Home Visiting Town Hall Questions Summary (3-23-20)

FAMILY NEEDS

How can we support families experiencing basic need shortages?

OEC's Family Support Services unit is working on this matter by reaching out to specific organizations and/or businesses for donations. We encourage program staff to call and/or visit **www.211ct.org**, and seek reliable information and resources because it may vary across communities. Guidance on how to most efficiently search 2-1-1 is included in Appendix A.

Is there a way we can get data from 2-1-1 to know what needs/questions people have?

We have reached out to 2-1-1 and will get back to you.

What resources are available for clients experiencing mental health issues?

Please see Appendix B & C at the end of this memo for a list of contacts and organizations accepting new clients at the time of writing.

Are there any resources for undocumented families?

Please see Appendix D below for a list of agencies/organizations supporting undocumented families.

CHILD WELFARE

What is the legal age a child can stay home alone in CT?

Connecticut law does not specify at what age a child may be left home alone. When deciding whether or not to leave a child home alone, a parent should consider the child's age. Many experts believe that a child should be at least 12 years of age before they are allowed to stay home alone. Experts also believe that children should be over the age of 15 before caring for a younger sibling.

Additionally, parents should consider other factors when deciding if their child is ready to stay at home alone. A child's maturity should be considered. Also, a child's ability to handle urgent situations should be reviewed. A parent should also take into account the environment in which the child will be alone, and the child's feelings about being alone. Additional guidance from DCF on this matter can be found **here**.

Does DCF have any emergency plan for families in their care (some of them are shared clients) who are now home with children (not in schools) with additional stressors. Are visits being made?

DCF has specified a protocol to continue home visits. Please see the memo **here** to read the protocol.

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HEALTH ISSUES

- **What is the risk to pregnant women of getting COVID-19?**

  We do not currently know if pregnant women have a greater chance of getting sick from COVID-19 than the general public, nor whether they are more likely to have serious illness as a result. Pregnant women experience changes in their bodies that may increase their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness. It is always important for pregnant women to protect themselves from illnesses. More information from the CDC can be found **here**.

- **How can pregnant women protect themselves from getting COVID-19?**

  Pregnant women should do the same things as the general public to avoid infection. You can help stop the spread of COVID-19 by taking these actions:

  - Cover your cough (using your elbow is a good technique)
  - Avoid people who are sick
  - Clean your hands often using soap and water or alcohol-based hand sanitizer

  You can find additional information on preventing COVID-19 disease at the CDC's Prevention for **2019 Novel Coronavirus**.

- **If the mothers might be infected with coronavirus, can they still breastfeed?**

  Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic person-under-investigation should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts, and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant. More information from the CDC can be found **here**.

- **Can COVID-19 be passed from a pregnant woman to the fetus or newborn during pregnancy?**

  We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or delivery. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breastmilk.

- **Do you foresee pregnant mothers who are due soon being unable to have their spouses in the delivery room with them? What do you recommend?**

  The best approach is to make a birthing plan and discuss this with your OBGYN. However, some hospitals have made the difficult decision to ban the partners of expectant moms from labor and delivery rooms. Check with your local hospital.

- **Some parents are afraid of going to children's vaccines/checkup appointments. What do you recommend?**

  Follow the lead and advice of your child's primary care physician. Most non-emergency appointments are being rescheduled at this time.

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HOME VISITING RFP

- **What is the status of the RFP for home visiting that was supposed to be issued in May?**
The RFP will be released on September 1, 2020 on both the OEC and DAS websites. It will be due on December 1, 2020. All Respondents will be notified on January 4, 2021

- **Will OEC provide an expected dollar amount for the RFP that will come out in May?**
We are working with both Social Finance and UConn School of Social Work to determine the needs of families and communities across the state. This includes looking at resources in these communities and fiscal distribution of home visiting funding. The OEC anticipates having funding allocations determined regionally. The amounts are currently being calculated and are expected to be included in the RFP.

REMOTE VISITS

- **Can home visiting use telehealth for visits?**
We are asking you to look to the national offices for your models for guidance on telehealth. However, OEC understands virtual visits are not for every family. Data plans and family preference may preclude them from using one of the HIPPA-approved platforms mentioned previously. In that case, phone calls are perfectly acceptable for OEC. OEC also issued guidance in Memo #10 **here**.

- **Does the state's definition of telehealth include telephonic visits?**
The OEC wants to capture all communication with families during this challenging time, including telephone communications. This should all be entered in ECIS. As to what accounts as a telehealth home visit, please follow your home visiting model's guidance. OEC also issued guidance in Memo #10 **here**.

  Please ask families for permission to use this form of communication either through a **verbal or written** consent. Please also be aware that some communication technologies use significantly more data than a phone call. Phone calls are perfectly acceptable and may be the preferred form of communication for some families. Please ask them what form of communication they would prefer.

- **What apps are available for telehealth visits?**
OEC's position is that providers that seek additional privacy protections for telehealth while using video communication products can provide such services through the technology vendors below. Please note that many of these products are subscription-based:
  - Skype for Business
  - Updox
  - VSee
  - Zoom for Healthcare
  - Doxy.me
  - Google G Suite Hangouts Meet

  Facebook Live, Twitch, TikTok, and similar video communication applications are public-facing, and should not be used in the provision of telehealth by covered providers.

  However, the national guidance is as follows: Effective immediately, the HHS Office for Civil Rights (OCR) will exercise discretion and waive penalties for HIPPA violations against providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. More information from HHS can be found **here**.

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Is it your recommendation that telehealth calls to our families be done from home?
As of June 12,2020, the OEC is permitting the safe and gradual incorporation of in-person visits with families. Please see this memo https://www.ctoec.org/wp-content/uploads/2020/07/OEC-COVID-19-Guidance-B23-Home-Visiting-English.pdf giving guidance on returning to in-person home visits.

Some agencies do not have work cellphones available, so how can visits be conducted? Is personal cellphone use acceptable?
The OEC understands that using personal cell phones can be a burden on staff, since it uses minutes and data to make telehealth visits and phone calls. The OEC is accepting budget revisions to move money from line items that are not needed right now (travel, training, etc.) to accommodate the purchase of work cell phones or provide stipends to home visiting staff for the use of their personal cell phones.

Do you have expectations around how long the home visits need to be?
Please refer to your model developer for what counts as a home visit for telehealth. The OEC is referring to all model developers to determine what "counts" as a home visit, however the OEC is interested in capturing all communications with families during this time. The OEC does want all communication with families captured in ECIS, even if it was not a full home visit. Every communication with families during this unprecedented time is important to document.

Should families be put on hold if they are not open to phone or video calls during the crisis?
"Enrollment temporarily suspended" is intended for families where you anticipate no contact for 6-8 weeks. If you are certain that the family won't accept phone calls and believe that they will be open to resuming services when the situation subsides, then that may be a good option.

MIECHV NEEDS ASSESSMENT

What is the status of the needs assessment?
The needs assessment is in its final stages. UConn has been providing updates in its findings on an ongoing basis. They are analyzing the data collected through parent focus groups, community meetings, provider surveys, and geospatial data. We expect to convene the advisory board virtually in the next month to review findings.

GENERAL OPERATIONS

Can providers continue taking new clients?
Yes, it is acceptable and likely crucial to continue taking families during this challenging time. Some families will need more support as we all navigate through this public health crisis. Please see the attached documents about consent. Appendix E is the family consent form and contains the necessary elements for consent. However, during this current time with face-to-face visits suspended, families may give either verbal consent or sign the consent form electronically via email. This form should note how consent was given.

Can home visitors drop emergency items off for families if there is no contact with the family?
This would be at the discretion of the program as there may be various factors including but not limited to safety, risks levels, and concerns.

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REIMBURSEMENT

■ **Is there any chance that lay-offs can or will occur? Will funding be cut at all?**
The OEC has paid all contractors for the April–June quarter, or will do so once state-funding is released April 1. We intend to continue paying future quarters as well. At this time, there is no expectation of funding cuts by the Governor and HRSA remains committed to ensure that all home visiting services continue with the least disruption possible to families during this time.

REPORTING/ECIS

■ **Can you explain how to document in ECIS with the new fixtures when adding a phone call visit?**
Dedicated dropdown choices have been added under "Visit Location" for telehealth options:
- Video full home visit (following model guidelines)
- Phone full home visit (following model guidelines)
- Phone check-in (less than a full home visit)
- Resource drop-off

Please note the distinction between "full home visit" (following model guidelines) and "phone check-in" (less than a full home visit). We have included these choices because we know that each model has different requirements for what "counts" as a home visit. We want our records here at the OEC for "number of home visits" to be consistent with the "number of home visits" you have at your agency, per your model. At the same time, we don't discount the value of checking in with your families, especially now, to maintain contact and offer support. We want to capture those efforts as well. Also note that you must clear your cache in your internet browser for the changes in ECIS to take effect.

To see Frequently Asked Questions about ECIS data entry, please see Appendix F below. "HomeVisitingMemoReECIS_032320" sent on March 25.

■ **Do we have to go back to last week's visit and edit the right visit location and change to "Telehealth"?**
If you have already recorded visits that were telehealth (before the dropdowns were in place), please classify them in ECIS as the appropriate telehealth option.

REPORTING BENCHMARKS

■ **How will the suspension of face-to-face visits impact the ability to gather certain benchmarks or complete screens?**
We ask that you place the needs of the family first, and then do the best you can to collect timely data under the circumstances. We also ask that you do the best you can now to keep track of the data collection that might be missing due to the interrupted service. For more information and schedules to keep in each family's file, please see the email sent on March 25.

■ **How are we to document employment or education status for the quarterly benchmark report? Many people have only recently lost their jobs and have had their school programs close.**

Please record in ECIS what the employment and/or educational situation is for each caregiver as of March 31, as you usually would. If a caregiver lost their job or is temporarily not working, then put "No" for employed and record the "date status verified/updated" (the "date status verified/ updated" will be between April 1 and April 15 because that is the date you are verifying what the employment/educational status was as of March 31. This is not a change). Similarly, if a job went from being full-time to part-time, record that as well, along with the date verified/updated.

If you have caregivers who were working full-time up to the point of COVID-19, then please document those in an email and send to your liaison. We will include caregivers in that situation as having "achieved" the employment outcome, even though they won't be reflected as such in the rate card reports in ECIS. The email to the liaison should include the caregiver's ID, their workplace and job title, and the date (within a week or so) that their employment situation changed.

Usual requirements for risk and retention (if applicable) remain.

