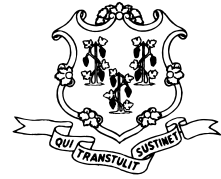


A Children's Stock Portfolio: One Smart Investment



Prepared by the Connecticut Commission on Children, April 2007

Sponsored by the Hartford Foundation for Public Giving and
The Annie E Casey Foundation

A Children's Stock Portfolio: One Smart Investment

Immunization	Return on Investment
Home Visitation	Return on Investment
Parent Engagement	Promising Practice
Preschool	Return on Investment
Early Reading	Promising Practice
After School	Promising Practice
Safe Schools	Promising Practice
Mentoring	Return on Investment

Investment Summary



Return on Investment

Immunization

Immunization saves lives, lowers medical costs and prevents serious illness and disabilities. For every dollar invested in just one Diphtheria, Tetanus, Pertussis (DTP) vaccination, Connecticut saves \$6.21.

Home Visitation

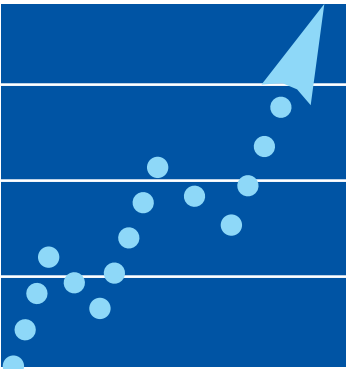
Home visitation saves in family strengthening and averted child abuse and neglect. For every dollar invested in quality home visitation, Connecticut saves \$6.12.

Preschool

Preschool saves in school readiness and averted grade retention, special education referrals and problem behavior. For every dollar invested in quality preschool, Connecticut saves \$18.89 in lifelong gains.

Mentoring

Mentoring saves in school performance and averted crime, school dropouts, substance abuse and early sexual activity. For every dollar invested in quality mentoring, Connecticut saves \$3.28.



Promising Practices

Parent Engagement

Parent engagement benefits children by improving overall student performance, enhancing school morale, creating sustained achievement gains, and improving accountability in policies and programs for children.

Early Reading

Teachers who are trained in the science of how young children learn to read, can reach every kindergarten through third grader with literacy success. This averts school retention, special education referrals and dropouts while enhancing self-esteem.

After School

Quality after school saves in averted juvenile crime and school difficulty. It also decreases alcohol and drug experimentation, truancy, smoking, teen pregnancy and it boosts school success.

Safe Schools

Comprehensive school-wide strategies to improve both learning and behavior lead to improved school performance and safety. The Positive Behavioral and Intervention Supports approach decreases discipline referrals, teacher absences and special education placements while increasing quality instructional time and academic functioning.

Immunization Save Lives, and Dollars



Vaccination is the ultimate preventative health strategy for children. Immunization saves lives, lowers medical costs and prevents serious illness and disabilities. The widespread use of vaccines is one of the most remarkable accomplishments in modern public health. Vaccines exist to prevent diseases such as meningitis, shingles, measles, chicken pox, tetanus, whooping cough, and many others. Vaccination is often the entryway for families to a medical office or clinic and ongoing health care for children.

Fact: The debilitating and deadly disease smallpox has been eradicated.ⁱ

Fact: Polio is on its way to being eliminated thanks to effective vaccines and public health efforts.ⁱⁱ

Fact: Immunization results in dramatic decreases in morbidity, disability and mortality.

Fact: Vaccinations can protect children from serious, preventable infectious diseases.

Return on Investment

\$ For every \$1 spent vaccinating children against measles, mumps, and rubella, \$16.34 is saved in medical costs to treat those illnesses.ⁱⁱⁱ

\$ Every \$1 spent vaccinating children with the diphtheria and tetanus toxoids and pertussis (DTP) vaccine saves \$6.21.^{iv}

\$ Every \$1 spent vaccinating against chickenpox (*varicella*) saves \$5.40.^v

Demonstrated Performance

For the current population of Connecticut children 19-35 months of age (63,700^{vi}) cost savings from just three of the vaccinations they receive account for more than \$50 million in savings. The savings include avoided medications and other major health costs, lost work time for parents, and long-term productivity.

Cost Savings for Vaccinations in Connecticut^{vii}

Vaccination	Cost per Dose of Vaccine ^{viii}	Cost Savings per \$1 Invested	Approximate # of Children 19-35 months Vaccinated	Total Costs Saved for Children Vaccinated
DTP (4 doses)	\$12.25	\$6.21	57037	\$17.4 million
MMR (1 dose)	\$17.28	\$16.34	60,601	\$17.1 million
Varicella Chicken Pox (1 dose)	\$56.90	\$5.40	57928	\$17.8 million

“Immunization is one of the greatest success stories in public health. Childhood immunization ranks at the top of preventive services - with a perfect score - based on a clinically preventable burden and cost-effectiveness.”

Dr. Walter Orenstein, Professor of Medicine and Pediatrics, Emory University

The Immunization Story

Immunization protects children from vaccine-preventable diseases that can inhibit children's health and their ability to learn. Timeliness of vaccination is critical to prevent disease outbreaks, protect children through their first two years of life, and minimize the need to repeat doses.

The vaccination rate in Connecticut is consistently one of the highest in the nation. The table from the CDC indicates a sampling of vaccination rates in Connecticut compared to national rates for individual and selected vaccination series for children 19 – 35 months of age.

Comparing Vaccination Rates ^{ix}

	4+DTP	1+MMR	1+Va
US National	85.7±0.9	91.5±0.7	87.9±0.8
Connecticut	89.6±4.9	95.2±3.1	91.0±4.4

Immunization programs have resulted in dramatic decreases in morbidity, disability and mortality, and have done so at substantial cost savings. Vaccines have been licensed and available since the 1930s, and data shows drastic reductions when the vaccines were licensed. However, they were not free. In the mid-1970s, Connecticut made many vaccines available free. The following chart shows the impact.

