for 2019: 130,331)

Violent Crime	2017	2018	2019
Homicide	7	10	13
Rape	52	64	45
Robbery	379	322	321
Aggravated Assault	663	718	789
Total Violent Crime	1,101	1,114	1,168
Rate per 1,000 population	8.45	8.55	8.96

Survey results reveal the impact of violent crime's pervasiveness in New Haven's low-income neighborhoods.

Highlights from the 2015 Report of the Community Alliance for Research and Engagement (CARE)

- 18% reported a family member or close friend had been killed by violence
- 29% reported a family member or close friend had been hurt by violence
- 73% have heard gun shots more than once; 19% have heard them weekly or more
- 16% of residents have seen or were present when someone got shot
- 68% knew the person who was shot

V. Community Resources Available to Address Needs of Eligible Children and Families

New Haven is widely recognized as a city of innovation due in large part to the number of critical and effective nongovernmental organizations that augment City services and programs and the presence of a major research university working on innovative interventions. An extensive system of nonprofit, public, and for-profit agencies support the successful development of young children and their families across the service area, particularly through collaboration on development of new models and solutions.

LULAC's and UWGNH's Early Head Start program has cultivated relationships with many community partners to support the families and children in their programs. Both organizations participate in the rich array of collaborative efforts across the service area, including a number of Head Start-specific collaborations. These include the Connecticut Head Start Association (e.g. statewide groups of Education Coordinators, Services Coordinators, Executive Directors) and the extensive DCF/Head Start Collaborative, which works specifically on improving coordination and practices across the child welfare system and Head Start programs across the state. Locally, LULAC and UWGNH co-host a joint Health Services Advisory Committee, comprised of many of their community partners. The Health Services Advisory Committee meets regularly to assess service connections and troubleshoot specific system issues.

Early Childhood Councils

Three of the four towns in the service area have active Early Childhood Councils/Collaboratives that foster advocacy and idea sharing. The Councils work with education, government and community leaders to periodically complete community assessments and to update their community plans towards creating the opportunities, supports, and experiences that young children need to reach their full potential.

The **New Haven Early Childhood Council** oversees the New Haven School Readiness Program across 21 sub-grantees that operate 30 preschool programs. The Council works to increase the quantity and quality of early childhood care and education in New Haven; provide training, consultation, resources, and materials to help teachers and caregivers better understand child development; and raise public awareness of and support for early care and education. The Council has begun a project to increase awareness of equity issues in early childhood education, for which council staff and partners are holding a series of trainings in implicit bias.

The **Hamden Partnership for Young Children** is a collaborative with over 50 members including public and private agencies, community members and representatives from both the Town of Hamden and Hamden Public Schools. The Partnership examines the needs of young children and their families and explores improvements to the service delivery systems. The Partnership seeks to support the Hamden community's development of responsive programming, create additional opportunities for parents related to parenting and child development, and improve participation by parents in member-run educational programs.

The **West Haven Early Childhood Council** is a community-school system partnership. The mission of the Council is to engage families, schools and the community in improving developmental and educational outcomes for young children age birth to 8. The council is composed of three committees: the transition committee (working on the transition process for children between care/education programs), the health committee (working with the Family Resource Center on health, immunizations, medical care and other issues), and Community Outreach (informing the community of Early Childhood initiatives and activities and supporting home visits).

Comprehensive Support Initiatives

A number of recent local and regional initiatives have driven a comprehensive approach to case management and care coordination to effectively address family needs while enhancing and streamlining the service system and its reimbursement processes. These efforts are working to move systems to a more integrated support and care model and reduce inefficiencies and handoffs that frustrate families and caregivers alike. A common goal of the initiatives is a "No Wrong Door" approach in which families can connect to and access the services they require from wherever they start in the system. Early Head Start and Head Start paved the way for these models with their emphasis on comprehensive family assessment, goal setting, and family advocacy work.

The Harvard Developing Child Model has inspired and influenced both UWGNH and LULAC in their ongoing program design and development. In this model, the science of child development and the core capabilities of adults point to a set of design principles that policymakers and practitioners across sectors can use to improve outcomes for children and families: support responsive relationships for children and adults; strengthen core life skills; and reduce sources of stress in the lives of children and families. These principles point to a set of key questions: What are current policies, systems, or practices doing to address each principle? What could be done to address them better? What barriers prevent addressing them more effectively? In New Haven, these principles and questions are guiding decision-makers as they choose among policy alternatives, design new approaches, and shift existing practices in ways that will best support building healthy brains and bodies.

Additionally, LULAC and UWGNH are targeting strategies for forging strong partnerships between the New Haven K-12 school system and the region's homelessness services systems. With its comprehensive reach across urban, suburban, and rural communities alike, the school system can play a pivotal role in preventing experiences of homelessness, providing critical school-based supports to young people during experiences of homelessness, and equipping people to exit homelessness to stable, affordable housing. Program and service design models like these are for the most part focused on the Head Start eligible population and families with incomes just above eligibility. Early Head Start and Head Start programs in the service area can take advantage of and also learn from these efforts. They work to advance principles of trauma- and gender-informed services, address the needs of the whole family in a multigenerational approach, work to provide culturally appropriate services, and aspire to a person-centered, strengths-based, and integrated case management model executed in collaboration with participants.

Many of the services listed here and in the Home Visiting discussion work toward these principles of comprehensive services. The past initiatives laid some of the groundwork for these initiatives. Recent and ongoing models and initiatives include:

- **EMBRACE,** Clifford Beers Child Guidance Clinic. Building on the successes of Wraparound New Haven, this innovative care coordination initiative focuses on children with complex physical and behavioral health care needs using family-focused and person-centered care coordination as a means to mitigate health issues and reduce health care costs. Funded by a Health Care Innovation Grant from the Federal Center for Medicaid and Medicare Services, this program includes a strong research and evaluation component. Clifford Beers is working to integrate the approaches learned through this work across their programs and in the work of their partners in the initiative.
- **DCF-Head Start Partnership**. The CT Head Start State Collaboration Office, funds and co-convenes this collaboration in support of families. DCF and Head Start staff from the 14 local DCF Area teams meet quarterly with the Early Childhood Consultation Partnership, Supportive Housing for Families, Part C/Birth to Three, and Child First to strengthen their understanding of one another's programs and their working relationships. An Early Childhood Child Welfare federal grant infused Strengthening Families and Infant Mental Health into practice with families.
- **Passport Transitional Services (PTS).** Provided through the Community Action Agency of New Haven (CAANH), PTS uses a comprehensive, coordinated approach to reach out to vulnerable or homeless people and perform appropriate assessments. The wrap-around service model identifies areas of need and barriers to income and housing and connects clients to partner organizations and supportive services that best address their needs. CAANH creates a coordinated path of service delivery including supports for the following: education, employment, health, substance abuse, mental health, and social services. The case management services provided by CAANH will ensure appropriate linking of clients with services that address specific needs to assist participants to frame and reach their desired or stated goals of self-sufficiency.
- **Various initiatives under the New Haven Health Department (NHHD).** NHHD works to ensure the health of city residents, particularly those most vulnerable. NHHD provides school nursing services to all public schools, maternal and child health case management, health screenings and health education, and runs a city-wide immunization program through its Preventive Medicine Services.
- **2Gen.** The Two-Generation Approach focuses on creating opportunities for and addressing the needs of both children and the adults in their lives. Head Start and Early Head Start programs in New Haven and around the nation are have always featured a 2Gen approach as a guiding philosophy for success. This whole-family approach focuses equally and intentionally on services and opportunities and articulates and tracks outcomes for both children and adults simultaneously.

Appendix 1 contains an updated listing of the extensive community services available in the service area that was compiled for the 2018 Community Needs Assessment

VI. Findings

EHS/HS services aim to close an ostensibly intractable problem: the achievement gap in K-12 education which contributes to persistent poverty. Among anti-poverty programs, early care providers can achieve substantial impact by striving to develop and deliver universal, high quality early care and education and wraparound support services to children and families in their service areas.

The results of this Community Needs Assessments highlight a variety of needs among New Haven, East Haven, Hamden and West Haven's low income families. It is the goal of the EHS/HS programs provided by LULAC and UWGNH to focus on these needs and provide or connect enrolled children and their families to resources and supports that will enable them to thrive . This chapter reviews these needs and compares them to the early childhood care provided across the service area.

Meeting the Need for EHS/HS:

The COVID pandemic upended nearly all aspects of society: work, education, healthcare, recreation. The early care and education system was not spared. Pandemic-propelled job loss eroded the need for childcare, and sending one's child to daycare became fraught with uncertainty about bringing the virus home to the vulnerable or the essential workers.

The childcare system experienced a long shut down followed by phased reopening and continued site closures due to outbreaks and reduced capacity due to periodic staff illness. Providers are still coming out of this upheaval, with continuing sub-capacity enrollments creating a large number of unused slots in the NHPS head start program and across pre-school providers. This upheaval, combined with the ongoing uncertainty about which employment, lifestyle, and precautionary changes will become structural confounds both providers and families.

These complex shifts, combined with the fact that the CT OEC has not published an updated version of its 2017 Unmet Needs Assessment (reported in the 2018 Community Needs Assessment) created too many uncertainties to produce a detailed assessment about future needs. We have, however, collected available recent data, looked at trends, and surveyed providers to draw the picture that follows.

The OEC Unmet Needs Assessment in 2017 described a dearth of 4,607 infant/toddler slots in the service area, confirming what community providers and families report and other analysis of available data. The need for infant/toddler slots compared to the supply is still acute, and there is no reason to think that this need will be expressed more completely as the pandemic and its impacts recede.

There were an estimated 4186 Head Start income eligible children in 2019, up from 3,715 in 2016 – 2,511 infants and toddlers, and 1,674 preschool age – in the service area and 750 expectant mothers. The four towns currently host 240 Early Head Start infant/toddler slots and 924 Head Start preschool slots. This indicates that there are nine times more eligible infants and toddlers than available slots (not including expectant mothers) and 1.7 times more eligible preschool children than available slots.

Affordability

Despite a decade of expanded state investment in early childhood services that have narrowed disparities in access to early care and education, a detailed report by Connecticut Voices for Children issued in 2017 documents the challenge remaining. They found that Center-based infant-toddler care is affordable to only 25% of Connecticut families, and affordable to only seven percent of families with two young children. Recent and threatened continued cuts in Care 4 Kids and in wraparound supports (e.g. Family Resource Centers, Help Me Grow, and Healthy Start) "threaten the foundations of the Connecticut's early childhood system, putting at risk much of the progress the state has made." [5]

Childcare providers receiving federal and state resources provide a total of 7,557 slots – 1,568 infant/toddler slots in total and 5,989 pre-school slots –to serve this population, potentially serving an estimated 18% of infants and toddlers and as much as 96% of preschool age children.

As described in Chapter 4, funding for the Care 4 Kids program is insufficient to meet the needs of qualifying families.

NEED TO UPDATE- Affordability- C4Kids

By September 2017 there were 5,188 families on the Care 4 Kids wait list. Since May 2017, the number of families on the wait list has increased 47%. In April 2017, only 915 infants and toddlers in the service area received care subsidies through Care 4 Kids program, with 35% of them in informal friend and neighbor care. By September 2017 there were 5,188 families on the Care 4 Kids wait list. In order to decrease financial barriers to eligible populations, greater investment is needed in subsidy programs like Care4Kids. Adoption of sliding-fee scale dependent on income is also another method of decreasing financial barriers and increasing affordability, however there is still no guarantee that families will be able to afford even income-adjusted fees.

Health

Both LULAC and UWGNH take a wraparound approach to service provision that addresses the multiple and compounded needs of their EHS/HS families. Providers begin supporting families at intake. They provide regular developmental and health screenings and ensure that all enrolled families have medical and dental homes. Practitioners collaborate with staff and parents to refer children to all necessary services and programs, including preventative health care, screenings for developmental problems and disabilities, immunizations, and counseling. Frontline providers receive ongoing professional development in topics such as ACEs and trauma-informed care. As providers switched to telehealth, however, factors such as lack of internet and discomfort with the interface re likely to have reduced the level of preventative care the target families have received.

Mental Health

COVID-19 has disproportionately impacted communities and color and low income families, magnifying sources of trauma and toxic stress that many EHS/HS families had already been suffering. Brain development is strongly impacted by the emotional health of the primary

caregiver, and the pandemic has compounded the major stressors faced by caregivers including housing and food insecurity, loss of income, isolation, and loss.

Providers surveyed largely agreed that the children in their care and their families demonstrated growing needs for mental health services. Providers reported that structural deficiencies with the early childhood system in CT, such as insufficient resources and available practitioners, insufficient prevention services, a lack of in-home mental health services, a lack of adequate in-school mental health services, and long waiting periods for the services that do exist, exacerbate the gaps in mental health treatment.

As frontline childcare providers are positioned to notice signs of poor ECIMH, the childcare system must target workforce development to best support the mental health needs of the youngest children. CT AIMH offers the internationally recognized Endorsement® credentialing to all professionals who work with children ages birth to six. Towards codification of these efforts, CT AIMH is currently developing a Training and Workforce Development Programmatic Assessment to improve ECIMH services across the state.

Support for Basic Needs

Most community providers and parents confirmed what other local assessments have concluded – that the struggle to meet basic needs for housing, food, transportation, and materials for living remains a major stressor for the thousands of EHS/HS eligible families and the thousands more living with incomes between 100% and 200% of the federal poverty level. These basic needs-related stressors interfere with parents' ability to secure their own education and employment at living-wage jobs and to support their children's care and education.

Federal pandemic assistance alleviated the worst of these concerns for many families. Many low wage workers who had been forced to work multiple jobs -- and try to manage sufficient childcare over extended work days -- glimpsed a life where they could manage without multiple jobs. Now that the federal aid has ended, will families once again face multiple inadequate choices around employment and quality of life?

Outreach

Overall, the Community Needs Assessment found that EHS/HS programs in the service area are doing an exceptional job of conducting outreach to the eligible family population. EHS/HS programs in the service area also maintain strong relationships with other agencies that serve families in poverty, children with disabilities, and children involved with DCF, resulting in referrals. A significant number of currently enrolled families reported that they learned about EHS/HS programs through word of mouth, pointing to the importance of building trusted relationships with local community messengers. COVID-19 has complicated the issue of outreach, as fear of illness and spread and loss of employment reduced the demand for slots.

Local Collaborative Initiatives

In Chapter 5, the array of collaborative efforts to improve early childhood outcomes are described and documented. Responses to the Community Provider Survey and interviews with

many stakeholders indicate that there is room for improvement in the work of these local collaborative efforts and for increased communication, connective activities, and accountability between and across these initiatives.

Opportunities for Action on Early Childhood System Development

When we prepared the prior Needs Assessment, Greater New Haven looked positioned for breakthrough achievements in advancing early childhood service effectiveness and quality. The early childhood service system and its advocates had progressed in quality, consistency, variety, and accessibility.

The disruption caused by theCOVID-19 pandemic short-circuited some of the efforts. Connecticut led in efforts to keep people safe while protecting families form illness and ensuring basic needs were met. As the economy continues to rebound and businesses and services continue to reopen, the childcare system must remain nimble and continue to strongly advocate for sufficient resources to support the well-being of children and families.

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Appendix 1: Community Services Addressing Family Needs

This is an updated version of the community services analysis from the 2018 Community Needs Assessment.

Parenting Education and Engagement.

A vital area of cross-cutting work in the community is in the design of programs and services meant to support parenting education and increasing the engagement of parents in their children's growth and development.

Parents and caregivers can access resources and advice to enhance their parenting skills through home visiting programs, child care centers, online resources, and many health and social service agencies. Empowering parents as their child's first teachers and health care providers has been a central topic of many recent community Early Childhood Plans and a subject of considerable investment of energy and resources. Chapter 4 addresses the extensive work of the early care and education and home visiting sectors. A number of successful parenting programs, many described below, are funded through DCF, the Department of Mental Health and Addiction Services (DMHAS), the Department of Social Services, the State Department of Education, and local and statewide philanthropy. There remains room for substantial improvement and coordination in the delivery of these programs to better engage parents, remove barriers to participation, and encourage movement toward evidence-based models of parent skill-building.

Providers are increasingly engaging parents in the design and governance of services. The most developed of these efforts include the Head Start Policy Councils operated by the EHS/HS grantees pursuant to federal requirements, the New Haven Healthy Start Consortium which engages consumers in the design of their services to pregnant women, and the Project LAUNCH parent engagement effort which has piloted innovations to engage parents in service design and delivery.

The work to engage and empower parents and caregivers as both their children's teachers and health advocates is a goal of all communities that is only partially realized. To most effectively serve children and families, the early childhood sector must organize and advance a broader effort to support effective parenting and to truly engage parents and caregivers in the design of its work. The following sections present community services and resources available to Head Start-eligible children and families in New Haven, West Haven, Hamden, and East Haven. This information is drawn from a number of resource directories that are used by agencies and individuals supporting families and children in the service area, and which may contain additional detail and contact information for the programs described. Please see the appendix for a complete list of reports and references available to the community.

Family Support and Education Services

Family Advocates in each agency provide support for families with children enrolled in EHS and HS. Advocates work directly with families from intake to the transition to Kindergarten,

assessing and meeting their needs, connecting them to resources including health and mental health, substance abuse, domestic violence, basic needs, education, and employment. Eligible families that do not have access to EHS/HS services may have a difficult time navigating the complex system of services and programs.

Two initiatives featured in 2018 that are no longer active are the MOMS Partnership, aimed at addressing maternal mental health, and Project LAUNCH, a DCF-funded initiative, designed to promote the health and wellness of young children ages birth to eight by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development through increased coordination and collaboration among multiple care systems

Among the most significant resources available in the service area are:

Secure Start Network. UWGNH created this initiative to build the capacity of community agencies to provide attachment-based parenting services using the Circle of Security model. UWGNH works with 19 community partners to create strong parent-child relationships. Partners recruit program participants from among their current clients and from the broader community; UWGNH closely monitors program outcomes as part of an innovative research and evaluation strategy. To date, the initiative has reached 647 children and families, supporting 49 Circle of Security parenting groups (381 total sessions). This work has been recognized internationally as a community model for supporting healthy parent/child relationships.

Urban Community Alliance - Urban Community Alliance is the rebranded organization formed by the merger of New Haven Family Alliance (NHFA) and Veterans Empowering Teens Through Support (V.E.T.T.S.™). NHFA/V.E.T.T.S.™ have joined together to help further communities of color by empowering families and building on their strengths to nurture healthy family functioning that keeps families together in their communities; integrating natural supports within the community to foster self-reliance; supporting strong, healthy families so that they can be their own advocates and can help reform systems.