APPENDIX A: GUIDANCE ON 2-1-1 SEARCHES

The instructions below provide ways to efficiently search 2-1-1 for needed services.

■ **For web users on www.211ct.org: Type in these agency type names or taxonomy terms below in the search box; and put in a city, town, or zip code to get local resources in a certain area, that may be able to help:**

■ **Description**
BASIC NEEDS BY 2-1-1 TAXONOMY TERM (to be used as a supplement to COVID-19-related programs)

■ ***NOTE:*** At the CORONVIRUS – COVID-19 Agency there are already some basic need-type programs established with Taxonomy Terms included: **FOOD ACCESS, TRANSPORTATION RESOURCES, HOUSING, AND SHELTER.**

Due to the COVID-19 crisis, immediately below are a few "go-to" resources that people can try locally, if they are experiencing financial problems, especially if other community programs are closed. Further below are categories based on need and the associated Taxonomy Terms to search by.

■ **For web users on www.211ct.org: Type in these agency type names or taxonomy terms in the search box; and put in a city, town, or zip code to get local resources in your area, that may be able to help:**
- ◆ **Local Officials Offices * Human/Social Services Issues** (this will bring you the Town/City Social Services Departments; residents should ALWAYS CALL AHEAD)
- ◆ **Community Action Agencies** (most are still technically open, however, they are not seeing clients in person but rather switching to phone/mail options)
- ◆ **Outreach Programs * Older Adults** (this will bring you to the local Municipal Agent for the Elderly for residents over age 60; residents should ALWAYS CALL AHEAD)

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FOOD

- **NOTE:** Due to COVID-19 many food programs are closed indefinitely (and won't show up in the search results because they are inactive); some of the programs have changed how they distribute food, so please read the details.

- **Taxonomy Terms:**
  - Food Pantries
  - Soup Kitchens
  - Home Delivered Meals
  - Commodity Supplemental Food Program (for adults over age 60)

- **Food Access Program link on 2-1-1 Database:**
  https://www.211ct.org/search?terms=food%20access&page=1&location=ct&service_area=connecticut

TRANSPORTATION

- **Taxonomy Terms:**
  - Senior Ride Programs
  - Disability Related Transportation
  - Local Bus Services
  - Non-Emergency Medical Transportation

- **NOTE:** For Medicaid Recipients, Taxonomy = Non-Emergency Medical Transportation * Medicaid Recipients (Agency = VEYO)
  - 03/20/20: VEYO stated that if someone does not have symptoms and just wants to be checked, they will provide transportation to get a COVID test. However, if the person has COVID-19 or flu-like symptoms, VEYO will not transport them because the drivers are not equipped to assist them. VEYO suggests that if someone has symptoms and needs to be tested, the individual would want to call 9-1-1.

ENERGY/UTILITY ASSISTANCE

- **Taxonomy Terms:**
  - Electric Service Payment Assistance
  - Gas Service Payment Assistance
  - Heating Fuel Payment Assistance
  - Water Service Payment Assistance
  - Utility Disconnection Protection
  - Utility Service Complaints

HEALTH

- **Taxonomy Terms:**
  - Community Clinics
  - Outpatient Health Facilities
  - Health Care Referrals
  - Health Care Referrals * Medicaid Recipients
  - Diapers

STATE/FEDERAL BENEFITS

- **Taxonomy Terms:**
  - Food Stamps/SNAP
  - Unemployment Insurance (all services are currently being processed online only; no in-person or phone assistance for filing unemployment is available)
  - WIC
  - Medicaid
  - Benefits Screening – 2-1-1 Navigator (Online Benefits Screener – **www.211navigator.org**)

MENTAL HEALTH/COUNSELING

- General Counseling Services
- Adolescent/Youth Counseling
- Emergency Mobile Psychiatric Services
  - Emergency Mobile Psychiatric Services * Youth
- Talklines/Warmlines
- Domestic Violence Hotlines
- Suicide Prevention Hotlines
- Psychiatric Disorder Counseling
- Therapy Referrals
  - Therapy Referrals * Medicaid Recipients

HOUSING

- Housing Search and Information
- Low Income/Subsidized Private Rental Housing
- Landlord/Tenant Assistance
- Homeless Drop In Centers
- Mortgage Delinquency and Default Counseling
- Mortgage Payment Assistance
- Rent Payment Assistance
- Homeless Shelters (any requests for shelter need to go thru the 2-1-1 Housing Team/CAN)

■ **Full list of additional COVID-19-related programs found on the 2-1-1 Database at the following link:** https://www.211ct.org/search?terms=COVID-19&page=1&location=ct&taxonomy_code=11042&service_area=connecticut

APPENDIX B: MENTAL HEALTH RESOURCES

Information Sheet – Mental Health Resources for Home Visitors 3-27-20

■ **Department of Mental Health and Addiction Services**
- Webpage info on: mental health resources, telehealth, and current COVID-19 info
  https://portal.ct.gov/DMHAS/Newsworthy/News-Items/DMHAS-Response-to-COVID-19

■ **Regional Behavioral Health Action Boards: Specific programs and contacts for RBHAB's across the state**
https://portal.ct.gov/DMHAS/Commissions-Councils-Boards/Index/Regional-Behavioral-Health-Action-Organizations-RBHAOs
- For more information contact: Carol.Meredith@ct.gov