The Impact of Vaccines in the 20th Century*

Disease	20th Century Annual Morbidity	2003 Total	Percent Decrease
Smallpox	48,164	0	100
Diphtheria	175,885	1	>99.9
Pertussis	14,7271	11,647	92.1
Tetanus	1,314	20	98.5
Polio (paralytic)	16,316	0	100
Measles	503,282	56	>99.9
Mumps	152,209	231	99.9
Rubella	47,745	7	>99.9
Congenital rubella	823	1	99.8
<i>Haemophilus influenzae (yrs)</i>	20,000 (est.)	259 (serotype B or unknown serotype)	98.6

Connecticut strives to stay up front in timely immunizations and to help families keep track of children's health records. Since 1998 all newborns in Connecticut can be enrolled in a statewide, voluntary computerized immunization tracking system. The Connecticut Immunization Registry and Tracking System (CIRTS):

- Keeps a permanent record of a child's shots;
- Lets a doctor find a child's history if a parent moves or loses the information; and
- Provides immunization history for child care, school, camp or college.

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Home Visitation: One Smart Family Investment

Starting a family is joyful - and stressful. For those who are at risk for stress, such as very young mothers, single mothers, families with a history of child abuse, stressors can sometimes outweigh the joys. Home visiting intervention, when properly targeted, has been proven to help promote the optimal development of the child and to anchor family functioning.

Fact: Each year, 10,000 children are born into Connecticut families with at least one significant risk factor for abuse or neglect, with approximately 3,500 of these as first-time births.ⁱ

Fact: Families without sufficient support or resources are at increased risk for costly outcomes, such as emergency room visits, unemployment, welfare reliance, and involvement with child welfare and criminal justice systems.ⁱⁱ

Fact: Approximately half of the Department of Children and Families (DCF) budget (more than \$366 million) is spent on child protection services.^{iv} Connecticut spends \$195 million annually on foster care and adoption services.^v

Return on Investment^{vi}

\$ Every dollar invested in home visitation for Connecticut's high-risk families saves \$6.12 in government spending.

\$ In Danbury, every dollar invested saves \$4.90.

\$ In Hartford, every dollar invested saves \$6.58.

Demonstrated Performance

The Nurturing Families Network in Connecticut identifies families whose newborn children are at high risk of abuse. It offers them long-term home visiting services to foster healthy growth, positive parent-child relationships, and links to community services.

- Early childhood home visitation can prevent child abuse and neglect in high-risk families. Home visiting resulted in a 40 percent reduction in child maltreatment episodes, according to studies reviewed by a national task force.^{vii}
- As a result of participation in the program, participants make statistically significant gains in education and employment and move out of financial hardship.
- The longer parents remained in the program, the lower the likelihood that they would abuse their child.
- The immunization rate among two-year-olds receiving home visits was 20 percent higher than for two-year-olds with similar backgrounds without home visits.^{viii}

"In my experience, prevention is always radically more cost-effective than treatment. Unfortunately, prevention is chronically underfunded in many of our programs that address health and social issues. Home visitation is a way to do it right for the families we protect and pay the State a handsome return on its investment."

Bill Cronin, Chairman and President, Cronin and Company

What is Home Visitation?

Skilled home visitors work with at-risk parents – often beginning in pregnancy – to enhance their strengths, provide education, and create community connections. The type of home visitor varies by program. Areas of focus generally include health behaviors during pregnancy, enhancing qualities of family care giving of infants and toddlers, and linking families with needed health and human services. For many families, receiving information and assistance regarding parenting and child development can help anchor family development.

The Nurturing Families Network's home visiting program is based on the concept of "family-centered practice." This practice is designed to engage families as partners. Program participants are offered weekly home visits for up to five years. At any time the frequency of the visits can be changed based on the family's needs and preferences. The home visitor and the family work together to create an action plan that meets the needs and desires of the family – drawing on the family's strengths, community resources and the skills of the home visitor.

State of Connecticut Children's Trust Fund. (2007 Jan)

Why is home visitation such a good buy?

Nationally, home visitation leads to improvements in women's prenatal health, reductions in children's injuries, greater involvement by fathers, increased employment, reductions in welfare and food stamps, and improvements in school readiness.^{ix}

Several rigorous studies indicate that home visiting programs reduce the risk for early anti-social behavior and substance abuse, and prevent problems associated with juvenile delinquency such as child abuse, maternal substance abuse and maternal criminal involvement.^x

The Hartford Young Parent Program provides home visitation for teen parents. The program assists teen parents in adjusting to parenthood while completing the requirements for their high school diploma. Among teen parents in the program:^{xi}

- 88 percent of teens chose to initiate breast feeding for their babies;
- 92 percent of the babies born weighed 2500 grams or more at birth;
- None of the teen parents smoked during the pregnancy or after delivering their babies.

"Three-fourths of American parents surveyed indicate a wish to receive assistance in taking care of newborns and more than two-thirds believe that child abuse is strongly linked to a lack of parenting experience or skill"

K. Kirkpatrick, Public Awareness Survey Prevent Child Abuse America

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Parent Engagement: A Smart Family Investment



Parents are a child's first and most important teacher. No institution, public or private, can replace the family. Families want their children to succeed, and they rely on the information and skills acquired in child rearing to ensure that success. Parent involvement has a strong effect on both the programs and behaviors of children and youth.

Fact: Children with involved parents, no matter their income or background, are more likely to attend school regularly, earn higher grades and test scores, see academic promotion, show improved behavior and social skills, graduate and go on to post-secondary education.ⁱ

Fact: The most important predictor of a student's achievement in school is the extent to which that student's family is able to create a home environment that encourages learning.ⁱⁱ

Promising Practice

A host of benefits related to parent involvement have been identified for students, including increased language achievement, sustained achievement gains, improved parent-child relationships, increased gains in intelligence for low achievers, and improved home-school relationships.ⁱⁱⁱ

Demonstrated Performance

- Parents taught to lead for children showed increased partnerships in communities and schools, improved their own educational levels and strengthened their own employment options.^{iv}
- Hartford found that children who have sustained parental involvement and who participate in organized early childhood experiences score above the national norm and are much more likely to enter school ready to learn.^v
- In schools where teachers reported high levels of outreach to parents, test scores grew at a rate of 40 percent higher than in schools where teachers reported low levels of outreach.^{vi}
- Students in grades 3 – 5 in seven New Haven schools employing a broad-based parent involvement program showed significantly greater improvement in behavior, attendance and classroom reading grades than students in the control group.^{vii}

“When families are involved at home, at school, and in the community, children do better in school and the school gets better.”

Henderson and Mapp, 2002

Involved Parents = Big Payback

Research shows that children with parents involved in their learning develop better grades, test scores, long-term academic achievement, attitudes and behavior than those with uninvolved parents. Federal and state policy has begun to utilize such findings.

