

**Testimony of Beth Bye, Commissioner, Office of Early Childhood
Before the Committee on Children
Thursday, February 13, 2025**

Good morning, Senator Maher, Representative Paris, Senator Martin, Representative Dauphinais and distinguished members of the Committee on Children. I am Beth Bye, Commissioner of the Office of Early Childhood (OEC). I am here today to testify concerning three bills:

- **H.B. 6899 – An Act Concerning Early Educator Pay Equity**
- **H.B. 6900 – An Act Establishing a Task Force to Study Child Development and Perinatal Depression Screening Tools and Data Sharing System**
- **H.B. 6903 – An Act Establishing a Pilot Program to Disseminate Information Concerning Child Care Services, Early Intervention Programs and Financial Assistance Programs to Patients Receiving Prenatal Care**

The OEC appreciates the intent of **H.B. 6899 – An Act Concerning Early Educator Pay Equity** and is supportive of efforts that address the compensation levels of the early childhood workforce. The Blue Ribbon Panel report cites that child care wages are 23% lower than workers in competing fields. The Blue Ribbon Panel report identifies the inextricable link between stabilizing the workforce and compensation for a high-quality workforce. The report's first goal - *"Invest in and Support the Retention and Recruitment of a Professional High-Quality ECE Workforce"* - speaks to the critical need for a well-educated early childhood workforce with parity with public school teacher compensation levels and founded on the infrastructure outlined in the Unifying Framework for the Early Childhood Education Profession. This Blue Ribbon Panel goal also identifies the import of simplifying our 15-step Career Ladder into a 3-step Career Ladder. The OEC is taking action as directed by Public Act 24-78 to align with the three levels of the Unifying Framework, thereby defining the necessary levels of education and scope of work of individuals working with young children. This step will ensure that parity of

The Blue Ribbon Panel report proposes using the state-funded rate structure to support increased salaries in early childhood. The intent of the Governor's proposed Universal Preschool Endowment is to require participating programs who apply for the enhanced rates in Fiscal Year 2028 to meet a teacher pay scale in line with current Kindergarten Teacher salaries. The Blue Ribbon Panel did not recommend grants to employees to improve salaries, but rather ongoing rate increases that support improved salaries. We believe the strategy of rate increases is a more sustainable and systematic approach and takes the OEC and State of Connecticut out of the role of developing special grant programs to pay small business and public school staff directly.

As required by Public Act 19-61, the OEC developed a proposed compensation schedule for lead teachers employed in OEC state-funded programs. That work was expanded to also demonstrate

alignment with the Unifying Framework. The resulting recommended Salary Schedule provides guidance to state-funded programs toward the goal of meeting minimum compensation recommendations for early care and education educators. The intended scope of the compensation schedule, as written, is intended for OEC state-funded programs that the agency has programmatic and funding purview.

In this current context, the Governor's proposal to establish a Universal Preschool Endowment would increase rates of payment for OEC state-funded spaces over time, ultimately to pay for the full cost of care. This builds on the state's commitment over the past three years that increased both Care 4 Kids and state-funded rates. The intent of increased payment rates is to provide additional funding to programs so they are able to enhance educator salaries that are aligned with qualifications.

As stated at the outset, we appreciate the intent of H.B. 6899; however, we support the approach of the Governor's budget for the Universal Preschool Endowment and continued General Fund investment in our early childhood system.

The OEC also appreciates the intent of the following two bills:

- **H.B. 6900 – An Act Establishing a Task Force to Study Child Development and Perinatal Depression Screening Tools and Data Sharing System**
- **H.B. 6903 - An Act Establishing a Pilot Program to Disseminate Information Concerning Child Care Services, Early Intervention Programs and Financial Assistance Programs to Patients Receiving Prenatal Care.**

The goals of these two bills are noteworthy and address the same aspirations of the OEC. To avoid duplication of effort and waste of valuable state fiscal resources, we want to provide the Committee with an overview of the existing services, programs, screening tools, and studies under the purview of our agency. This includes our CT Home Visiting System, the Universal Nurse Home Visiting pilot in Bridgeport and Norwich, Help Me Grow, Sparkler Mobile App, and the CT Early Years Research Study.