Salvation Army Pathway of Hope. This initiative provides individualized services to families with children who desire to take action to break the cycle of poverty, crisis and vulnerability. It seeks to help families overcome challenges like unemployment, unstable housing, and lack of education by:

- Catalyzing community collaboration in service of shared clients.
- Moving families from crisis and vulnerability to stability and eventually self-sufficiency, tracking family progress along the way.
- Bringing all The Salvation Army's internal resources to bear, aligned to the goals of clients.
- Focusing on hope as a measured outcome.
- Providing strengths-based case management services.
- Serving as service connector to job training, health services, childcare and education, housing options, legal services, and more.

- Introducing Salvation Army and other services available within their community that offer a network of support, a sense of community, holistic programs, and spiritual guidance.

Male Involvement Network (MIN). The mission of MIN is to improve child outcomes and strengthen families by supporting low-income, non-custodial fathers in their efforts to be involved parents and community assets. MIN is designed to help prepare fathers to meet the emotional, social and financial needs of their children, to improve outcomes. Since 2006, MIN has sustained a strong network of over 25 providers, stakeholders, institutional representatives and fathers committed to active nurturing involvement in the lives of children.

Family Resource Centers. The CT Family Resource Center concept promotes comprehensive, integrated, community-based systems of family support and child development services located in public school buildings. This model is based on the "Schools of the 21st Century" concept developed by Dr. Edward Zigler of Yale University. Family Resource Centers provide access to a broad continuum of early childhood and family support services which foster the optimal development of children and families. Family Resource Centers (FRCs) in the service area include:

- D.C. Moore School (East Haven)
- Momauguin School (East Haven)
- Church Street School (Hamden)
- Ridge Hill (Hamden)
- Wexler/Grant School (New Haven)
- Fair Haven School (New Haven)
- Brennan Rogers School of Communications and Media (New Haven)
- Hill Central School (New Haven)
- Savin Rock Community School (West Haven)

FRCs help families find needed resources and obtain referrals to community services, including food and nutrition resources. The FRC's seven core program components are: families in training, resources and referrals, family literacy and parenting workshops, support to daycare providers, positive youth development activities, before- and after-school activities, and referrals to preschool childcare, including readiness programs. The FRC also provides support services and workshops for School Readiness for students and families. Examples of the FRC's activities include:

- Parents As Teachers Playgroups: PAT Playgroups, no-cost groups for parents and their children ages birth to five, are designed to offer experiences for parents to learn about child development through a variety of activities and through other parents. PAT supports parents in their role as their child's first and best teacher. PAT certified teachers are available during the groups.
- Personal Visits: A certified parent educator assists parents in learning about each stage of their child's development, and provides activities to promote learning for parents and children.
- Developmental Screenings: Periodic screenings help families track their child's growth and development in an easy to use and widely accepted format based on multiple observations.
- Positive Youth Development: This program is designed for children grades 4 through 6 and offers a range of recreational and educational opportunities.
- Parenting Workshops: A variety of parent-selected programs explore topics in child development and family life.

Family Centered Services of CT. Family Centered Services of CT provides direct, home-based services to families in Greater New Haven to prevent child abuse, neglect and victimization and to serve those affected through home visiting, parenting education, counseling and advocacy. Family Centered Services' list of programs includes:

- Nurturing Families Network: Home-based developmental screening and parenting education for first-time parents.
- Positive Parenting Program (Triple P): Skills to help parents become resourceful problem solvers and manage the big and small problems of everyday family life.
- Parenting Support and Parental Rights Initiative: Help for parents with psychiatric disabilities and to educate them about their parental rights.
- New Haven Family Partnership: Case management to end the cycle of homelessness.
- Multisystemic Therapy – Building Stronger Families: An intensive, home-based treatment model for families of children ages 6 to 17.
- Intimate Partner Violence – Family Assessment Intervention Response: A comprehensive array of clinical and supportive services for families impacted by partner violence.
- Family-based recovery: An in-home substance abuse treatment service.

- Empowerment and Literacy Groups: Building Blocks of Parenting, Circle of Security, Familyread, Healing Trauma, 24/7 Dads, Violence Free, That's Me!, and other groups offered throughout the year.
- South Central Medical Home Initiative for Children and Youth with Special Health Care Needs: Care coordination to link services to children and youth with special health care needs.
- Caregiver Support Team: Services to prevent the disruption of placements and increase stability and permanency.

New Reach. New Reach offers a continuum of housing intervention and supports, helping vulnerable households and families achieve stability and self-reliance. The agency provides a full spectrum of housing services that meet the diverse and complicated needs of at-risk families, youth, and individuals. They provide transitional and supportive housing services, are the facilitators of the Secure Jobs Initiative, and helped develop the person-centered case management model of the Service Delivery Improvement Initiative.

The Nurturing Families Network (NFN), through **Children's Community Programs of Connecticut.** The Children's Community Programs of Connecticut is a multiservice agency whose mission is to provide diverse and creative support services to children and families throughout CT. Funded through a grant from the OEC, the Nurturing Families Network (NFN) works toward preventing problems by identifying and supporting at-risk families. NFN provides parent education to high risk, first time parents with children from birth to age 5. The goal of the program is to reduce incidents of abuse and neglect by empowering parents with knowledge and understanding of child development and safe and nurturing parenting techniques. The program addresses four target areas: nurturing parenting (promotes bonding and attachment between parent and child); healthy families (promotes overall health and wellness of families); parent life outcomes (promotes parent achievement of personal and family goals); and school readiness (promotes positive child development).

Fair Haven Community Health Center: FHCHC provides educational home visits to pregnant women and parents of children from birth to age 5, child development and parenting information, child developmental screens, community resources, and social activities. FHCHC also provides case management, intervention, and emergency services for low-income individuals including counseling, information, and referrals for housing, employment and training, utility shut-offs, and benefits assistance.

Home Visiting System

CT Office of Early Childhood works to create a coordinated family home visiting system in the state with a number of programs to support successful parenting and prevent involvement in the child welfare system.

Home visiting programs

Home visiting programs provide critical support to families with young children in a family's home or other environment of their choice. They are designed to effectively promote child wellness and development, strengthen families, and prevent child neglect, maltreatment, and

abuse. Professional home visitors build relationships with families to provide resources, treatment, screening, parenting information, and support during pregnancy and throughout the child's first eight years. Support is provided to expectant mothers, parents, grandparents, foster parents, and child care providers. Typically, home visiting is offered to families in poverty or who face barriers to children's healthy growth and development. Programs also serve families who face specific challenges which put families and children at risk such as a preterm birth, a child with developmental delays or behavioral concerns, or adults with substance use problems.