Connecticut policy recognizes parents are the ultimate consumer of services and programs for their children and need to be involved from the onset as partners in public initiatives. Parent engagement improves public policy, program efficiencies, the network of engaged families and diversity for community strength and civic dialogue.

Parents are their childrens anchor for values development, learning habits and respect for the educational process. Children do best when parents and teachers share information and partner in creating quality learning programs for the child.

When families have the skills to lead and contribute meaningfully in partnerships, children benefit greatly. Family policy without the family or neighborhood behind it is like a family without generations; one sided, lonely, and not as efficient.

Definition of Parent Leadership:

Parent leadership means the capacity to interact within civic society with purpose and positive outcomes for children. The public is increasingly alienated from governance. Many people do not know how society functions or how decisions are made within the public policy and budget domains. Yet, most parents are deeply concerned about the impact of schools, community and the environment on their children.

Motivators leading parents to actively participate on behalf of their child(ren) are:

- (1) Knowing that their participation is part of something successful
- (2) Knowing that they can make a difference in their lives and the lives of their children
- (3) Feeling supported, respected and acknowledged for their time and efforts;
- (4) Receiving hands-on training and guidance; and
- (5) Receiving family supports such as food, childcare, transportation, etc.

"For every dollar invested in a longitudinal comprehensive early intervention strategy, \$2 of the \$7 saved in reduced remedial education and criminal justice costs were due to parent involvement."

Arthur Reynolds and Melissa Clements, "Parental Involvement and Children's School Success."

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Prepared by the Connecticut Commission on Children for the Connecticut General Assembly, April 2007.

Quality Preschool: One Smart Investment



Critical neurological development occurs in early childhood. The brain develops to 90 percent of its capacity in the first five years (unlike the body, which takes 20 years to mature to its full size).ⁱ What a three- or four-year-old child does during the course of the day influences lifelong learning patterns. The early years are the launching pad for lifelong learning. Poor quality care or no early care is the starter fuel for inequities in educational achievement.ⁱⁱ

Fact: Quality preschool for three and four-year-old children significantly impacts their language and number skills, relationships with peers and adults, emotional development, and overall school readiness.ⁱⁱⁱ

Fact: A child's ego, self esteem, and learning patterns are developing and linked together before kindergarten.^{iv}

Return on Investment

\$ For every dollar invested in high-quality preschool in Connecticut, the return on investment is approximately \$18.89 in life-long gains.^v

Demonstrated Performance

- A Connecticut kindergarten teacher survey reveals that children with two years of preschool are twice as likely to be seen as ready for kindergarten in language, literacy and math skills than their peers without preschool.^{vi}
- Children in Bridgeport who had quality early care had fewer retentions, more frequent attendance, and higher reading scores throughout grades K-2.^{vii}
- Middletown children with preschool narrowed the achievement gap between African-American and Caucasian students. There was a threefold reduction in the number of low-income African-American children not ready for school.^{viii}
- In Milford, preschool participants were three times less likely to require special education during their kindergarten year.^{ix}

“There is truly nothing more important to the economy and our future than to help children thrive and parents work. When both are occurring smoothly, the youngest generation is usually healthy, safe and learning and the adults are, in the majority, providing the work participation our state demands for economic growth.”

John Rathgeber, President and CEO
Connecticut Business and Industry Association
Co-Chair Connecticut Early Childhood Research and Policy Council

The Brain and Early Development

At birth, children's brains have almost all the brain cells and neurons they will ever need. However, these neurons are not yet linked into the networks necessary for learning and complex functioning. Between birth and school age a process of "sculpting" occurs. Some neural connections are made or reinforced and others die away. Early childhood experiences shape these connections, helping to determine which ones are maintained and which are lost.

Learning is a cumulative process that begins at birth. It is in the first five years that key interventions can make dramatic improvement in children's lives while significantly reducing the need for costly expenditures later.

Early education is the pivotal opportunity to make sure that every child is guided to learning achievement as well as safety. Child learning patterns, curiosity, values, and moral development are set before children open the kindergarten door.

Children can learn so many things when they are very young, much more than was understood just ten years ago. They can learn love of language, love of learning, difference is normal, caring is good.

“Statewide, 25 to 30 percent of Connecticut’s children and youth live in families and communities where a cluster of risk factors, if not addressed, increase the likelihood that they will enter kindergarten unprepared for school success, a challenge that must be quickly addressed.”

Ready by Five, Fine by Nine, CT Early Childhood Investment Framework, 2006

Before entering formal education children should:

- Have more than 1,000 hours of experiences with books, alphabet games, storybook reading and activities.
- Enjoy books and language and see the purpose of reading
- Have been included in conversation and treated as successful speakers and listeners.
- Have engaged in playtime that employs symbols (acting out roles, designing stories and using props.
- Be exposed to print and writing in their daily life.
- Understand how to handle books and know that print moves left to right.
- Have been read to by an adult who supports the child's view and creativity during the reading aloud.

Quality early care and education with well-trained teachers offers these to three- and four-year olds.

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Prepared by the Connecticut Commission on Children for the Connecticut General Assembly, April 2007.

Early Reading - A Good Investment



To participate fully in society and the workplace, citizens need strong literacy abilities. The personal impact of low literacy is seen at many levels including drop outs, unemployment and crime. The teaching of reading is a science that must be taught to all kindergarten through grade three teachers.

Fact: A child who is not reading by the end of first grade has a one in eight chance of ever becoming a proficient reader.ⁱ

Fact: Among Connecticut fourth grade students, 53 percent of white students, 85 percent of Hispanic students and 88 percent of African-American students are reading below grade level.ⁱⁱ

Fact: Approximately 95 percent of all children can be taught to read.ⁱⁱⁱ

Fact: Only 40 percent of Connecticut teachers with high levels of course preparation and teaching experience could identify three risk factors for reading failure in kindergarten.^{iv}

Promising Practice

Teachers who know the current research and are trained in the science of reading can reach virtually every child and help every child read. This decreases the cost of dropouts, school retention and special education while enhancing self-esteem and school success.

