

To: The Committee on Children
From: David Wilkinson, Commissioner, Office of Early Childhood, on behalf of the Connecticut Home Visitation Consortium
Date: September 15, 2017
Re: Home Visitation Program Consortium Annual Legislative Report

The Home Visitation Program Consortium respectfully submits the annual report to the Committee on Children, as required by Public Act 15-45 – An Act Establishing a Home Visitation Program Consortium.

Public Act 15-45 -An Act Establishing A Home Visitation Program Consortium

The consortium shall submit an annual report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to children. Such report shall include (1) the status of the implementation of the recommendations for the coordination of home visitation programs within the early childhood system provided pursuant to section 17a-22dd of the general statutes, as amended by this act, (2) the level of collaboration among home visitation programs in the state, (3) any recommendations for improvements in the collaboration among home visitation providers and other stakeholders, and (4) any additional information that the consortium deems necessary and relevant to improve the provision of home visitation services in the state.

Leadership of Home Visitation Program Consortium

Office of Early Childhood (OEC) Commissioner David Wilkinson, assumed the responsibilities of co-chairperson from Acting Commissioner Linda Goodman at the May 31, 2017 meeting. Commissioner Wilkinson confirmed the continued role of Melissa Mendez, Director of Early Childhood Programs at Wheeler Clinic, as the co-chairperson of the Home Visitation Consortium at the same meeting.

Visitation Program Consortium Meeting Frequency and Updates

The home visitation consortium convened four meetings during the period of July 1, 2016 through August 31, 2017. The purpose of those meetings were to move forward the recommendations of the *Connecticut Home Visiting Plan for Families With Young Children*. This plan established a vision for a system of home visiting in Connecticut where all families will have access to the home-based services and supports they need and those programs will be fully embedded in other systems of care such as health, mental health, early childhood services, and early care and education.

The recommendations for action from the home visiting plan are:

1. Ensure Families Have Access to Appropriate Home Visiting Services
2. Strengthen the Referral Infrastructure.
3. Establish a Core Set of Competencies and Coordinate Trainings
4. Ensure Program Standards Promote High-Quality Programs

5. Develop Outcome Measures and Report on Progress

The early work of the consortium was to explore and discuss the five recommendations to gain a deeper understanding and to conceptualize the plan and an approach to the work.

The home visitation consortium has moved from the exploration phase to the work phase by considering how the work of the consortium would be done. Initially the group considered prioritizing the recommendations and selecting one or two areas to work on as a large group. After further discussion the consortium decided to use a work group model which would be designed to support work being done simultaneously on different recommendations. Each workgroup will use a project matrix as a framework for its work. The project matrix will identify goals and provide a structure for developing strategies, timelines and tracking progress. The group also revisited the five recommendations for action and decided that the first two recommendations about access and infrastructure were complementary and would be combined into one priority area. Additionally, recommendations four and five about program standards and outcome measures would be combined into one area. From these discussions, the consortium synthesized the five areas for action into three workgroups. The workgroups are Infrastructure Development, Workforce Development, and Quality Development.

Infrastructure Development. The goal of the workgroup is to ensure that all families have access to appropriate home visiting services by: defining and establishing a collaboration infrastructure to guide home visiting development and implementation; identifying additional funding from all available resources to expand the capacity of the existing home visiting system; expanding the capacity of the referral infrastructure through Child Development Infoline (CDI) and other local community-based efforts.

The workgroup's focus this past year has been on strengthening the referral process, which includes ideas for community mapping. Their goal is to ensure that all families have access to appropriate home visiting services. Currently, the group is focused on Centralized Intake (C-Intake) across Connecticut utilizing the Child Development Infoline which houses the Help Me Grow program. A C-Intake community based on the community hub model is being explored in several communities within the state (Norwalk, Bridgeport) that have grants. Their work to strengthen the relationship with the Child Development Infoline has been showcased. The group will also develop a matrix of what home visiting services are available for the prenatal to age 5 population.

Workforce Development. The goal of this workgroup is to establish a core set of competencies and coordinate training for home visitors across programs by: conducting an analysis of the home visiting workforce; developing core competencies that align across all early childhood disciplines and services; creating a central training institute for home visitors that builds on existing resources and efforts toward enhancing the home visiting workforce.

This year the subcommittee's membership was expanded to ensure representation from various stakeholders who are working directly with families via Part C and the four evidenced based home visiting models. Additionally, staff involved with policy development rounded out the group. During the initial meetings, the group was led through the process of developing core

knowledge and competencies for home visitors. