



## THE HOPE TRUST FOR DELAWARE'S KIDS

### *A Proposal To Invest Delaware's Windfall Revenues In a Long-Term Program To Improve the Lives of Delaware's At-Risk Children*

Delaware has underinvested in its children, particularly those who grow up at or near the poverty line. We know that there are programs that we as a state can pursue to help these kids, because they are programs that have worked in other places and sometimes even here in Delaware. But we have not pursued them, in part because the state has been living through lean financial times. There are enormous long-term costs to failing to put Delaware's kids in a position to succeed – including costs that are borne by the criminal justice system.

This year, the state finds itself with over \$50 million in unanticipated one-time tax dollars. There will be a temptation to use all of these funds to balance next year's budget. We encourage the state to do something else: to place these funds in a trust to be spent over a four-year period to enhance the support that the state provides to children who desperately need the help.

We propose that the funds be used in the following way. The programs proposed here are either based upon existing, tested programs, or are structured in a way to ensure that applicants for program funds are forced to demonstrate how the programs will be successful.

- 1. Helping Low Income Infants and Toddlers.** The Nurse Family Partnership Program is a decades-long, nationally recognized program that sends nurses to the homes of first-time low-income mothers to ensure that their children get off to a good start in life. There are comprehensive studies showing the benefits of the Nurse Family Partnership program in a wide variety of developmental, educational, and other areas.<sup>1</sup> For a time, Delaware led the nation in implementing the Nurse Family Partnership program, but in recent years the loss

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<sup>1</sup> Many of the studies are outlined at the Nurse Family Partnership's national web site at <https://www.nursefamilypartnership.org/about/proven-results/>.

of federal grant funds and cuts in state funding have caused dramatic cuts to the program. ***We propose that the state spend \$10 million over four years to significantly expand the number of children born to first-time, low income mothers who receive services from the Nurse Family Partnership program.***

2. **Enrolling More Low Income Children in Pre-K Programs.** The benefits of quality Pre-K programs for children’s later educational success have been exhaustively documented. Yet, Delaware continues to rank poorly among states with respect to the percentage of its three and four year olds who are enrolled in state and federally funded Pre-K programs. Nationally, 43.1% of four year olds are enrolled in one of three programs: a state Pre-K program, state special education Pre-K program, or federally funded Head Start Program. In Delaware, the number is less than half that: 21.4%.<sup>2</sup> By expanding its Early Childhood Assistance Program, the state can expand the number of three and four year old students attending Pre-K, and focus its attention on children living at or near the poverty line. ***We propose that the state spend \$10 million over four years to expand pre-school enrollment among low-income three and four year olds through the ECAP program.*** The state’s ECAP programs represent among the highest level of quality for Pre-K education. Even this level of Pre-K expenditure will leave Delaware below the national average for enrolled students, but it will certainly be an improvement.
3. **Helping Children in High-Poverty Elementary Schools.** There are a small number of elementary schools in Delaware that educate an extraordinarily high percentage of young children who live in poverty. Many of these children come to school with challenges that other students do not face, and when over two thirds of the students in a classroom come from economically challenged backgrounds, there are inevitably pedagogical and classroom management challenges that result. We believe that the teachers, administrators, and parents on the front lines of these schools know best how to address these challenges, and that they should be provided with additional resources in order to be able to do so. ***We propose that the state spend \$10 million over four years to provide grants to the ten elementary schools in the state that have over 70% of their students living in households below the poverty line.***<sup>3</sup> This would allow each of these schools \$250,000 per year in additional funds to hire or contract with additional teachers, counselors, or other individuals who could assist these students with the challenges they face. Our proposal is that school-

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<sup>2</sup> “The State of Pre-School 2016,” National Institute for Early Education Research, Rutgers Graduate School of Education (2017).