Demonstrated Performance

- At Rawson School, in Hartford, after one year of job-embedded professional development in reading, 85 percent of the students were at the proficient reading level, compared to the average city score of 45 percent.
- The Haskins Early Reading program, using a comprehensive curriculum based on the Connecticut Reading Panel Report and National Reading Panel findings, show children going from 30 percent to 50 percent in levels of proficiency.
- Reading First schools in Connecticut providing increased teacher professional development in proven and effective reading interventions show significant gains in vocabulary and comprehension. Kindergarten students scoring at or above goal in vocabulary acquisition increased from 53.8 percent (fall 2005) to 69.8 percent (spring 2006).^{vi}

“The U.S. Chamber of Commerce’s Education report gave Connecticut an A for overall academic achievement, but its achievement levels for minority and low-income students received a D. The future success of all students hinges upon their ability to become proficient readers.”

Joseph McGee, Vice President, Public Policy & Programs
The Business Council of Fairfield County

Addressing the Literacy Gap

To participate fully in society and the workplace by 2020, young people need powerful literacy abilities that until now have been achieved by only a small percentage of the population.^{vii} The personal impact of low literacy skills is profound. School children fall behind their classmates; youth drop out of school; adults lack the skills to succeed in today's economy and are often unemployed; parents cannot help their children develop pre-literacy skills, read them a story or help them with their homework.

The National Institutes of Health recently defined the lack of reading skills as a major public health issue. Like an undiagnosed health problem, the difficulty with the quiet problem persists and becomes worse. Early identification of children at risk for reading failure, coupled with comprehensive interventions, can reduce to six percent or less the percentage of children reading below the basic level in the fourth grade.^{viii} Investing in teacher training of reading changes lives.

The teaching of reading is a science that must be taught to all kindergarten through third grade teachers. To understand printed language well enough to teach it explicitly requires disciplined study of its systems and forms, both spoken and written.^{ix}

Teachers need to learn the science of reading, including:

- How spelling and reading develop;
- The structure of the English language;
- How to apply best practices in all aspects of reading instruction;
- Understanding reading development and the abilities important in learning to read;
- The use of validated assessments to inform classroom teaching;
- Daily exposure to a variety of texts; and
- Vocabulary instruction that includes methods to explore the relationships among words, word structure and meaning.^x

Learning to read and comprehending what one is able to read is no small matter. Children who have not developed some basic literacy skills by the time they enter school are 3 - 4 times more likely to drop out in later years.^{xi}

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Prepared by the Connecticut Commission on Children for the Connecticut General Assembly, April 2007.

Enriching the After School Experience



After school programs constructively engage children and youth in structured activity with peers and adults. The programs offer activities ranging from sports and field trips to arts and homework assistance. Quality after school programs offer youth the opportunities and supervision that steer them away from risky behavior.

Fact: Only one-third of Connecticut's school-age children – 185,000 out of 610,000 – are involved in supervised, safe, enriching after-school programs.ⁱ

Fact: The peak hours for violent juvenile crime are from 3 to 6 p.m. Juvenile crime triples when the school bell rings.ⁱⁱ

Fact: Young people are more likely to be the victims of violent crime in the hours immediately after school than at any other hour of the day.ⁱⁱⁱ

Fact: The after school hours are the most common time for teens to become pregnant, and being unsupervised after school puts kids at greater risk of truancy, receiving poor grades, mental depression and substance abuse.^{iv}

Promising Practice

For every dollar spent on a high quality after school program with academics, personal development and community service, benefits to participants and the public amounted to \$3.04.^v

Demonstrated Performance

- Juvenile arrests declined by 75 percent in a 32-month after school and summer skill development program, compared to the previous two years. The resulting savings to government agencies came to twice the program's cost.^{vi}
- For each high-risk youth prevented from adopting a life of crime, experts estimate the country saves between \$1.7 and \$2.3 million.^{vii}
- Rigorous studies show that after school programs can reduce juvenile crime and violence, decrease drug use and addiction, cut smoking and alcohol abuse, reduce teen sex and pregnancies, boost school success and high school graduation.^{viii}
- Boys and girls randomly assigned to participate in the intensive Quantum Opportunities after school enrichment program were half as likely to drop out of high school and two and one half times more likely to go on to further education after high school. Those not in the program were 50 percent more likely to have children during their high school years.^{ix}

“In the hour after the school bell rings, turning millions of children and teens out on the streets with neither constructive activities nor adult supervision, violent juvenile crime suddenly triples and the prime time for juvenile crime begins.”

Fight Crime: Invest in Kids
a national coalition of law enforcement leaders

Positive Environments for After School

After school programs provide a learning environment where students, staff, parents and other stakeholders learn together as full partners. Connecticut boasts many fine private and public after school programs that provide safe, nurturing, enriching environments for children to grow and thrive. Connecticut is a leader in recognizing the importance of quality after school programs and has made a significant investment in expanding after school opportunities.

Connecticut's commitment to providing safe, affordable after school opportunities for children and youth is reflected in the establishment of the State After School Advisory Council that develops policies to guide a comprehensive after school system. Policies include attention to positive outcomes including increased school attendance, positive peer relationships and focus on academic achievement. What children and youth do "After the Bell Rings" does matter!

It has been proven that good after school programs decrease child and teen behavior that can harm school performance and narrow optimal employment paths. If children and youth are on a safe and good trajectory during after school hours, this trajectory usually remains through their adult lives. In other words, youth choices have an impact on adult paths and choices.

America's police chiefs have come together to lead on after school as a strong prevention strategy to reduce crime and poor decision making among adolescents. Law enforcement leaders stress that after school helps youngsters to meet their potential contribution to society while inhibiting crime. Youth at risk of becoming victims themselves triples when school lets out. (FBI National Incident Based Reporting System)

Connecticut seeks to expand opportunities for quality after school programs in a critical partnership with working families. After school provides a bridge between formal learning in school and informal learning at home and in the community. It is clear from research that after school programs are an effective way for communities to build their capacity to help their children develop into healthy, responsible, contributing citizens.

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Prepared by the Connecticut Commission on Children for the Connecticut General Assembly, April 2007.

Safe Schools: Allow Children to Learn



Safe schools are essential to learning. One way to improve safety is to provide quality instruction, thereby reducing disciplinary problems and increasing instructional time. The Positive Behavioral and Intervention Supports (PBIS) approach systemically improves both student learning and school safety.

Fact: Negative and reactive management practices (metal detectors, surveillance cameras) do not improve school climate.ⁱ

Fact: In the 2004-05 school year, there were over 35,000 offenses that resulted in a suspension and/or expulsion in Connecticut public schools.ⁱⁱ

Fact: Enhancing teaching and learning environments improves safety and academic achievement.ⁱⁱⁱ

Fact: Safe and respectful environments with quality teaching and learning prevent problem behavior. Good instruction is one of the best behavior management tools.^{iv}

Promising Practice

Positive Behavioral Intervention and Supports (PBIS), a systemic approach to embed proven practices in schools, has demonstrated reductions in behavior problems, decreases in suspensions and office discipline referrals, improvements in special education placements of students, and increases in academic functioning.^v

Demonstrated Performance

School performance improved in achievement, discipline, office referrals, and in staff morale. Overall school effectiveness improved.

- In an elementary school using a PBIS approach, the percentage of third graders reading at or above grade level increased from 35 to 85 percent.^{vi}
- A middle school using PBIS decreased its office discipline referrals by 42 percent in year one and 60 percent over two years.^{vii}
- By decreasing office discipline referrals for major rule violations by 42 percent, an elementary school using PBIS gained back 119 days of instructional time and 40 days of administrator time in one school year.^{viii}
- Twenty-eight elementary schools using the PBIS approach reported that 88 percent of their students had no more than one office referral for a major offense as compared to only 69 percent of students in 11 schools that were not using PBIS.^{ix}
- One school using a PBIS approach found that teacher transfer requests declined by 100 percent and teacher absence days were cut by 36 percent.^x

“Violence is learned so it can be unlearned or conditions can be changed so it’s not learned in the first place. It’s never too late to change the behavior, but it is much more difficult to do it later rather than earlier.”

Dr. Ron Slaby, Harvard University

Learning in Safe Environments

Parents expect the school to be a place where children learn in a safe environment. They expect schools to be caring communities. Safety and security are important indicators of social health.

Among parents with children in grades K-12, according to the Social State of Connecticut report:

- Fifty-five percent worry about their “child picking up attitudes or behaviors that go against their values.”
- Forty-five percent worry about their “child being safe in school.”
- Forty-one percent worry about students bullying other students.

Those concerns about bullying are justified by additional research, which indicates that bullying is common in Connecticut's elementary schools and that the frequency of it increases from grades one through five. Bullying typically includes name-calling, teasing, social isolation, and hitting. The students targeted with such behavior are far more likely to bring a weapon to school than those who aren't. Indeed, nationally, 29 percent of targets have brought weapons to school.

The damage extends to the bullies themselves. Those identified as bullies after the age of seven are six times more likely than other students to be convicted of a crime by the age of 24; they are four times more likely to have three criminal convictions by the age of 30.

Schools utilizing PBIS can expect improved teaching and learning environments; improved school climates, where students are more respectful and responsible; improved capacity for schools to support students with severe emotional and behavioral challenges; less reliance on reactive, aversive management practices to “control” behavior; and fewer cases of violence, harassment, noncompliance, and other major rule violations.

The National Technical Assistance Center on Positive Behavioral Interventions and Supports at the University of Connecticut and the University of Oregon was established in 1999 and is funded, in part, by the U.S. Department of Education to provide technical assistance and demonstrations of the implementation of effective behavioral support practices and interventions. More than 5,500 schools in more than 40 states have been supported in the implementation of the PBIS approach.

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Prepared by the Connecticut Commission on Children for the Connecticut General Assembly, April 2007.

Mentoring: One Smart Investment



Every young person needs the support of at least one caring adult. A special adult who takes the time to establish a close personal bond, offer friendship, and guide or advise can inspire a child or youth to greater achievement in school, more and better friendships with classmates, and avoidance of drugs and alcohol. A growing body of research proves this.

Fact: An estimated 160,000 children (25 percent) of Connecticut youth face challenges that place them at risk for poverty, health, family or other serious problems.ⁱ

Fact: There is a critical shortage of mentors in Connecticut, especially male and minority mentors. Of the children who could benefit from a mentor, only 12 percent are matched with a mentor.ⁱⁱ

Fact: Youth who have fewer resources, including those attending low performing schools, those with inadequate levels of family support, those living in poverty and those with low motivation levels, benefit the most from mentoring.ⁱⁱⁱ

Return on Investment

For every dollar invested in a high-quality mentoring program using trained community volunteers in Connecticut, \$3.28 could be saved in the avoidance of crime, school failure, child abuse, substance abuse and other costly negative outcomes.^{iv}

Potential Mentoring Cost Savings in Connecticut

	Approximate # of Eligible Children 6-17 years old	Taxpayer Cost (# eligible x \$1,236)	Cost Savings (Cost x \$3.28)
Connecticut	60,000	\$74.2 million	\$243.2 million
Hartford	9,800	\$12.1 million	\$39.7 million
Groton	500	\$618,000	\$2.0 million
Norwalk	1,200	\$1.5 million	\$4.9 million

Demonstrated Performance

- A Connecticut school-based mentoring survey revealed that children with mentors feel connected to their parents and to school and work hard to gain their teacher's trust.^v
- Bridgeport high school students who participated in a career-based mentoring program improved their social skills through strong youth-adult relationships and had fewer incidences than their peers of abusing substances.
- In Bristol, hundreds of children are involved in school-based mentoring and there is a positive correlation between their grades, attendance and participation in the program.

“Health Net proudly sponsors mentoring with our employees because we know the most important need for children at crucial stages in their lives is a kind, caring and consistent relationship with an adult that is at the heart of this partnership.”

Steve Nelson, President , Health Net of the North East

Mentoring and Positive Youth Outcomes

Youth development experts agree that mentoring is a critical element in any child's social, emotional and cognitive development. It builds a sense of industry and competency, boosts academic performance and broadens horizons.^{vi}

More than 106 businesses and corporations in Connecticut are currently involved in mentoring, many allowing their employees release time during the day to volunteer as mentors. In a 2003 study, 98 percent of mentoring employees said they were satisfied with the experience, 89 percent said the mentoring program made them proud to work for their company, and 99 percent believe their company should invest in youth to strengthen the future workforce.^{vii} In a Harris poll of Connecticut residents, 40 percent of those polled said that mentoring programs were extremely important to their community.^{viii}

Mentoring is currently being used in Connecticut as a strategy to help children improve academic performance and stay in school, help youth transition out of foster care and the juvenile justice system, assist youth in selecting and pursuing a career direction and supporting children to have better life outcomes.

