



377 Research Parkway
Meriden, CT 06450-7160
203-238-1297

**TESTIMONY RE: S.B. 1114 AN ACT IMPLEMENTING THE GOVERNOR'S
BUDGET RECOMMENDATIONS REGARDING EDUCATION**

Education Committee Hearing

February 28, 2007

TO: Senator Gaffey, Representative Fleischmann and members of the Education Committee.

FROM: Connecticut Nurses' Association
Polly T. Barey, MS, RN, executive director
Angela A. Crowley, PhD, APRN, BC, PNP, senior consultant

RE: Funding for health consultation in Connecticut's Early Care and Education financing plan

Thank you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association. Our association provides a number of services in relation to early childhood settings where nursing is a strong component. Through a contract with the Department of Public Health we are the contact point for child care health consultants (CCHCs) in the state and develop and deliver training and educational opportunities for CCHCs. We also provide the Healthy Child Care CT / CT Nurses' Association medication administration training for providers in early childhood settings.

We are writing to urge you to ensure that the state early care and education financing plan includes the funding of a growing system of Health Consultation, in addition to consultation in mental health (through DCF's Early Childhood Consultation Partnership), in accreditation by the National Association for the Education of Young Children (NAEYC) (through the Connecticut Accreditation Facilitation Project [AFP]), and in the State Department of Education (SDE) Preschool Benchmarks. The template for estimating costs for an Early Care and Education (ECE) Consultation System in the state was developed with health consultation at its core. Present spending in the Governor's Budget does not include a

place for Health Consultation, however, it is well established that children must be healthy in order to learn, and learning can only occur in environments where children are safe¹.

Specifically, the ECE Research and Policy Council's proposed budget for ECE Consultation called for \$610,000 over two years to build a cohesive interdisciplinary system of consultation to ECE programs that would include the two key disciplines of health and education at its core, augmented by consultants in the field of early childhood mental health. The Governor's Budget does not include funding to develop this interdisciplinary consultation system. Notable, however, is that there has been a near doubling of public funds allocated to Mental Health Consultation in the past year. There are clear plans underway and funds being designated to support significant efforts in consultation specifically for NAEYC accreditation (AFP) and for implementation of the SDE Preschool Benchmarks. These three *expansions* are taking place outside of any coherent interdisciplinary system building process, and they are being done with the total exclusion of Health Consultation.

We have provided our supporting documentation in a letter attached to this testimony.

We recommend that you:

- Review the present funding level for AFP, mental health consultation, and education consultation, especially expansions currently taking place.
- Establish some type of funding equity based on the rigors of what is expected of consultants in each of the fields of health, education and mental health, and additionally accreditation supports.
- Create a funding plan that supports the development of capacity across disciplines so that we don't create a disproportionate structure.
- Take into consideration the prominence of health as a school readiness characteristic for young children and provide the health supports to programs, through the use of health consultants and in alignment with best practice and national standards.
- Recognize that **schools have the resource of a school nurse**, who provides essential health support, and in **high risk schools, school based health centers** provide a full range of health professionals including nurse practitioners, mental health, and dental health providers; **yet, for young children there is no comparable resource.**

It is imperative that we build the system of interdisciplinary consultation for early care and education settings and bring these same resources to children prior to school entry.

We urge the committee to accept our recommendations for this funding.

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children, National health and safety performance standards: Guidelines for out-of-home child care programs (2nd ed.)*, Washington, DC.



377 Research Parkway
Meriden, CT 06450-7160
203-238-1297

February 27, 2007

RE: Funding for health consultation in Connecticut's Early Care and Education financing plan

Dear Senator Gaffey, Representative Fleischmann and members of the Education Committee.

We are writing to urge you to ensure that the state early care and education financing plan includes the funding of a growing system of Health Consultation, in addition to consultation in mental health (through DCF's Early Childhood Consultation Partnership), in accreditation by the National Association for the Education of Young Children (NAEYC) (through the Connecticut Accreditation Facilitation Project [AFP]), and in the State Department of Education (SDE) Preschool Benchmarks. The template for estimating costs for an Early Care and Education (ECE) Consultation System in the state was developed with health consultation at its core. Present spending in the Governor's Budget does not include a place for Health Consultation, however, it is well established that children must be healthy in order to learn, and learning can only occur in environments where children are safe¹.