Most of the home visiting programs in CT are open to any family that meets eligibility guidelines. Home visiting programs have been effectively employed to educate parents and assess children for special services, prevent negative outcomes for at-risk families, and to prevent reoccurrence of maltreatment and mitigate its long-term consequences. The OEC seeks to enhance CT's home visiting system, and to ensure that all who need it receive it.[vi]

OEC's **Maternal, Infant and Early Childhood Home Visiting** (MIECHV) program, supported with funding awarded by the Health Resources Services Administration (HRSA), is ramping up as CT's high-quality statewide home visiting program. The purpose of this project is to implement, expand, and/or enhance high quality evidenced-based home visiting programs for children and families who reside in high-risk communities.

Large, statewide home visiting programs that serve the New Haven area include:

Birth to Three (OEC). Described in Section 3.

Child First (locally through Clifford Beers). Provides prevention and intervention services to children, prenatal to six years, pregnant mothers, first time mothers, families with multiple issues, families living in homeless shelters/non-traditional households, fathers, teen parents, and children who have experienced trauma, abuse and neglect, and have developmental delays and mental health issues.

Early Head Start. Described in Section 3.

Family Resource Centers (Parents as Teachers model). Provides parental education services and intervention services through child development for ages birth to five.

Nurturing Families Network (NFN) (Parents as Teachers model) (OEC). Described in Section 5.

Early Childhood Consultation Partnership. Described in Section 5.

Triple P (OEC). Positive Parenting Program ® is a parenting and family support system designed to prevent – as well as treat – behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school, and community before they arise and to create family environments that encourage children to realize their potential. Triple P aims to equip parents with the skills and confidence they need to be self-sufficient and to be able to manage family issues without ongoing support.

Department of Children and Families supports home visiting programs that are restricted to DCF involved families and foster families. Caregivers Support Team (CST) is an intensive in-home service that provides family and child focused services to family members who have become licensed to provide foster care to a relative. Known as kinship caregivers, they take on

a dual role as foster parent in addition to grandma, aunt or cousin and deal with complicated family dynamics. The goal of the program is to prevent the disruption of placements and increase stability and permanency while providing support to families that may include securing community resources, parenting skill education, child developmental education, encouraging co-parenting with birth parents, providing therapeutic support surrounding grief, loss, attachment and trauma and identifying and assisting in ways to reduce caregiver stress.

Other DCF home visiting programs include:

- Early Childhood Parents in Partnership
- Case Management for Pregnant Women
- Building Blocks
- Family Enrichment Services
- Family School Connection Project
- Family Support Team
- Healthy Choices for Women and Children
- Healthy Start
- Integrated Family Violence Services*
- Intensive Home Based Services
- Positive Parenting
- Putting on Airs
- Young Parents Program

Additional home visiting programs serving the four towns in the service area:

Minding the Baby (Yale Child Study Center). Provides prevention and intervention services to families including parental reflective functioning coaching and parent education including skills, information and activities for enhancing attachment and child development. Also provides direct mental health care for mothers & infant/parent dyadic care for families. Health care information and referrals, parent life course, parent self-efficacy skills, and case management are also offered or provided.

Parents as Teachers (MIECHV). This program serves East Haven and West Haven and runs through the East Shore Health District Health Department in Branford. Provides education and connection to community resources to improve health, wellbeing and parenting outcomes of pregnant and parenting families who are at risk for poor health outcomes. Serves first time and non-first time parents, starting prenatally whenever possible, or shortly after the child's birth.

Nurturing Families Network: Fathering Program (MIECHV). Provides prevention services to prenatal fathers or men who become significantly involved with a mother enrolled in the NFN program, first-time fathers and fathers with multiple children, fathers with high risk indicators, and fathers that live in shelters/non-traditional households.

Parents as Teachers- Fathering (MEICHV). Provides education and connection to community resources to/for fathers to improve health, wellbeing and parenting outcomes of pregnant and parenting families who are at risk for poor health outcomes

Health Services

Two major Federally Qualified Health Clinics (FQHCs), Cornell Scott Hill Health Center (Hill Health) and the FHCHC, along with the Yale Primary Care Center and many private providers, provide health care services to the four towns. The Yale-New Haven Hospital system serves the area. The FQHCs aspire to deliver services through an enhanced Patient-Centered Medical Home (PCMH) model supported through the Husky Program, CT's Medicaid program. Under this model, all physical, mental, and oral health needs are coordinated by primary care teams.

The two FQHCs and the Yale Primary Care Centers are joining forces to offer primary care through a major new clinic facility to be located on Long Wharf Drive. All partners will use the EPICS electronic medical records system to facilitate referrals and care coordination. While the FQHCs will maintain their neighborhood-based facilities, advocates have expressed concerns about the difficulty households may have accessing the consolidated facility which is replacing primary care centers in the Dwight and Hill neighborhoods.

New Haven Healthy Start (NHHS). Federally-funded and operated by the Community Foundation for Greater New Haven, NHHS brings together health care partners and the community to address racial and economic disparities in birth outcomes. NHHS funds Care Coordinators at the Yale New Haven Hospital and the FQHCs who work with pregnant women to ensure that they have adequate prenatal care and infant health care.

Mental Health Services

Local mental health service providers for children cover specific problems. Children ages four and up with trauma-induced emotional and behavioral problems can get treatment through the Bridges Healthcare, Inc. and the Child Guidance Center for Central CT.

Bridges Healthcare. As the state-designated Local Mental Health Authority for Milford, Orange and West Haven, Bridges offers recovery-focused services to support individuals with severe and prolonged mental illness and addiction problems.

Clifford Beers Child Guidance Clinic. Clifford Beers provides behavioral and health services, including child-parent psychotherapy, to children and families, serving more than 6,400 clients in FY 2016-17. The Clinic offers intensive, in-home therapeutic intervention for New Haven area families with children from birth to age five, who have emotional or behavioral problems, and provides care coordination to connect family members with accessible community-based services. Staff also provide community consultation and training for early childhood and adult providers working with families with significant environmental or psychosocial risk, child emotional/behavioral problems, or developmental or learning questions. The Clinic's System of Care/Community Collaborative provides care coordination for children ages 0-18 who have complex behavioral and mental health needs. Care coordinators follow a wraparound process to form partnerships with parents to engage, educate and empower them so that they can advocate for themselves when in need of services and/or care.

Connecticut Mental Health Center (CMHC). CMHC is a cooperative endeavor of the CT DMHAS, Yale University Schools of Medicine and Nursing, and the Yale-New Haven Hospital. Designed to draw the best from each of the cooperating partners, CMHC's unique organizational structure and operational standards have established it as an internationally recognized center for mental health and addiction treatment, training and education, and research into the causes, courses, outcomes, and treatments of serious psychiatric and substance use disorders. CMHC is responsive to the needs of its surrounding community through consultation, education, and service initiatives embedded within the greater New Haven area.

Yale Child Study Center. Yale Child Study Center offers state-funded child guidance clinic services that address the full range of children's behavioral health needs. The Center specializes in treating children with autism disorders. The Family Services Division works intensively with mothers who are involved with substance use or have HIV. The Center's **Childhood Violent Trauma Center** partners with the New Haven Police Department to treat children exposed to violence in the community and have developed an evidence-based follow-up treatment called the Child and Family Traumatic Stress Intervention.

Early Childhood Consultation Partnership (ECCP). Operated jointly by Advanced Behavioral Health (ABH) and the CT Department of Children and Families, ECCP provides consultation to early care and education providers in children's mental health. ECCP is one of the first statewide, comprehensive, data driven, Early Childhood Mental Health Consultation programs in the nation. ECCP's 24 mental health consultants provide services at **no cost** to early care and education settings, caregivers and families of young children. Services build the capacity of caregivers to meet the behavioral, social and emotional needs of young children in their care. Early childhood community providers include: Help Me Grow; Yale Child Study Center; Pediatricians; OT/PT; Child FIRST; Family Resource Centers; RESC's; Birth to Three; and All Our Kin. In addition, ECCP:

- Supports care coordination through referrals received by ECCP and referrals made by ECCP to various community providers throughout the state.
- Participates in Early Childhood Directors Groups throughout Connecticut as a resource to directors in their support of the social and emotional needs of young children.
- Participates on School Readiness Councils throughout the state to make recommendations on issues related to the social emotional needs of young children and their role in promoting school readiness.
- Participates on Early Head Start Policy Councils.
- Coordinates state and local training efforts with the New England Early Childhood Learning and Knowledge Center.
- Provides consultation services to EHS/HS centers and classrooms.
- Aligns early childhood mental health consultation goals with Head Start performance standards and the social emotional development domain.
- Provides early childhood mental health consultation to early care and education settings throughout the state, including both public and private centers and family-based care.

- Provides early childhood mental health expertise, along with trainings, resources, and consultation services to caregivers of children involved in both DCF and (Early) Head Start.

State of CT, Department of Developmental Services (DDS). DDS offers clinical supports and services for behavioral or psychological issues to clients through the south satellite office in New Haven. Supports include direct services from DDS specialists or referrals to community-based providers such as home health agencies or clinicians to provide individualized assistance to families. DDS case managers provide case management services for DDS clients.

Connecticut Association for Infant Mental Health (CT-AIMH). CT-AIMH offers professional development opportunities to those working with infants and young children and their families, helping them support and enhance responsive relationships, promote culturally sensitive practice, and reflect on their work with families and their young children. CT-AIMH promotes competency in the infant/toddler/family workforce by offering an Endorsement in Culturally Sensitive, Relationship-focused Practice Promoting Infant Mental Health. This endorsement was initiated by the Michigan Association for Infant Mental Health and in 2006 received the Annapolis Coalition for the Behavioral Health Workforce award for innovation in workforce development.

Connecticut Women's Consortium (CWC). CWC provides extensive training and support for agency leadership and their staffs in effective case management practices, with a particular focus on trauma- and gender-informed practices. CWC promotes best practices in trauma-informed, gender-responsive behavioral health care by providing recommendations, tools, trainings, national/local experts and networking opportunities. CWC is a facilitator of the Trauma and Gender Practice Improvement Collaborative, a collaboration between the DMHAS, CWC, and providers.

Services for Children with Developmental Delays, Disabilities, or Special Health Care Needs

The OEC coordinates a roster of state-level programs that serve young children, engaging parents, child care centers, other nonprofit agencies, state agencies, and medical providers to promote universal, early screening for all CT children. Program staff support parents and providers in partnering with health care providers. This integrated, collaborative effort guides children identified as at-risk to appropriate programs and services.

Child Development Infoline (2-1-1). The Department of Social Services and the OEC fund the United Way of Connecticut Child Development Infoline, CT 2-1-1, which provides families support in accessing information and addressing concerns about their children's development. 2-1-1 connects concerned parents with care coordinators and resources for basic needs, and links families to child care information and options and disability and family support services. 2-1-1 provides a single point of access to critical family services including Help Me Grow, In-home Family Support Services, CT Birth to Three, services for children with special health care needs, and pre-school aged special education services.

New Haven Trauma Coalition. A partnership between the Clifford Beers Clinic, UWGNH, the NHPS and the city of New Haven, the Trauma Coalition was born of the realization of the pervasive impact of trauma and Adverse Childhood Experiences (ACEs) on the development and

learning of young children and the quality of life of families. The program is in eight city schools and has trained more than 200 teachers and staff members in how to screen students for trauma and identify services to help. Among these services are direct care for sufferers of depressions and PTSD; school-based services to improve grades and attendance; and assessing stress in children. In the 2016-2017 school year, 17 New Haven Trauma Coalition partners held 2,155 sessions.

Children and Youth with Special Health Care Needs Program (CYSHCN). CYSHCN coordinates services for children and youth under age 21 who have, or who are at elevated risk for having, chronic physical, developmental, behavioral, or emotional conditions (biological or acquired), and who require health and related non-educational and non-recreational services not typically required by children of the same age. The program offers payment for certain types of services including adaptive and specialty equipment, specialty pharmacy and nutritional formulas, hearing aids, and medical and/or surgical supplies. Respite funds, available to families whose children are enrolled in the CYSHCN Program, provide emergency care or planned care such as summer camps to provide relief to eligible families caring for children with special health care needs.

Help Me Grow. Help Me Grow is a prevention program administered by OEC's Division of Family Support. Help Me Grow helps parents and providers assess special behavioral and developmental needs and connects them to community resources that address these needs. Help Me Grow enrolls parents in the Ages and Stages Child Monitoring program wherein parents help track their children's development by filling in Ages and Stage questionnaires several times per year through age five.