A Public/Private Ventures study of Big Brothers/Big Sisters found that youth who were in a mentored relationship for a year were:^{ix}

- 27 percent less likely to begin using alcohol;
- 52 percent less likely to skip school; and
- 37 percent less likely to skip class.

In an evaluated study of mentoring programs in Connecticut, seventy percent of youth who had been in a mentoring relationship for seven months to more than two years and spent at least one hour per week with their mentor, reported these top effects of mentoring:

- Feel there are people who will help them if they need it (77 percent)
- Think it's important to help others (74 percent)
- Have higher expectations of themselves (71 percent)
- Feel there are adults who care about them (68 percent)
- Feel more confident in themselves (68 percent)

For more information: contact the Connecticut Commission on Children, 18-20 Trinity St., Hartford, CT 06106, Telephone: (860) 240-0290, E-mail: coc@cga.ct.gov, Website: www.cga.ct.gov/coc. See Footnote sources in *Reference Data and Sources* section of this document.

Policy and Prevention Programs Show Returns

In assessing the value of Connecticut's current and potential investments in its children, we look at the return on investment and demonstrated performance of programs before investing. The best buys are prevention focused.

Connecticut has become a national leader in prevention as a policy priority. In 2001, Connecticut enacted the first state law in the nation requiring a comprehensive state prevention plan. Five years later, a cutting-edge revision of the law further sought to prevent children and youth from falling behind – and to save taxpayer dollars in the process.

Prevention: How This Investment Works

Prevention is a stopgap to crisis and crisis-related spending. State government spends far too much on preventable crisis spending – huge sums to deal with the results of children and youth having difficulty or landing in trouble, including remedial and special education, incarceration and higher health care costs.

An ounce of prevention is worth a pound of cure, so the saying goes. But what is prevention?

Prevention is a science, not a human service gamble. It deals with potential problems before they become problems. In policy terms, it constitutes intervention with a particular population before a problem is manifested. Prevention achieves positive results by reducing the risk factors, known or suspected, while encouraging protective factors that promote health and well-being.

Prevention is results-based. It strives to anchor positive trends and reverse negative trends through measurable goals, indicators and data driven decision-making. Just as vaccination inoculates against disease, prevention inoculates against unnecessary crisis.

Prevention is a key antidote for state dollars spent to alleviate social problems. A state government that invests wisely in prevention is accountable and more efficient, and can save taxpayers money.

Taxpayers Beware: The Price We Pay For Failure

When our society fails to help children and families, these young people can become adults who tax our pocketbooks and reduce our state's economic productivity.

“Prevention work holds great promise . . . it uses common sense and appeals to one’s basic instincts by asserting that pain and suffering are better off averted, rather than managed.”

State of Connecticut Prevention Council, State Prevention Plan (2003)

Reference Data and Sources

Immunization

- ⁱ CDC. Impact of vaccines universally recommended for children US, 1900-1998. MMWR 1999;48(12):243-8CDC. Notice to Readers: Final 2003 Reports of Notifiable Diseases. MMWR 2004;53(30):687
- ⁱⁱ Ibid.
- ⁱⁱⁱ Hatziandreu, E., Brown, R., & Halpern, M. (1994). *A Cost- Benefit Analysis of the Measles-Mumps-Rubella (MMR) Vaccine*. Final report prepared for National Immunization Program, Centers for Disease Control and Prevention (Arlington, VA: Center for Public Health Research and Evaluation, Battelle Memorial Institute. Cited in Childrens Defense Fund. (2006). *Improving childrens health*, 14. Washington, DC: Author.
http://www.childrensdefense.org/site/DocServer/CDF_Improving_Children_s_Health_FINAL.pdf?docID=1781 (accessed Dec. 14, 2006).
- ^{iv} Hatziandreu, E., Palmer, C., Brown R., & Halpern, M. *A cost benefit analysis of the diphtheriatetanus-pertussis vaccine*. Arlington, VA: Battelle, 1994. Cited in Centers for Disease Control and Prevention. (1999, Oct). *An ounce of prevention...what are the returns?*, 2nd ed. rev. Atlanta, GA: U.S. Department of Human Services
<http://www.uic.edu/sph/prepare/courses/chsc400/resources/ozprev.pdf> (accessed Dec. 14, 2006).
- ^v Centers for Disease Control and Prevention. (1999, Oct). *An ounce of prevention...what are the returns?*, 2nd ed. rev. Atlanta, GA: U.S. Department of Human Services
<http://www.uic.edu/sph/prepare/courses/chsc400/resources/ozprev.pdf> (accessed Dec. 14, 2006).
- ^{vi} 2003 birth and death data from CT Dept of Public Health
- ^{vii} Community Results Center, United Way of Connecticut. (2007, Mar. 26). *Return on investment stock portfolio – immunizations and mentoring*. Rocky Hill, CT: Author.
- ^{viii} CDC Vaccine Price List: Prices last reviewed/updated March 1, 2007.
http://www.cdc.gov/nip/vfc/cdc_vac_price_list.htm.
- ^{ix} U.S. National Immunization Survey, Q1/2005-Q4/2005
- ^x CDC. Impact of vaccines universally recommended for children US, 1900-1998. MMWR 1999;48(12):243-8CDC. Notice to Readers: Final 2003 Reports of Notifiable Diseases. MMWR 2004;53(30):687

Home Visitation

- ⁱ Connecticut Childrens Trust Fund. (2006). *A report from the Childrens Trust Fund*, 14.
- ⁱⁱ Fight Crime: Invest in Kids. (2003, Aug. 26). *New hope for preventing child abuse and neglect in Connecticut*. Washington, DC: Author.
- ^{iv} Connecticut General Assembly, Office of Fiscal Analysis. (2005). *Connecticut state budget, 2005-2007*.
- ^v Price, S., & O'Neil, R. (2005, Dec. 5). *State-by-state comparison of adoption and foster care costs*, 14. Connecticut General Assembly, Office of Legislative Research.
- ^{vi} Community Results Center, United Way of Connecticut. (2006, Feb. 24). *Nurse-family partnership return on investment*. Rocky Hill: Author.

vii Task Force on Community Preventive Services. (2003, Sept. 9). New findings demonstrate early childhood home visitation prevents child maltreatment. *Guide to community preventive services*. (<http://www.thecommunityguide.org/violence/viol-int-homevisit.pdf>, accessed Mar. 26, 2007). Atlanta, GA: Centers for Disease Control and Prevention. Task force convened by federal Centers for Disease Control and Prevention.

viii Connecticut Childrens Trust Fund. (2006). *A report from the Childrens Trust Fund*, 16.

ix Olds, D. (2005, Feb. 28). *Nurse-family partnership*. University of Colorado Health Sciences Center.

x *Prevention Works!* (Undated.) Sponsored by Governor's Prevention Partnership et al.

xi Santangelo, S. (2006, Aug. 17). Wheeler Clinic. Plainville, CT

Additional notes:

Nurturing Families Network information on "family-centered practice" is from:

State of Connecticut Children's Trust Fund. (2007, Jan.) *The Nurturing Families Network policy and practice manual: 2007 edition*, I.A.3. (http://www.ct.gov/ctf/lib/ctf/full_policy_manual_sections_1-8-07.pdf, accessed Mar. 28, 2007). Hartford: Author.