Specifically, the ECE Research and Policy Council's proposed budget for ECE Consultation called for \$610,000 over two years to build a cohesive interdisciplinary system of consultation to ECE programs that would include the two key disciplines of health and education at its core, augmented by consultants in the field of early childhood mental health. The Governor's Budget did not include funding to develop this interdisciplinary consultation system. Notable, however, is that there has been a near doubling of public funds allocated to Mental Health Consultation in the past year. There are clear plans underway and funds being designated to support significant efforts in consultation specifically for NAEYC accreditation

¹ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children, National health and safety performance standards: Guidelines for out-of-home child care programs (2nd ed.)*, Washington, DC.

(AFP) and for implementation of the SDE Preschool Benchmarks. These three *expansions* are taking place outside of any coherent interdisciplinary system building process, and they are being done with the total exclusion of Health Consultation.

Through consultation by teams of consultants in the disciplines of health, education, and mental health, children enrolled in ECE programs will be ready to learn by five. Interdisciplinary consultation will increase the number of Connecticut ECE programs accredited by NAEYC, reduce preschool expulsion rates, and facilitate implementation of state learning standards. In addition, interdisciplinary consultation will ensure that children are immunized, have recommended EPSDT² screenings, have their special health care needs³ addressed, and learn in environments that are healthy and safe. Also, health has become an essential element of NAEYC accreditation and, in fact, the Health Consultant plays a critical role in ensuring that NAEYC standards related to health and safety, policies, community relations and leadership and management are achieved⁴. More importantly, evidence⁵ suggests that health consultation decreases the risk of injury and illness in early care and education and promotes health through teacher and parent education, early identification and intervention for children with chronic illnesses, behavioral, and developmental concerns, and access to a medical home, health insurance, and community health resources.

Since 2004, the Department of Children and Families has funded a mental health consultation system to ECE programs. State funding has grown to approximately \$3M annually and the number of Mental Health Consultants is now doubling. The State Department of Education is organizing early childhood Education Consultants, and the Hartford Foundation has funded AFP Education Consultants to facilitate accreditation for programs in that region. Unfortunately, Health Consultation, which is the most rigorous and

²Early Periodic Screening, Diagnosis, and Treatment –includes all screenings recommended by federal agencies and the American Academy of Pediatrics

³ In a 2004 study of five Connecticut preschool programs, which enrolled 206 children between infancy and five years of age, 16% of the children had special health care needs, such as, asthma, severe food allergies, cerebral palsy, and insulin dependent diabetes mellitus (Crowley, A. A. Improving child health through innovative practice: Nurse practitioners as child care health consultants. National Organization of Nurse Practitioner Faculty. Orlando FL April 21, 2006

⁴ For example, "Iowa child care nurse consultants (CCNC) are working with local NAEYC accredited programs to assist the programs in becoming accredited. ..Iowa defined a total of 5 specific CCNC activities that may be done to assist a program in becoming accredited. The CCNC activities are also part of the Iowa Quality Rating System (QRS).Iowa's QRS system offers cash incentives at every level. The incentive can be used by a program to offset the expense of NAEYC accreditation" [personal communication, Sally Clausen, ARNP, BSN, Healthy Child Care Iowa, Iowa Department of Public Health, 1/31/07].

⁵Retrieved on February 13, 2007, [www. hccnsc.edc.org](http://www.hccnsc.edc.org)

certainly essential for enrolling children into programs, ensuring that they regularly attend, and achieving health and safety of children while in care, remains totally unfunded and insufficiently supported in Connecticut.