The OEC's Division of Family Support administers state and federally funded initiatives to:

- Strengthen the capacity of families to meet the developmental and health related needs of their infants and toddlers who have delays or disabilities, and
- Prevent child abuse and neglect by helping families and communities be responsive to children, ensuring their positive growth and development.

These efforts include contracting with a broad range of organizations to implement evidence-based programs with families and their children, collaborate with community stakeholders, fund and support innovations in the field, and conduct research to assess the effectiveness of programs and develop strategies for improvement.

CT Home Visiting System

The CT Home Visiting System provides voluntary, evidenced-based home-based supports to at-risk parents, both prenatal and with young children. The goal is to promote positive parenting, improve maternal and child physical and socio-emotional health, and promote optimal child development. The OEC administers 19 state and federally funded evidence-based home visiting programs to provide services through four evidence-based home visiting models: Parents as Teachers, Child First, Nurse Family Partnership, and Healthy Families America. Throughout FY24, the CT Home Visiting system provided support to 2,896 families and 2,800 children in a hybrid fashion utilizing various virtual platforms to reach families in conjunction with in-person visits. The Home Visiting System has been shifting to work to serve more families as early as possible, and will continue to look for ways to get to parents even earlier than the current system,

During the evidence-based home visits, the home visitor will provide services through a variety of content areas such as but not limited to parent/child interaction, child development, case management, community connections and referrals, mental health awareness, basic needs, and information for parents to support their children's development through specific learning activities. During the home visit, a depression screening is completed with the primary caregivers using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). Tools used include Edinburgh Postnatal Depression Scale (EPDS), Center for Epidemiologic Studies Depression Scale– Revised (CESD-R), and Patient Health Questionnaire 9 (PHQ-9).

Universal Nurse Home Visiting/Family Bridge Program

Universal Nurse Home Visiting “Family Bridge” is a pilot program for families with new babies, offering the family access to a Registered Nurse and certified Community Health Workers. Family Bridge launched at Bridgeport Hospital in October 2023, expanded to include St. Vincent's Medical Center in May 2024, and is currently launching at Backus Hospital in Norwich.

Commissioners and designees from five state agencies created this multiagency, multidisciplinary Family Bridge, integrating the evidence-based universal nurse home visiting (UNHV) model developed by Family Connects International (FCI) with Community Health Workers to identify, intervene and address the Social Determinants of Health impacting maternal and child health. We are working to further integrate this with the state's current OEC home visiting programs as we look to maximize information and supports to parents as early in life as possible.

The FCI model is committed to strengthening bonds for families of newborns by linking them directly to community resources. FCI provides in-home clinical care by Registered Nurses and referrals to local community partners for newborns and their families. This model is designed to support positive, optimal maternal-child health outcomes while promoting alignment of community systems. FCI nurses are

trained to assess the newborn and mother and discuss next steps, concerns and necessary medical treatment as needed. The nurses provide 1-3 visits with families and the number of visits is dependent on the needs of the family with an average of 1-2 visits per family.

During each visit the family receives, from the Registered Nurse and Community Health Worker, check-ups, wellness exams, education, and connections with community resources - from diapers to high quality child care. FCI requires screening for perinatal mood and anxiety disorders using the Edinburgh Postnatal Depression Scale as part of its integrated home visit protocol. However, screening is not recommended if the caregiver was screened, in the last five days, positively for mental health concerns during the postpartum period with sufficient evidence of appropriate follow-up and referral.

This evidence-based model improves health outcomes for moms and babies including reduced parental depression and anxiety, reduced costly emergency department visits and recidivism for mothers and newborns, improving safety of home environment, preventing/reducing adverse childhood experiences (ACES).

Help Me Grow

Help Me Grow is a statewide program that serves children and their families starting from pregnancy. Services are accessed by connecting with the centralized 211 Child Development helpline. The Help Me Grow model connects families with a system of community resources to help them thrive, including health care, quality early learning experiences, healthy nutrition, and parent support. Connecticut is the founding state of the Help Me Grow model, now reaching 25 states.