Birth to Three. Led by the OEC, the mission of the CT Birth to Three system is to strengthen the capacity of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities. All children referred to Birth to Three are evaluated across five developmental areas and for autism. Birth to Three staff work with the family of each identified child to develop an Individual Family Service Plan to help navigate Birth to Three system and keep parents and providers working towards appropriate goals.

Birth to Three providers include:

General programs

- Cornell Scott-Hill Health Center
- Reachout, Inc.
- Rehabilitation Associates of Connecticut, Inc.
- SARAH, Inc. – KIDSTEPS

Autism Specific Programs

- ABC Intervention Program – (Rehabilitation Association of CT)
- Achieve Beyond
- Creative Interventions

Programs for Children with Hearing Impairments

- American School for the Deaf
- CREC-Soundbridge
- New England Center for Hearing Rehabilitation

NHPS's Early Childhood Assessment Team (ECAT). The ECAT assesses children identified as possibly needing special services who are transitioning to or enrolled in preschool. All children identified as requiring special services receive an Individual Education Plan (IEP), developed collaboratively by the school resource team, teachers and parents, to be administered by NHPS. LULAC recruits children at risk for and identified as having disabilities through these partnering agencies.

Connecticut Department of Children and Families (DCF) – Care Coordination. DCF's Care Coordination works with children who have complex behavioral health needs and who are at risk to be, or have already been, separated from their family and/or community for the primary purpose of receiving behavioral health or related services. Care Coordinators facilitate the wraparound process in partnership with families to create a Child and Family Team in order to meet the needs of the family and child, to broker and advocate for services, and to coordinate and monitor the implementation of an Individual Care Plan for the child.

South Central Medical Home Initiative for Children & Youth with Special Health Care Needs. All families of eligible children and youth with special health care needs, regardless of income, receive medical home assistance, care coordination services, and family support referrals. Uninsured or underinsured families who fall within income guidelines can receive free limited services (i.e. durable medical equipment, prescriptions, and special nutritional formulas). Children & youth age 0 to 21 who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children of the same age are eligible.

Child Welfare

CT Department of Children and Families. DCF serves the four-town service area through its New Haven and Milford offices, providing a full range of child protection and family support services. DCF facilitates the DCF-Head Start Partnership which coordinates services between the child welfare system and Head Start providers.

Court Support Team, Zero to Three: The New Haven-Milford Court Support Team operated by Zero to Three helps to coordinate interventions across numerous agencies to support DCF-involved infants and toddlers in court processes. The goals of the Safe Babies Court Teams are to increase awareness among those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children; and to change local systems to improve outcomes and prevent future court involvement in the lives of very young children.

Catholic Charities – Archdiocese of Hartford – Family Service Center Empowering People for Success (EPS). EPS is designed to minimize the likelihood of harm occurring to children of families who are at risk of losing, or who have lost, their welfare cash benefits and who are

either unemployed or underemployed. Eligible clients receive home and community based intensive case management, and referrals to community services. Clients are assigned to case managers who are located at regional family service agencies. ESP has three separate components: Safety Net, Individual Performance Contract, and Project SOAR.

Family-Based Recovery (FBR). Offered through Family Centered Services of CT, FBR is an in-home service developed by the Yale Child Study Center, John Hopkins University and the CT DCF for families with infants or toddlers who are at risk for abuse and/or neglect, poor developmental outcomes and removal due to parental substance abuse. FBR works to promote stability, safety and permanence for families through intensive psychotherapy, substance abuse treatment and attachment-based parent child therapy. Family-based in-home treatment can effectively meet the needs of mothers and fathers struggling with the dual challenges of substance abuse recovery and parenting infants and toddlers.

The 'r Kids Family Center. The Center provides specialized, high quality services to vulnerable children and their families, promoting permanency, safety and stability for children through services to their biological, foster or adoptive families. Programs offered include:

- Readiness Assessment
- Reunification Services
- Therapeutic Family Time
- Permanency Planning Support Programs
- Foster Care Services
- Adoption and Post-Adoption Services
- Training for Clients and Providers
- On-going Staff Development
- Continuing Education Credentialed Training
- Educational Services
- Community Support for Families
- Zero to Three Program

Basic Needs

Our Lady of Victory Church. Our Lady of Victory provides adult, child, and baby clothing to members, who pay $5 per family per year to shop for a large bag of clothing once per month.

Elm City Communities/the Housing Authority of New Haven) (ECC). ECC works for the community to make the city of New Haven a better choice for living. ECC's goal is to build better neighborhoods, create more options for desirable housing for families from multiple income levels, and accommodate those who may need extra assistance. ECC's mission is to provide, now and in the future, affordable communities of choice and opportunities for greater self-sufficiency for city residents.

Semilla Collective. The Semilla Collective of New Haven is a grassroots collective formed in the Fall of 2019 to fight side by side with immigrant and working families, and to host cultural events in our community. Our founding group includes workers, community organizers, healthcare workers, public school educators, legal professionals, students, parents, artists, and more. A diverse group of immigrants and immigrant allies living on Quinnipiac land in New Haven, we are using our collective imagination to build a better world for future generations.

Greater New Haven Opening Doors, A Regional Alliance to Prevent and End Homelessness. This group helped set up the Coordinated Access Network (CAN) through which homeless families and individuals can seek housing assistance by calling 2-1-1. The CAN prioritizes cases and connects families with housing resources of multiple providers to meet their emergency and longer-term housing needs. The Alliance publishes the Greater New Haven Regional Housing Resource Guide, a comprehensive listing of housing resources.

Columbus House. Columbus House provides case management services to 48 people who are dually diagnosed, homeless, and/or people who are not necessarily in treatment or refuse to be in treatment. Eight individuals receive HOPWA (Housing of People with AIDS) services and 10 receive FUSE (Frequent User Service Enhancement) services. Columbus House also provides on-site case management services for three permanent supportive housing sites: Cedar Hill, Whalley Terrace, and Legion Woods.

Food/Nutrition. There is a large network of food pantries and soup kitchens operated by local nonprofits and faith-based organizations, many supplied by the Connecticut Food Bank. All food pantries in the service area are listed on www.foodpantries.org/st/Connecticut.

The Diaper Bank (TDB). The Diaper Bank centralizes the fundraising and distribution of free diapers to poor families through existing service providers, including local food pantries, soup kitchens, daycare centers, social service agencies and shelters. Through its extensive 60-agency Diaper Distribution Network, TDB provides free diapers to poor and low-income families in New Haven, Hartford, Fairfield, Middlesex, and Windham Counties.

CT Energy Assistance Program. The CT Energy Assistance P**rogram**, operated by the Community Action Agency for New Haven, provides heating assistance to eligible households in East Haven, Hamden, New Haven, North Haven and West Haven. Energy Assistance clients can join the Matching Payment Plan with Southern Connecticut Gas that allows them to make arrangements for regular monthly payments on a back balance to receive a matching payment from SCG. Operation Fuel is an emergency program that delivers a one-time emergency assistance benefit to eligible clients for either their primary or secondary heat source.

Workforce & Education Development Services

The service area is home to two **American Job Centers** that offer job search assistance services including workshops, outplacement support, and access to a database of job openings. The American Job Centers' Career Centers have self-service job search support services including research materials, phones, fax machines, postage, personal computers, ability to design and print resumes, and free access to the Internet for job search purposes. American Job Centers

also offer information about educational programs for job seekers, offered by job center partners and other organizations.

Workforce Alliance (New Haven American Job Center). Workforce Alliance is the primary American Job Center of South Central CT, providing career guidance, job training, and placement assistance to 2,600 of the over 4,000 New Haven residents visiting the center annually.

Hamden American Job Center. The Hamden American Job Center, like the New Haven American Job Center, provides an extensive array of employment services, workshops, and services to businesses to meet local and regional employment needs. Both centers cater to special needs populations, including veterans, those with disabilities, formerly incarcerated individuals and youth.

New Haven Works. New Haven Works offers job finding assistance programs include pre-employment screenings, referrals to quality training programs, one-on-one coaching and planning, open computer lab hours with volunteers available to help with resumes and online applications, and options to qualify for transportation subsidies for participants with an interview or job placement. New Haven Works places or hires approximately 325 workers and provides training to approximately 675 individuals each year.

Hamden Adult Education. Hamden Adult Education offers basic skills training, computer literacy and enrichment activities. Two area school systems, North Haven and Region #5 - Amity, have joined with Hamden Adult Education to provide services to their residents. On average, over 3000 adults participate in programs each year. Adult Basic Education, English for Speakers of Other Languages (ESOL), GED Prep, Citizenship, External Diploma Program and Adult High School are free to adults who live or work in Hamden.

New Haven Adult Education. The New Haven Adult & Continuing Education Program is committed to assisting students to achieve their personal, educational, and occupational goals. Various courses are offered to help students effectively develop the skills that will prepare them for full participation in society. In early 2017, New Haven Adult Education expanded to 3 new centers – in Fair Haven, Wooster Square/Mill River and West Rock neighborhoods - with the intention of making adult education more accessible to residents who need it most.

West Haven Adult Education. West Haven Adult High School is open to residents who are at least 17 years old, have not achieved a high school diploma, and are officially withdrawn from high school. New students must be evaluated in the areas of math and reading before they can register for classes. Programs include GED courses, the National External Diploma program, job seeking and resume building, skill development, Real Estate Practices and Principles, and various career certification courses. The CT Adult Virtual High School program provides students enrolled in West Haven's Adult Education Credit Diploma Program the option to earn credits online. With counselor approval, a student can enroll in Introduction to Online Learning and Academic Courses.

Literacy Volunteers of Greater New Haven. Literacy Volunteers of Greater New Haven is a non-profit organization that provides tutoring services in basic literacy for adults who speak English but need help learning to read at a higher level and English for Speakers of Other Languages

(ESOL) to residents across the region. Last year Literacy Volunteers supported 270 volunteer tutors who delivered free tutoring to more than 1523 adult students at 36 sites. LVGNH has tutoring sites in Hamden, New Haven, West Haven and East Haven.

Read to Grow. Read to Grow promotes language skills and literacy for children beginning at birth and supports parents as their babies' first teachers. Books for Babies, the flagship program of Read to Grow in Connecticut, started 18 years ago at Yale-New Haven Hospital. Now in 14 hospitals, the program gives a free Literacy Packet to every mother with a newborn. A new aspect of Books for Babies, the Prenatal Project, provides information and new baby board books to women receiving prenatal care at community health centers and clinics.

In 2014, Read to Grow expanded their outreach to low-income and at-risk families through formal collaborations with other nonprofits serving children and families. Read to Grow now has 29 Book Places and 12 Partnerships, reaching thousands more low-income families, many of them bilingual or Spanish-speaking only.

Financial Empowerment

The City of New Haven has partnered with the CT Association for Human Services to offer financial empowerment programs through its community based New Haven Opportunity Center and numerous community partners. Available programming includes:

- **Volunteer Income Tax Assistance:** provides free assistance with tax filing, with a focus on low income households eligible for the federal and state Earned Income Tax Credit.
- **New Haven Financial Empowerment** C**enter:** offers free workshops in financial management, debt relief, and other related topics.

Other Community Resources

The Community Action Agency of New Haven. CAANH provides case management services as well as other direct services, including but not limited to: energy and weatherization assistance, emergency services and mature adult services to low income families. Programs include:

- Case Management Services
- Energy Assistance
- Homelessness Support
- Re-Entry Program
- Single Mother Services
- The Diaper Bank
- Voluntary Income Tax Assistance

The New Haven Free Public Library (NHFPL). The mission of NHFPL is to ensure all of New Haven's citizens have full and unlimited access to information and knowledge so that they may meet the needs of daily living, have opportunities for self-education, and participate successfully in self-government. NHFPL has five branches: Ives Main Library, Fair Haven Branch, Mitchell Branch, Stetson Branch and the Wilson Branch.

Hamden Public Library. The Hamden Public Library acts as the community's information center, provides a variety of library resources, access to innovative technology and a knowledgeable staff to improve the quality of life and meet the informational, educational and cultural interests of the entire Hamden community.

Keefe Community Center: The Keefe Center, a multipurpose, inter-generational facility in Hamden that provides all of the services necessary to assist clients in one location, is a starting point for identification of a variety of areas where families may benefit from assistance. Best known for providing emergency services to people in need through its food bank, shelter to families displaced by fire, or assistance to families facing heating emergencies during the cold winter months, the Center also engages in a number of proactive activities designed to give residents the tools to succeed and improve themselves. This includes a very successful workforce training program, collaborative efforts with local art groups to provide artistic programming, and scholarships for children unable to afford local summer camps.