Currently, 94,793 children are enrolled in the 1,603 licensed child care centers and group homes in Connecticut⁶. Furthermore, 19,675 of those children are infants and toddlers (under three years of age). Of those facilities, 56% or 900 child care centers, which enroll 3 to 5 year old children, are required by the Connecticut Department of Public Health, Child Care Regulations, to have consultants, including health, education, social service, dental and, when food is served, nutrition, and those consultants must, at minimum, conduct an annual review of policies as well as provide availability to programs. The national health and safety standards of the US Department of Health and Human Services, Maternal Child Health Bureau (US DHHS MCHB) recommend at least quarterly health consultation visits for programs that enroll children three to five years of age to ensure healthy and safe early care and education settings⁷. **Governor Rell's proposed expansion of preschool programs does not address funding for Health Consultants or School Nurses within the vision for this expansion.** In addition, DPH Child Care Regulations require that 44% or 700 child care centers and group homes, which enroll infants and toddlers, must have a weekly visit by a Health Consultant to ensure children's health and safety. Health Consultants conduct various activities including: health form review, immunizations surveillance, monitoring of indoor and outdoor health and safety and medication administration practices, development of individualized health care plans for children with special health care needs, parent and staff education, and monitoring for abuse and neglect.

In 1970 when the child care regulations were passed, Connecticut had active local health departments, and public health nurses provided health consultation. However, over the decades, this service is no longer available, and child care directors and providers are expected to bear the cost of consultation. In a study of child care health consultation⁸, 133

⁶ Retrieved February 19, 2007 from www.dph.state.ct.us

⁷ American Academy of Pediatrics, American Public Health Association, & National Resource Center for Health and Safety in Child Care. (2002). *Caring for our children, National health and safety performance standards: Guidelines for out-of-home child care programs (2nd ed.)*, Washington, DC.

⁸ Crowley, A. A. Child care health consultation: The Connecticut experience. *Maternal and Child Health Journal*, 2000, 4(1): 67-75.

Connecticut child care directors from all regions of the state reported that 99% of the consultants were registered or advanced practice registered nurses. Furthermore, 85% of the directors stated that health consultation was important or very important for the operation of their centers. More than one-third reported that funding health consultation was a burden, and they would benefit from additional health consultation if cost was not a barrier. Of note, many nurse consultants reported volunteering their professional services or working for low wages. This issue will be compounded with an existing and impending nursing shortage with keen competition for nurses who work in all segments of our health care system.

For nearly two decades, improving the health and safety of children in early care settings has been a priority initiative for the USDHHS, MCHB. National health and safety standards, from which some of the NAEYC standards were derived, grants to states, such as Healthy Child Care Connecticut, and national resource and support centers were developed to ensure development of state health consultation systems. MCHB expected that states would expand their health consultation services after years of federal funding.

Although Connecticut has rigorous regulations regarding Health Consultation, many states now surpass Connecticut in their reliance on and support of Health Consultants, even in states without regulations requiring health consultation. For example, North Carolina, Kentucky, and Missouri fund between 70 and 113 Child Care Health Consultants per state (see enclosure from Healthy Child Care Consultant Network Support Center for details).

In conclusion, we recommend that you:

- Review the present funding level for AFP, mental health consultation, and education consultation, especially expansions currently taking place.
- Establish some type of funding equity based on the rigors of what is expected of consultants in each of the fields of health, education and mental health, and additionally accreditation supports.
- Create a funding plan that supports the development of capacity across disciplines so that we don't create a disproportionate structure.
- Take into consideration the prominence of health as a school readiness characteristic for young children and provide the health supports to programs, through the use of health consultants and in alignment with best practice and national standards.

- Recognize that **schools have the resource of a school nurse**, who provides essential health support, and in **high risk schools, school based health centers** provide a full range of health professionals including nurse practitioners, mental health, and dental health providers; yet, **for young children there is no comparable resource.**

Therefore, it is imperative that we build the system of interdisciplinary consultation for early care and education settings and bring these same resources to children prior to school entry.

The ECE Cabinet's positions have not fully taken into consideration the range of resources that support children's health and learning and eventual success in school. Establishing a capacity of financial support for Health Consultants, accreditation facilitation, and infrastructure building to deliver health consultant training, continuing education, mentoring, and networking would significantly contribute to the success of Connecticut's children both on school entry and long-term.

We are available to provide additional information or to answer questions. Thank you very much for consideration of our recommendations.

Sincerely,

Polly T. Barey

Polly T. Barey, MS, RN
Executive Director, Connecticut Nurses' Association

Angela A. Crowley

Angela A. Crowley, PhD, APRN, BC, PNP
Senior Consultant, Connecticut Nurses' Association