Help Me Grow services include:

- Free developmental screening program - Ages & Stages Questionnaires® (ASQ-3 and ASQ-SE) - to monitor a child's development from birth to age 5, via Sparkler mobile app, online or mailed questionnaire
- Information about children's typical development and behavior
- Connections to community-based programs and services
- Connecting community providers with networking and training opportunities

The OEC Birth to Three system is working closely with Help Me Grow to streamline the referral process into Birth to Three. Providers are delivering handouts to families for both the Help Me Grow and the Birth to Three systems, including any additional necessary information. OEC staff work in partnership to ensure families know about and are referred to appropriate programs, including Help Me Grow and Birth to Three.

Sparkler Mobile App

Sparkler is a mobile app-based service brought to Connecticut families with program and funding support of the OEC. Sparkler mobile application helps families and early childhood educators monitor children's development milestones and provides ideas to promote learning at home. Parents can download the Sparkler app to complete the Ages & Stages Questionnaires® (ASQ-3 and ASQ-SE), answering questions about their child's development and social emotional growth. Results of the ASQ-3 and ASQ-SE indicate whether further evaluation is needed to determine if a child has a delay or disability and/or qualifies for intervention services such as Birth to Three or Preschool Special Education.

Sparkler app includes the following features:

- ASQ-3 & ASQ:SE-2 evidence-based developmental and social-emotional screening tools
- Digital library containing over 1,000 play activities to promote child development
- Coaching by early childhood experts for families and community partners
- Information, resources, and referrals by accessing 2-1-1 Child Development/CT Help Me Grow

As of January 2024, Sparkler launched the prenatal component within the application where expecting parents can use the application throughout pregnancy to help them prepare for their babies, support healthy pregnancies, and connect with supports for families in Connecticut. Once babies are born, parents can continue using Sparkler throughout early childhood to keep learning and growing with their babies.

Parent to Parent Outreach

Starting in 2024, OEC began a parent-to-parent outreach project in Connecticut's six communities with the census tracts with the highest child poverty rates. This project is in recognition that typical marketing efforts is not always working to recruit young children to open seats for preschool and infant and toddler care. OEC believes that this type of parent outreach work is essential to improve knowledge among parents about early childhood services and will be built into the Governor's Universal Preschool Endowment program.

Parent Portal Development

OEC is using CCDF Federal Funds and will apply Early Start CT funds to develop a parent portal that informs parents about early childhood services in Connecticut. This bill works to address the same problem the parent portal seeks to improve – better outreach and information about early childhood services.

CT Early Years Research Study

The CT Early Years research study, supported with \$20 million in federal ARPA funding, is a collaborative study encompassing OEC early care and education funded programs and UCONN's School of Education Research Department. This study focuses on understanding the impact of early family interventions on high-quality early childhood experiences and outcomes. Based on the science of "whole

child: whole family” services, the intervention brings comprehensive family services to community-based child care settings, both center and family child care.

Participating programs provide child care program with the additional resource of a Family Consultant, an individual trained to support parents in meeting their parenting, educational, economic, and self-sufficiency goals. Family Consultants work with families to connect with community resources, provide parenting support, and bring families together for peer support.

While we support the intent of H.B. 6903, we do not recommend establishing this pilot as it is duplicative of similar efforts underway at the OEC. Moreover, OEC does not have the staffing capacity nor funding to undertake this pilot. Regarding H.B. 6900, the OEC is a willing partner to serve on the task force as it will likely yield better insight into current efforts across agencies and identify existing needs and gaps in services and data sharing.

Thank you for your time and attention. Our goal is to provide the Committee with information and context about existing services to help inform you as you continue to work on advancing policy and legislation. The OEC is committed to working together—with legislators, the executive branch, providers, advocates, and parents—to better serve our families with young children.

The Connecticut Office of Early Childhood advances a two-generation family-centered approach in our pursuit of optimal health, safety, and learning outcomes for young children. Through our core programs, we support infant and toddler care, preschool, after-school care, child care and youth camp licensing, home visiting, and early intervention to address developmental delays. OEC is working toward better-coordinated, cost-effective services that support Connecticut’s youngest children and families.