■ **2-1-1: Mental Health Treatment and Support by Zip Code**
https://www.211unitedway.org/search-category/mental-health-treatment-and-support/

■ **National Alliance on Mental Health Illness**
https://namict.org/find-support/crisis-resources/
- Resources by county

- **Mind Over Mood program at UCONN Health Center**
    - The Mind Over Mood Initiative partners independent practice therapists with OEC early childhood home visitation programs statewide.
    https://health.uconn.edu/parenting-program/for-providers/mind-over-mood-initiative/

- **2-1-1 Emergency Mobile Psychiatric Services**
    - Mobil Crisis general website: **https://www.empsct.org/**
    - Make a referral: **https://www.empsct.org/contact/**

- **The Village for Families and Children** *(currently accepting new clients)*
    - Enhanced Care Clinic: outpatient behavioral and mental health services for children – 331 Wethersfield Avenue, Hartford. Call 860-236-4511 **to schedule an appointment**.

    - Adult Services: outpatient mental health services for adults – 331 Wethersfield Avenue, Hartford. Call 860-236-4511 **to schedule an appointment**.

- **Child First** (see agencies currently accepting new clients in Appendix C)

APPENDIX C: MENTAL HEALTH RESOURCES–CHILD FIRST PROVIDERS

DCF Region	Child First Site	Contacts	Referrals: Yes/No
Region 1 Bridgeport	**Bridgeport Hospital** 1470 Barnum Ave. Suite 303 Bridgeport, CT 06610	**Senior Leader** Kristina Foye, MSW, Director Kristina.Foye@bpthosp.org Main: 203-384-4555 Direct: 203-336-7370 **Clinical Directors** Alice Malachowski – Alice.Malachowski@bpthosp.org Lisa Mazzeo – Lisa.Mazzeo@bpthosp.org	Accepting referrals but not opening new cases. Once referrals are made, the site is reaching out to the family to touch base, but not scheduling appointments until they are back doing home visits.
Region 1 Stamford	**Child Guidance Center of Southern CT** 196 Grey Rock Place Stamford, CT 06901	**Senior Leader** Jessica Welt, Psy.D., Clinical Director weltj@chc1.com 203-517-3339 **Clinical Directors** Erica Pomerantz – erica.pomerantz@childguidancect.org	They are currently taking referrals, but not yet opening cases.

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DCF Region	Child First Site	Contacts	Referrals: Yes/No
Region 1 Norwalk	**Mid-Fairfield Child Guidance Center** 100 East Avenue Norwalk, CT 06851	**Senior Leader** Gail Melanson, Ph.D., Executive Director gmelanson@mfcgc.org p. 203-299-1315 X103 f. 203-299-0015 **Clinical Director** Shannon Queiroga – squeiroga@mfcgc.org	MFCGC is still accepting referrals. Referrals are being contacted and assessed for various risk factors to help determine if the case needs to be immediately serviced, if it requires an immediate response through mobile crisis, or if it can be sustained on the wait list. Intakes for Child First will happen if the risk factors warrant an immediate opening through Telehealth.
Region 2 New Haven	**Clifford Beers Clinic** 93 Edwards Street New Haven, CT 06511	**Senior Leader** Christine Montgomery, LCSW VP of Community and SchoolBased Services cmontgomery@cliffordbeers.org 203-772-1270 x1237 **Clinical Director** Betsy Perry - bperry@cliffordbeers.org	They are not yet accepting new referrals, but it is likely that they will by mid-April.
Region 2 Ansonia/ Derby	**Parent Child Resource Cent/BHcare, Inc.** 30 Elizabeth Street Derby, CT 06418	**Senior Leaders** Christine Anderson, Chief Program Officer CAnderson@BHcare.org o. 203-800-7146 x1888 c. 860-214-8743 Sarah Beard, LCSW, Director of Clinical Services sbeard@lnvpcrc.org p. 203 954-0543 x4121 f. 203 954-0544 **Clinical Director** Jean Schoenleber – Jschoenleber@lnvpcrc.org	They are currently accepting new referrals. They have discussed opening other new cases, based on careful screening of their feasibility. Have not yet decided about other new ones. but the site anticipates that they will be opening new cases.
Region 3 Middlesex County	**Middlesex Hospital** 28 Crescent Street Middletown, CT 06457	**Senior Leader** Annie Calamari, LCSW, Manager of Child Services, Family Advocacy Program annie.calamari@midhosp.org p. 860-358-3438 f. 860-358-3403 **Clinical Director** Daphne Donahue – Daphne.Donahue@midhosp.org	They are currently accepting referrals and opening new cases. They have a long waitlist and a full case load.

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DCF Region	Child First Site	Contacts	Referrals: Yes/No
Region 3 New London County & Northeast	**United Communities and Family Services** 77 East Town Street, Norwich, CT 06360 322 Main Street, Suite B2E-2E Willimantic, CT 06226	**Senior Leader** Sam Robinson, LCSW Director of Clinical Community Based Programs srobinson@ucfs.org 860-822-4317 **Clinical Director** **United Community & Family Services** Marissa Owsianik – mowsianik@ucfs.org Sarah Deluca – sdeluca@ucfs.org **Child & Family Agency** Marisa Valdiserra – ValdiserraM@childandfamilyagency.org	Currently accepting referrals, but they are being put on the waitlist and they are assessing level of risk. Have been instructed to only open extremely high risk cases if necessary.
Region 4 Hartford	**The Village for Families and Children** 1680 Albany Avenue Hartford, CT 06105	**Senior Leader** Sandy Kyriakopoulos, PsyD. Senior Director, Early Childhood & Psychology skyriakopoulos@thevillage.org 860-874-5426 **Clinical Directors** Hartford: Alena Josephson – ajosephson@thevillage.org Other: Jennifer Barrett – jbarrett@thevillage.org	Currently accepting new referrals and opening new cases.
Region 4 East Hartford	**Intercommunity, Inc.** 287 Main Street, 4th Floor East Hartford, CT 06118	**Senior Leader** Tyler Booth Chief Operating Office & Vice President tylerbooth@intercommunityct.org p. 860-291-1341 f. 860-291-1396 **Clinical Director** Melissa Malave – msanchez@intercommunityct.org	Will be accepting and opening new cases with guidance from NPO. Plan to discuss protocol for client consent with their agency.
Region 5 Danbury	**Family and Children's Aid (FCA)** 75 West Street Danbury, CT 06810	**Senior Leaders** Dana Hillman, LPC, Team Leader of Community Based Programs Dana.Hillman@fcaweb.org p. 203-205-2645 c. 475-204-4484 **Clinical Director** Carina Adler – carina.adler@fcaweb.org	Accepting new referrals and opening new cases whenever possible.

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DCF Region	Child First Site	Contacts	Referrals: Yes/No
Region 5 Torrington	**Charlotte Hungerford Hospital** 50 Litchfield Street Torrington, CT 06790	**Senior Leader** Joan Neveski, LCSW, Clinical Manager Joan.neveski@hhchealth.org 860-489-3391 **Clinical Director** Jill Humphrey – jill.humphrey@hhchealth.org	Accepting new referrals. Currently triaging referrals and opening high risk cases.
Region 5 Waterbury	**Wellmore Behavioral Health** 141 East Main Street, 3rd Floor Waterbury, CT 06702	**Senior Leader** Gary Steck, LMFT CEO, Wellmore Behavioral Health gsteck@wellmore.org **Clinical Director** Tylice MacDonald – tmacdonald@wellmore.org	Currently accepting new referrals. They are currently full in terms of opening new cases.
Region 6 Meriden	**Child Guidance Center of Central CT** 384 Pratt Street Meriden, CT 06450	**Senior Leader** Karen Delane, LMSW, Director of Programs kdelane@cgccentralct.org 203-235-5767 **Clinical Director** Leeora Netter – LNetter@cgccentralct.org	Caseloads are currently full. They are accepting new referrals and putting them on the waitlist. Intakes are on hold but will consider taking new cases in crisis or if otherwise indicated.
Region 6 New Britain	**Wheeler Clinic** 91 Northwest Drive Plainville, CT 06062	**Senior Leader** Melissa Mendez, LCSW Associate Director of Early Childhood mmendez@wheelerclinic.org 860-372-1619 **Clinical Directors** Tracy Krasinski – tkrasinski@wheelerclinic.org Flora Murphy – fmurphy@wheelerclinic.org	Accepting new referrals and opening new cases although there is limited availability for opening new cases.

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APPENDIX D: RESOURCES FOR UNDOCUMENTED FAMILIES

- **For families:**
  - ◆ ACLU – Know Your Rights: What to Do If Immigration Agents Are At Your Door
    https://www.aclu.org/know-your-rights/immigrants-rights/#police-or-ice-are-at-my-home

  - ◆ Connecticut Students for a Dream
    https://www.ct4adream.org/

- **For districts and schools:**
  - ◆ ICE Sensitive Locations Policy
    https://www.ice.gov/ero/enforcement/sensitive-loc

  - ◆ U.S. Department of Education guidance for supporting undocumented youth
    https://www.ice.gov/ero/enforcement/sensitive-loc

  - ◆ United We Dream – Deferred Action for Childhood Arrivals Guide
    http://unitedwedream.org/wp-content/uploads/2014/05/DACA-Guide-for-Teachers-2014-FINAL.pdf

  - ◆ School Counselors Working with Undocumented Students
    https://www.counseling.org/docs/default-source/vistas/article_4383fd25f16116603abcacff0000bee5e7.pdf?sfvrsn=4

  - ◆ U.S. Department of Health and Human Services information on the rights of unaccompanied children to enroll in school and participate meaningfully and equally in educational programs
    https://www2.ed.gov/about/overview/focus/rights-unaccompanied-children-enroll-school.pdf

- **The following organizations provide direct legal services:**
  - ◆ International Institute of Connecticut
    https://cirict.org/

  - ◆ Integrated Refugee & Immigrant Services
    http://www.irisct.org/

  - ◆ Catholic Charities Migration, Refugee, and Immigration Services
    https://ccaoh.org/

  - ◆ Center for Children's Advocacy
    https://cca-ct.org/

  - ◆ Connecticut Legal Services
    https://ctlegal.org/

  - ◆ New Haven Legal Assistance
    https://nhlegal.org/

  - ◆ UConn School of Law Asylum and Human Rights Clinic
    https://www.law.uconn.edu/academics/clinics-experiential-learning/asylum-human-rights-clinic

  - ◆ Yale Law School Worker and Immigrant Rights Advocacy Clinic
    https://law.yale.edu/wirac

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APPENDIX E: FAMILY CONSENT FORM

Office of Early Childhood (OEC) Home Visiting Program Consent for Home Visiting Program Participation Family Rights, Responsibilities, and Confidentiality Policy Consent for Home Visiting Program Participation 11/1/19

Program Description

The Office of Early Childhood Home Visiting Program is free of charge to families. It is the parents' choice to receive home visiting services. The Home Visiting Program offers parent education, support, and information on community services.

