

## FY19 and F20 Program Report Card: State Funded Home Visiting (Office of Early Childhood)

**Quality of Life Result:** Young children in Connecticut will have quality parental care that meets their needs and will be healthy, developmentally on track, and ready to learn.

**Contribution to the Result:** Improve parenting skills and reduce the likelihood of abuse and neglect.

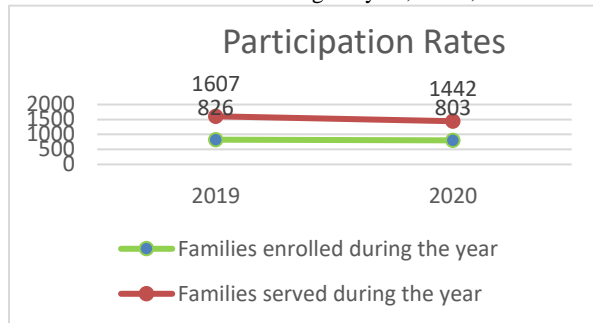
Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 19	10,275,655	343,750		10,619,405
Estimated FY 20	10,275,655	262,880		10,538,535

**Partners:** In FY 2019, 38 sites operated state-funded home visiting services using one evidence-based model: Parents as Teachers (PAT). In FY 20, after reprocurement, there were 17 state-funded home visiting programs. This represents a consolidation of a number of former single state home visiting contracts into several collaborative partnerships. These partnerships shared referral networks and training and used former home visiting programs to provide home visiting as their subcontractors. In FY 20, state-funded home visiting used the following evidence-based models: PAT, Child First, Nurse Family Partnership, Family Check-up, and Minding the Baby.

### How Much Did We Do?

#### State-Funded Home Visiting Participation Rates: (2019 – 2020)

**Story behind the baseline:** This performance measure examines the volume of families enrolling in and served by state-funded home visiting services each year. In SFY19, there were 826 families enrolled during the year, and 1,607 families



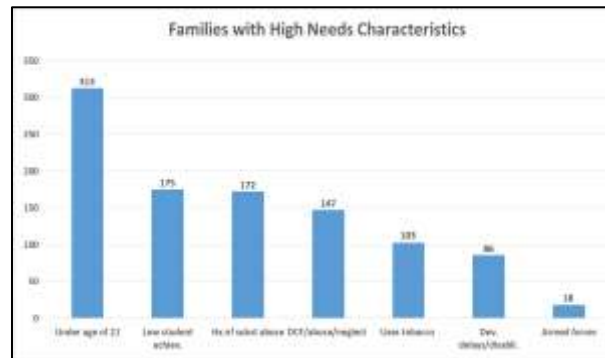
served during the year. In SFY20, there were 803 families enrolled during the year, and 1,442 families served during the year.

**Trend:** ◀▶

### How Well Did We Do It?

#### Families with High-Needs Characteristics (2019 and 2020)

**Story behind the baseline:** Based on the annual report submitted to show model fidelity, presented above, families in home visiting programs have multiple high-needs characteristics. Such characteristics include; parents under the age of 21, parents with low student achievement, families with

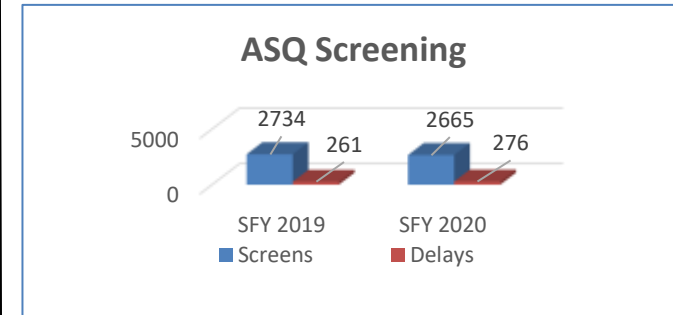


a history of substance use, DCF or abuse and neglect, someone in the home uses tobacco, parents with developmental delays and disabilities and a parent in the armed forces.

**Trend:** ◀▶

### Early Identification of Children with a Potential Delay on the Ages and Stages Questionnaire

**Story behind the baseline:** According to the CDC, approximately 13% of children are diagnosed with a developmental disability nationwide. All OEC home visiting programs complete child developmental screens for all participating children using the Ages and Stages Questionnaire. This graph looks specifically at children in



state-funded home visiting programs.

The figure above displays the percentage of children identified with a potential delay on the ASQ screen out of all children served in home visiting for each year between SFY19 and SFY20.

Each year, only a small percentage of the children show a “red flag” for a developmental delay. The rates for SFY19 was 9.6% and SFY20 10.4%.

**Trend:** ◀▶

### Is Anyone Better Off?

#### Proposed Actions to Turn the Curve:

**Trend Going in Right Direction?** ▲ Yes; ▼ No; ◀▶ Flat/ No Trend

## FY19 and F20 Program Report Card: State Funded Home Visiting (Office of Early Childhood)

*Quality of Life Result:* Young children in Connecticut will have quality parental care that meets their needs and will be healthy, developmentally on track, and ready to learn.