<sup>3</sup> Based on 2016-2017 school profiles, these schools would be Bancroft Elementary, East Side Charter School, Elbert Palmer Elementary, Highlands Elementary, Lewis Dual Language Elementary, Shortlidge Elementary, Stubbs Elementary, Thomas Edison Charter School, Towne Point Elementary School, and Warner Elementary. If this funding were approved by the legislature, it would be granted based on the most current school alignments and student profiles.

level committees, with representation from administration, teachers, and parents, apply to the state Department of Education for these grant funds, which should be approved by DOE as long as they are for hiring of additional personnel. School districts would be forbidden from using these funds to supplant money already being allocated to these schools.

- 4. Expanding After-School and Summer Programs for Children in Low Income Neighborhoods.** It is well documented that after-school and summer programs, which provide young people with a structured and safe environment outside of regular school hours, have a number of positive effects.<sup>4</sup> Unfortunately, these types of programs are in short supply for students from low-income households, whose parents often do not have the funds to enroll them in after-school or summer programs. In 2013, the state created a competitive grant program for organizations providing after-school and summer programs. A number of excellent programs were funded, but funding for the initial program was limited and it has diminished over time. ***We propose that the state spend \$10 million over four years to dramatically expand its competitive grant program for after-school and summer programs, and specifically target those grants at programs that serve children from low income neighborhoods. We also propose that some of these grants be specifically earmarked for programs targeted at students twelve and older.***
- 5. Improving Rehabilitation/Re-Entry Programs For Juveniles Exiting Juvenile Correctional Facilities.** Delaware’s recidivism rate for juveniles leaving its juvenile correctional facilities is extraordinarily high – approximately 80% of the young people who spend time in juvenile correctional facilities commit new crimes once they are released. This is not a complete surprise. Once children leave the state’s secure facilities, they generally return to the same homes, neighborhoods, and circumstances where they were living when they committed their initial offenses, with little formal programming to keep them out of trouble. Two specific types of programming have proven successful in addressing recidivism among juveniles: cognitive behavioral therapy programs, and family-centered programs that seek to improve youth-family interactions, improve parenting skills, and connect youth to positive adults, peers, and activities in the community.<sup>5</sup> ***We propose that the state spend \$10 million over four years to provide competitive grants to non-profit organizations that seek to provide cognitive behavioral therapy programs and family-centered programs to juveniles after release from Delaware juvenile correctional facilities.*** These

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<sup>4</sup> “After-School Programs in the 21<sup>st</sup> Century: Their Potential and What It Takes to Achieve It,” Harvard Family Research Project, February 2008 (available at <http://mediad.publicbroadcasting.net/p/wabe/files/201703/OSTissuebrief10.pdf>).

<sup>5</sup> “Core Principles for Reducing Recidivism and Improving Other Outcomes For Youth in the Juvenile Justice System,” Council of State Governments Justice Center (2014) at p. 18.

grants would be awarded by the Division of Youth Rehabilitative Services and overseen by the Criminal Justice Council.

6. **Creating a Recovery High School For Delaware Students Battling Substance Abuse.** Part of Delaware’s opioid crisis is a troubling level of substance use disorder among high school aged juveniles. Traditional high schools are not ideal for students struggling with substance use disorder, who need intensive and specialized counseling along with their academic work if they are to both recover and keep pace academically. There are a number of “recovery high schools” around the country, including some near Delaware, that provide good models for Delaware to emulate in creating such a high school. The annual operating cost of operating a manageable sized recovery high school (i.e. up to 20 students at a time) is approximately \$500,000/year. ***We propose that the state spend \$2 million over four years to provide the initial operating costs for a recovery high school in Delaware.*** The Red Clay School District has already volunteered to provide the physical space for such a school.
  
7. **Paying for the Costs of Implementing the Data Analysis Program Recommended by the CDC Report.** The Centers for Disease Control has recommended that Delaware take advantage of “linked administrative data systems” to provide early, comprehensive help to young people in Wilmington who might later become violent offenders. It has been estimated that the one-time cost of linking these systems, once technological and legal issues have been resolved, is approximately \$2 million. ***We propose that the state spend \$2 million to establish the linked administrative data systems recommended by the CDC.***

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