Prevent Child Abuse America public awareness survey information is from:

Kirkpatrick, K. (1999). *U.S. parents want help with newborns: lack of experience and skill seen as reason for increased child abuse and neglect*. 1999 public awareness survey. Chicago: Prevent Child Abuse America. Reported in Zigler, E., Finn-Stevenson, M., & Hall, N. (2002). *The first three years & beyond*, 120. New Haven: Yale University Press.

Parent Engagement

i Henderson, A., & Mapp, K. (2002). *A new wave of evidence: the impact of school, family, community connections on student achievement*. Austin, TX: National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory.

ii Henderson, A. T., & Berla, N. (1994). *A new generation of evidence: the family is critical to student achievement*. Washington, DC: Center for Law and Education; Lontos, L. (1992). *At-risk families and schools becoming partners*. Eugene, OR: University of Oregon, ERIC Clearinghouse on Education Management.

iii Westat and Policy Studies Associates. (2001). *The longitudinal evaluation of school change and performance in Title I schools*. Washington, DC: U.S. Department of Education, Office of the Deputy Secretary, Planning and Evaluation Service (online at http://www.ed.gov/offices/OUS/PES/esed/lescp_highlights.html, accessed Jan. 24, 2007). Cited in Henderson, A. & Mapp, K.(2002). *A new wave of evidence: the impact of school, family and community connections on student achievement*, 28. Austin, TX: National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory (online at <http://www.sedl.org/connections/resources/evidence.pdf>, accessed Jan. 24, 2007).

iv Solloway, M., & Girouard, S. (2004, Apr.). *Voices of change for Connecticut's children: promoting parent leadership and civic literacy*.

v Hartford Public Schools, City of Hartford, Hartford Foundation for Public Giving & Philliber Research Associates. (2002). *Preparing Hartford's children for school*.

vi Westat and Policy Studies Associates. (2001). *The longitudinal evaluation of school change and performance in Title I schools*. Washington, DC: U.S. Department of Education, Office of the Deputy Secretary, Planning and Evaluation Service (online at http://www.ed.gov/offices/OUS/PES/esed/lescp_highlights.html, accessed Jan. 24, 2007). Cited in Henderson, A. & Mapp, K. (2002). *A new wave of evidence: the impact of school, family and community connections on student achievement*, 28. Austin, TX: National Center for Family & Community Connections with Schools, Southwest Educational Development Laboratory (online at <http://www.sedl.org/connections/resources/evidence.pdf>, accessed Jan. 24, 2007).

vii U.S. House of Representatives, Select Committee on Children, Youth, and Families. (1990, Oct.) *Opportunities for success: cost-effective programs for children update*, 85. Washington, DC: U.S. Government Printing Office. Citing Haynes, N.M. & Comer, J.P. (1987, unpublished). *The effects of parental involvement on student performance*.

Additional note: Reynolds and Clements quotation is from:

Arthur Reynolds and Melissa Clements, "Parental Involvement and Children's School Success," in Patrikakou et al., *School-Family Partnerships: Promoting the Social, Emotional, and Academic Growth of Children*. New York: Teachers College Press, 2005 (in press)

Quality Preschool

ⁱ Shore, R. (1997). *Rethinking the brain, new insights into early development*. New York: Families and Work Institute.

ⁱⁱ Committee for Economic Development. (2006). *The economic promise of investing in high quality preschool*.

ⁱⁱⁱ Connecticut Commission on Children. (2004, Apr.). *Opening the kindergarten door*. Executive summary. Hartford: Author.

^{iv} Carnegie Corporation of New York. (1994). *Starting Points: meeting the needs of our youngest children*. New York, NY Carnegie Corporation. Executive Summary.

^v Community Results Center, United Way of Connecticut. (2006, Feb. 24). *High/Scope Perry preschool return on investment*. Rocky Hill, CT: Author.

^{vi} Connecticut Commission on Children. (2004, Apr.). *Opening the kindergarten door*. Executive summary. Hartford: Author.

^{vii} Watson, D. (2002, Jan.). *Bridgeport school readiness longitudinal study*. Bridgeport, CT: Bridgeport Public Schools.

^{viii} Gilliam, W. & Fahey, C. (2002, Feb 28). Middletown school readiness: bridging the gap. Presented to the CT General Assembly, Education Committee.

^{ix} S. Harvey & C. Marcus. (Undated). *The benefits of pre-school education*. Milford, CT.

Additional note: "Before entering formal education" information is from: Connecticut Commission on Children. *Why reading is vital to babies*.

Early Reading

ⁱ National League of Cities. (2002). *Our children, our future*, 6. Washington, DC: Author.

ⁱⁱ U.S. Department of Education, National Center for Education Statistics. (2006). *The nations report card: state reading 2005, Connecticut grade 4 public schools*. NCES 2006-452CT4. (<http://nces.ed.gov/nationsreportcard/pdf/stt2005/2006452CT4.pdf>, accessed Mar. 23, 2007). Data is based on percentage of students below proficient level in reading.

ⁱⁱⁱ Lyon, G.R. (1999, Feb. 20). *The science of learning to read and the art of teaching*. Summary of Dr. Reid Lyon's lecture message by Scott Flemming.

^{iv} Brady et al., in press; McCombes-Tolis & Feinn, in press; Spear-Swerling, Brucker, & Alfano. (2005); National Council on Teacher Quality, 2006.

^{vi} White, J. (2007, Mar. 19). Connecticut Department of Education.

^{vii} RAND Reading Study Group. (2002). *Reading for understanding: Toward an R&D program in reading comprehension*. Arlington, VA: RAND.

^{viii} Lyon, G.R. (2001, Mar. 8). *Measuring success*. Testimony before Subcommittee on Education Reform, Committee on Education and the Workforce, U.S. House of Representatives.

^{ix} Moats, L. C. (1999). *Teaching reading IS rocket science: What expert teachers of reading should*

know and be able to do. Washington, DC: American Federation of Teachers.

^x Moats (1999); National Academy of Education (2005)

^{xi} U.S. Department of Health and Human Services.

After School

ⁱ Brown, L. & Pons, S. (Undated). *After the School Bell Rings!* Connecticut AfterSchool Alliance.

ⁱⁱ Newman, S., Fox, J., Flynn, E. & Christeson, W. (2000). *America's After-School Choice*. Washington, DC: Fight Crime: Invest in Kids.

ⁱⁱⁱ Snyder, H. & Sickmund, M. (1999, Sept.). *Juvenile Offenders and Victims: 1999 National Report*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

^{iv} Newman, S., Fox, J., Flynn, E. & Christeson, W. (2000). *America's After-School Choice*. Washington, DC: Fight Crime: Invest in Kids.

^v Taggart, R. (1995). *Quantum Opportunities Program*. Philadelphia: Opportunities Industrialization Centers of America.

^{vi} Jones, M.A., and Offord, D.R. (1989). Reduction of Antisocial Behavior in Poor Children by Nonschool Skill-Development. *Journal of Child Psychology and Psychiatry and Allied Disciplines* 30:737-750.

^{vii} Cohen, M.A. (1997, July). *The Monetary Value of Saving a High Risk Youth*, July 1997 Unpublished, reported in S. Newman, J. Fox, E. Flynn & W. Christeson (2000). *America's After-School Choice*. Washington, DC: Fight Crime: Invest in Kids.

^{viii} Newman, S., Fox, J., Flynn, E. & Christeson, W. (2000). *America's After-School Choice*. Washington, DC: Fight Crime: Invest in Kids.

^{ix} Lattimore, C.B., Mihalic, S.F., Grotmeter, J.K., Taggart, R. (1998). *The Quantum Opportunities Program*. In Elliott, D.S., eds. *Blueprints for violence prevention series*. Boulder, CO: Center for the Study and Prevention of Violence, University of Colorado.

Additional note: Fight Crime: Invest in Kids quotation from:

Newman, S., Fox, J., Flynn, E. & Christeson, W. (2000). *America's After-School Choice*. Washington, DC: Fight Crime: Invest in Kids.

Safe Schools

ⁱ Center for Study and Prevention of Youth Violence at University of Colorado, Boulder (2007). Safe and Responsible Schools at Indiana University (2007). Center on Positive Behavioral Interventions and Supports (2007).

ⁱⁱ Connecticut State Department of Education. (2006, Aug). *The condition of education in Connecticut*. Hartford, CT: Author.

ⁱⁱⁱ Horner et al. (2007). *A randomized controlled trial assessing school-wide positive behavior support in elementary schools*. Center on Positive Behavioral Interventions and Supports at the University of Oregon and University of Connecticut.

^{iv} Sugai, G. (2007, Mar. 9). *Talking points for "school-wide positive behavior support"*. Storrs, CT: University of Connecticut Neag School of Education, Center for Behavioral Education and Research.

^v Sugai, G., Horner, R. H., Dunlap, G. Hieneman, M., Lewis, T. J., Nelson, C. M., Scott, T., Liaupsin, C., Sailor, W., Turnbull, A. P., Turnbull, H. R., III, Wickham, D., Wilcox, B., & Rief, M. (2000). Applying positive behavioral support and functional behavioral assessment in schools. *Journal of Positive Behavior Interventions*, 2, 131-143.

^{vi} Clear Lake Elementary School (2005). Bethel School District, Eugene, Oregon.

^{vii} Taylor-Greene, S., Brown, D., Nelson, L., Longton, J., Gassman, Cohen, J., Swartz, J., Horner, R. H.,

Sugai, G., & Hall, S. (1997). School-wide behavioral support: Starting the year off right. *Journal of Behavioral Education*, 7, 99-112.

viii Springfield Middle School (2005). Maryland.

ix Eber et al. (2005). Illinois State-wide PBIS Initiative Annual Progress Report.

x Blackwell et al. (2002). Jesse Bobo Elementary School. South Carolina.

Mentoring

i Governor's Prevention Partnership. Connecticut Mentoring Partnership webpage (<http://www.preventionworksct.org/mentor.html>), accessed Mar. 25, 2007).

ii Governor's Prevention Partnership.

iii Jekielek, S., Moore, K., Hair, E., & Scarupa, H. (2002, Feb). *Mentoring: a promising strategy for youth development*. (http://www.childtrends.org/what_works/clarkwww/mentor/MentorBrief.pdf), accessed Mar. 26, 2007). Washington, DC: Child Trends.

iv United Way of Connecticut. (2007, Mar. 26). *Return on investment stock portfolio – immunizations and mentoring*. Rocky Hill, CT: Author. Based on Washington State Institute for Public Policy (WSIPP) return on investment analysis of Big Brothers/Big Sisters program in Washington.

v Connecticut Mentoring Partnership, of the Governor's Prevention Partnership

vi MENTOR/National Mentoring Partnership. *Mentoring in America 2005*. (2005). (<http://www.mentoring.org/leaders/files/pollreport.pdf>), accessed Mar. 26, 2007). Alexandria, VA: Author.

vii Governor's Prevention Partnership. Become a Mentor webpage (online at <http://www.preventionworksct.org/becomement.html>), accessed Mar. 26, 2007).

viii Connecticut Commission on Children & Research!America. (2001, Dec. 12). *Research!America and Connecticut Commission on Children release first statewide poll on prevention research*. Press release; Research!America. (Undated.) *Connecticut residents speak out on prevention research*.

ix Tierney, J., Grossman, J., Resch, N. (1995, Nov). *Making a difference: an impact study of Big Brothers/Big Sisters*. Public/Private Ventures.

Additional note: Connecticut youth mentoring evaluation data is from:

The Governor's Prevention Partnership. (2003). Evaluation study of mentoring programs in Connecticut: executive summary.