For the past 18 months, The CT Office of Early Childhood (OEC) has been looking at how to better align our state-funded and federal MIECHV-funded home visiting programs into a comprehensive state system. Currently, there are state and federally funded home visiting programs scattered throughout the state. Some areas have many home visiting programs, other areas have few or none. The programs function independently of one another, use six different evidence-based models and rely on a variety of intake processes to get referrals.

To assist us in this process we have enlisted a team of national experts to guide us. This team includes technical assistance from HV IMPACT; Social Finance; Harvard Kennedy School Government Performance Lab; University of Connecticut School of Social Work; an internal OEC team; and leaders from other state agencies including the commissioners from Department of Children and Families and the Department of Social Services.

We are looking to create a system that incorporates the following:

- Creates a family-centric service array that links families with the appropriate level, intensity, and duration of supportive services in every community throughout the state.
- Creates a home visiting system that targets specific outcomes and priority populations through a careful, data-driven process.
- Identifies and implements a regional referral network, easily identifiable by both families looking to self-refer to home visiting and referral sources such as obstetric, pediatric practices and federally qualified health centers, hospitals, child care centers and other key early childhood stakeholders.
- Implements a standardized intake processes to ensure families are referred to the appropriate resource, service or home visiting program.
- Incorporates outcome and performance measures that will be used to inform future provider re-authorization eligibility and re-procurement competitiveness every three to five years. This cross-contract performance-based approach will be enhanced and reinforced within each contract by incentivizing positive outcomes for clients through outcomes rate card bonuses as well as by designing contracts for active contract management.

In order to prepare for this home visiting system redesign, OEC and their team of experts have undertaken the following activities:

- **Internal document review:** OEC reviewed over 50 reports from various departments and community organizations. From these reports OEC identified 5-10 focus areas identified as priorities.
- **Family Focus Groups:** 12 focus groups were held throughout the state with over 115 parents participating. 5 focus areas were identified.
- **Community Listening Sessions:** In the fall of 2019, 10 listening sessions were held throughout the state with over 325 participants. A virtual listening session was held in December for those unable to attend an in person session. A listening session was also held in December of 2019 for past and current home visiting providers. Finally in early March of 2020, a report on the results of the listening sessions was held virtually for all participants.
- **Transcription of Family Focus Groups and Listening Sessions:** UConn School of Social Work transcribed both the Family Focus Groups and Community Listening Sessions identifying key priorities across the state.
- **MIECHV Needs Assessment:** All states receiving MIECHV federal funds for home visiting are required to submit a needs assessment update to identify communities with concentrations of defined risk and to assess the quality and capacity of home visiting services in the state. OEC contracted with UConn School of Social Work on this project, which dovetailed with the work of the home visiting system redesign.
- **Early Childhood Stakeholder MIECHV Needs Assessment Advisory Council:** This council, convened by UConn School of Social Work and OEC, met for four meetings to provide input on the home visiting system redesign as well as the work of the MIECHV Needs Assessment. This group consisted of state leaders in early childhood.
- **Service Provider Survey:** More than 230 surveys were distributed to providers who run home-based or home visiting programs for input on how home visiting could be improved for families.

## FY19 and F20 Program Report Card: State Funded Home Visiting (Office of Early Childhood)

*Quality of Life Result:* Young children in Connecticut will have quality parental care that meets their needs and will be healthy, developmentally on track, and ready to learn.

The resulting data from these activities was thoroughly analyzed by the OEC and their team of national experts. Based on the recommendations from this group, the following outcomes and priority populations were identified:

### Outcomes:

1. **Promote healthy birth outcomes for babies and their mothers.**
2. **Enhance child development and positive parenting practices.**
3. **Prevent child maltreatment**

### Priority Target Populations:

1. **Families who enroll prenatally or with children up to six months of age**
2. **Parents under the age of 20**
3. **Women at highest risk for poor pregnancy outcomes and low birth weight babies as defined by the CDC, which includes Black and American Indian/Alaska Native women.**

Finally, OEC and UConn School of Social Work researchers analyzed the research on evidence-based home visiting approved by MIECHV and listed on the HOMVEE website and determined that the following models were likely to achieve the desired outcomes:

1. **Healthy Families America**
2. **Nurse Family Partnership**
3. **Parents as Teachers**
4. **Early Head Start**

The Connecticut Office of Policy and Management (OPM) requires all contracts through state agencies go through a reprourement process every three to five years. Our MIECHV-funded home visiting programs are now entering their seventh year without reprourement. The home visiting system realignment coincides with the need for MIECHV contracts to be reprocured. This application will address how MIECHV funded home visiting programs will function until the reprourement process is completed and new contracts are in place. The Request for Proposals was posted on September 1, 2020, applications due December 1, 2020, selection of awardees in December 2020, notification and contract negotiations January 2021 and new contracts in place on April 1, 2021.

**Trend: ▲**