Family Rights and Responsibilities

The program staff know that the decisions families make are important to the lives of their children. Your feedback and participation are important to the home visiting program. Knowing your rights about being part of this program is also important. To protect your rights, the home visiting program would like you to know that:

- You have the right to choose yes to receive home visiting services, which includes planning activities around your needs.
- You have the right to choose no and refuse home visiting, or end home visiting services at any time.
- You have the right to transfer to another home visiting program. Your current program will help you make the change.
- You have the right to your privacy. Your information and records will remain confidential in both electronic and hard copy.
- You have the right for your electronic information to be password protected. Your name will not be directly identified in that form (de-identified).
- You have the right to your privacy, any information that is shared publicly will not include your name, your child's name, your address, or any other personal information (aggregate form).
- You have the right to look at your home visiting record.
- You have the right to ask for a copy of your personal home visiting record.
- You have the right to report any issues with the home visiting program to the home visiting program manager or the Office of Early Childhood. All complaints will be carefully reviewed.
- If you agree to home visiting services, your name may be connected with receiving OEC home visiting services. This information may be available to others, including staff at the OEC and other state agencies, and additional home visiting programs. No additional information other than your participation in the program will be shared.

I understand that suspected abuse or neglect will be reported.

Yes, I would like to participate in the home visiting program for parent education, support, and information on community services. I understand my rights and responsibilities that were listed in this form. I understand that the home visiting program will contact me to schedule the first home visit.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

No, I do not wish to receive home visiting services, but I give permission to enter very little demographic information and risk information into the home visiting database.

Participant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

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APPENDIX F: ECIS DOCUMENTATION

Enrollment Dates

1. Clarification about child's enrollment date

For Caregivers: the enrollment date is determined by the date of the first home visit. In other words, once the first home visit is entered into the system, the enrollment date is set as the date of that home visit.

For Children: If the mother is prenatal with the index child when she enrolls, then the child's enrollment date is the same as the child's birthdate.

If the child has already been born when s/he and the caregiver enroll, then the child's enrollment date is pre-populated from the "enrollment form date" that is filled out when you "add a child" in ECIS. If a child and caregiver enroll at the same time, please enter the date of the first home visit under the "enrollment form date" on the child's enrollment form. This will ensure that the child and the caregiver have the same enrollment date.

Consent

2. Can you provide language around what "verbal consent" from a family would look like over the phone so that I am able to complete referrals in ECIS immediately rather than waiting for the first home visit?

There is no real standard for what constitutes verbal consent, since consent can be given for many things. The important part is that the caregiver knows what they are agreeing to. If the verbal consent is for accepting home visiting, then the consent form should be summarized over the phone as if the caregiver were signing it, and then the caregiver would sign it in person when they meet with the home visitor. The information around confidentiality is under item numbers 4–6 and 10 on the consent form. If the caregiver is declining home visiting but is giving verbal consent to allow demographic and risk information to be entered into ECIS, then that should be explained as well. It is recommended that if a caregiver gives consent over the phone, that notes be kept from the call, including the date.

3. Can a family accept home visiting but decline to be in ECIS?

That is up to the agency, but be advised that to be considered "served" by the OEC, families have to be in ECIS. Families whose information isn't in ECIS aren't included in any of the programmatic counts or measures. Each home visiting agency has many contractual obligations, including the number of families they are expected to serve each year, and outcome measures they are expected to collect. So agencies are welcome to work with families in addition to those they are being funded to serve, but at this point in time those families aren't included in official counts from the OEC. If you have families who are undocumented and are therefore wary of sharing personal information, please discuss this with your program liaison for possible alternative arrangements.

Income

4. **Income ranges**

We have added a second way to enter income information using ranges. Now it is necessary to enter EITHER a dollar amount OR a poverty level range into ECIS.

What you need to know if you prefer to get income using ranges:

The document "Income categories handout" shows income ranges according to household size. These ranges correspond to poverty level. For example, for a single adult who lives alone (household size of 1), an income of $5,000 would put that caregiver at <50% poverty level (on the handout it's shown as group 1). An income of $10,000 would put the caregiver at 51-100% poverty level (on the handout it's group 2), and so on. When the home visitor discusses income with a family, they can show the caregiver the page in the handout that has the right household size, and the caregiver can point to the income range they fall into, or tell them the group number.

When the home visitor enters the poverty level range into ECIS, they can use the key in the back of the handout to enter the correct poverty level range for that caregiver.

Updating the poverty level range in a family's record:

Since poverty level depends on household size, it may need to be changed if/when a baby is born. Similarly, if there are changes to the household composition in other ways, like another adult joining or leaving the household, household income should be reviewed with the family and changed in ECIS if necessary.

Another small complication to using ranges is that the federal poverty level cut-offs are updated each year. The handout shows the cutoff ranges for 2019. The ranges for 2020 are expected to come out in late January 2020. We will send you the updated ranges when they come out. But with the new ranges, it will mean that income should be reviewed again with the family, and if there are changes in terms of what category a family falls into, that information should be updated in ECIS.

Again, note that EITHER a dollar amount OR an income range is required in ECIS. If you enter a dollar amount, ECIS will automatically calculate poverty level for the reports, factoring in changes in household composition and annual changes in cut-off amounts.

5. **What do we include in household income?**

"Household income" refers to the annual gross income for the household. In terms of what to include, **DO** include forms of cash:

- Paychecks
- Money from family, friends
- Child support or alimony
- Social Security, SSI, SSDI
- TANF

DO NOT include rental assistance or food assistance (WIC, SNAP).

6. **Who do we include in household income?**

In accounting for income, include all enrolled caregivers, and any additional household members who the parent considers to be a caregiver of the child. This can include two parents, grandparent(s), and/or other relatives if they are considered caregivers for the index child. In terms of counting household members, include the same caregivers you include in the income estimate, and children (both index and siblings) who live in the household.

7. **What do we do when income is Unknown?**

In the new dropdown for dollar range, "unknown" is included as an option.

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ASQs

8. How do we handle instances where an ASQ is due but the child has already been identified as having a delay and/or is already receiving treatment?

When you click on a scheduled ASQ (for example, "9 months"), a pop-up comes up with the first two fields: "date" and "ASQ completed" yes/no. If you choose no, for "ASQ completed", a 'Reason not completed' box comes up with choices that include "delay already known" and "child working with a specialist". It's possible to choose one or both of those. When you choose "delay already known", the child is not included in benchmark measure #12 which assesses whether children are up-to-date with ASQ screenings. Note that all children who are at least 9 months old are included in the benchmark measure for ASQ screening, unless "delay already known" is recorded. For that reason, it's important to record why the child wasn't screened when that's the case. Copied below is the answer from HRSA to this question.

124. Do we need to screen index children who have previously screened positive or been identified as having developmental delays?

A: Awardees should screen index children for developmental delays at each AAP-recommended age interval. However, if a child screened positive for developmental delays during a screening conducted during a previous reporting period or through a screening conducted prior to enrolling in home visiting, that child may be excluded from additional screenings. Children that are excluded from the denominator due to already being identified as having a developmental delay through a previous screening are not counted as missing. Children that are not screened but have not been previously identified as having a developmental delay are included in the denominator but not the numerator. (*NOTE: This does not impact the previous decision that children screening positive for developmental delays who are already receiving services must be referred to appropriate services as outlined in the numerator of the developmental screening referral measure*). (10/19/17)

9. Clarification of where to enter referral information for developmental delays

When you enter ASQ information, the last box asks whether a delay was indicated. If you choose "Yes", a little plus sign appears next to the ASQ record in the ASQ summary table (see screenshot below). If you click on the plus sign, a referrals table appears below the ASQ summary table, and you can click on "Add Referrals" button to enter referral information.
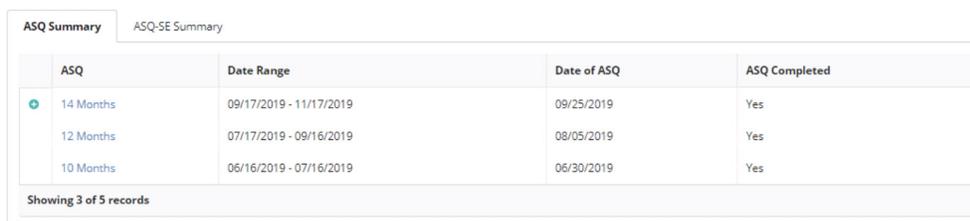
	ASQ	Date Range	Date of ASQ	ASQ Completed
●	14 Months	09/17/2019 - 11/17/2019	09/25/2019	Yes
	12 Months	07/17/2019 - 09/16/2019	08/05/2019	Yes
	10 Months	06/16/2019 - 07/16/2019	06/30/2019	Yes

ASQ Summary   ASQ-SE Summary

Showing 3 of 5 records

Reporting Maltreatment

10. What do we do if a report of maltreatment is being investigated at DCF and we don't know whether it's been substantiated or not? (This is especially relevant at the end of the quarter.)

When a report is being investigated, the outcome of the investigation is required in ECIS. Therefore, please don't enter that there has been a report until you know the outcome (the choices for outcome are: report was closed, family was recommended for the FAR track, there was an investigation; if investigated, then it's necessary to know whether the maltreatment was substantiated). If a report is still being investigated to the best of your knowledge, and the quarter comes to a close, then it is still correct to verify that there has been no substantiation of maltreatment for that quarter, since to your knowledge that is still true.

If there's a delay in finding out that maltreatment was substantiated (i.e. you find out that maltreatment was substantiated in a previous quarter, and you've already certified no maltreatment for that quarter), then please enter the substantiation date as the first day of the new quarter.

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Child First Only

11. Please note that there is one record for each caregiver and child. It is up to the team of providers (clinical director, clinician, and care coordinator) to determine who enters the information for each family. This is true of home visits as well. If a family receives one home visit, even if both the clinician and the care coordinator are present, it should be recorded as one home visit. If both clinician and care coordinator are present, whoever enters it should be sure to check both boxes in the home visit log pop-up.

Other Questions

12. **Are we supposed to enter siblings?**
Yes, please enter siblings who are living in the home and are aged up **through** the age 5, i.e. up **to** the age of 6.

13. **If a caregiver is working with a domestic violence agency, is the expectation still to screen him/her for IPV?**
The expectation is to screen all caregivers for IPV within the first six months of his/her enrollment, whether or not they are already receiving services for domestic violence. In the benchmark measures report, the denominator includes all caregivers whose enrollment reached six months during the reporting period. If it does not make sense to screen the caregiver, then please rely on clinical judgment; in the end, clinical judgement and sound practice are more important than the benchmark measure. Copied below is the answer from HRSA to this question.

> **170. With regards to the denominator, can we exclude those who have already received a referral or are receiving services prior to home visiting?**
>
> **A:** Programs are expected to screen all primary caregivers for IPV within 6 months of enrollment. If a primary caregiver screens positive for IPV after enrollment, the program is expected to provide referral information regardless of whether or not the primary caregiver previously received a referral for services prior to enrolling in the home visiting program. Primary caregivers should be included in the denominator even if already receiving services at enrollment. (5/6/16) (updated 10/19/17)

14. **For the question regarding how an individual identifies (gender), can there be at least two additional options other than just male or female?**
   1. Other (type in themselves)
   2. Unknown/did not report/prefer not to report

At this point in time, unfortunately no. We need to complete federal reports which only allow a binary response: male or female. For every caregiver in home visiting it's mandatory for us as an agency to identify them as either male or female. This is being reviewed at the federal level, but a change is not expected in the near future.

15. **Clarification of the measure Read/Sing in the child's record under the Early Language/Literacy tab**
Please note the description of the measure, which is whether "during a typical week, the index child was read to, told stories to, and/or sung songs with daily, everyday". There are many things to note about this measure:

◆ The measure asks whether the child was read to (sung to or told stories to); it doesn't ask whether the caregiver him/herself read to the child. If another relative or caregiver reads (sings, tells stories to) the child every day, then that measure is yes.

◆ This measure, like most measures, is parent self-report. The home visitor is not expected to observe the behavior. Instead the home visitor is expected to ask the parent, and record their response.

◆ The measure asks whether the child was read to (etc.) *every day, during a typical week.*

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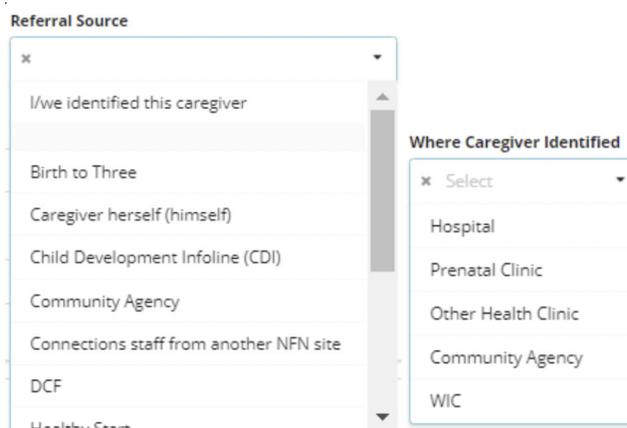
When to record this information:

In most cases, discussing reading, singing, and telling stories to the child will be a routine topic of conversation. There will be many home visits where the home visitor discusses these activities with the caregiver and could record how the caregiver responded to that question. In terms of what's required to record in ECIS: please record whether the parent responded yes or no to the question at the end of each quarter.

16. Clarification of "Referral Source" and "Where Caregiver Identified" dropdowns on referral screen

Most home visiting agencies receive referrals from outside sources, for example DCF or Birth to Three. These are considered "referral sources" and are included in the "referral source" dropdown (see screenshot below).

Some agencies also employ outreach workers, and/or have dedicated staff who visit hospitals, social service agencies, WIC offices, etc. specifically to identify caregivers who would be good candidates for home visiting. If a staff person employed at your agency identified the caregiver him/herself, then the "referral source" choice should be "I/we identified this caregiver". If "I/we identified this caregiver" is chosen from the dropdown, then a second dropdown comes up called "Where Caregiver Identified". In the second dropdown you can record where the staff member identified the potential caregiver.

As an example: if a WIC office called with a referral, the "Referral Source" would be recorded as WIC. If a staff member went to a WIC office and engaged a potential caregiver, the "Referral Source" for that caregiver would be "I/we identified this caregiver", and the next dropdown, "Where Caregiver Identified", you would choose WIC.

Referral Source

✕ ▼

I/we identified this caregiver	▲
Birth to Three	
Caregiver herself (himself)	
Child Development Infoline (CDI)	
Community Agency	
Connections staff from another NFN site	
DCF	
Healthy Start	▼

Where Caregiver Identified

✕ Select ▼
Hospital
Prenatal Clinic
Other Health Clinic
Community Agency
WIC

Note that "(another) Program/department within my agency" was added to the dropdown list to capture instances where a home visiting program sits within a larger organization, and a referral was generated at the larger organization but in a different department (i.e. not from home visiting staff). This could happen, for example, if there are services offered for substance use treatment or housing, within the larger agency, and the referral came from staff who provided one of those services.

Note also that for both "Referral source" and "Where caregiver identified" there is no choice for "other", but you can type words in if you have a referral choice that isn't captured in the dropdown. Just put your cursor next to the x and type in the value you'd like to record.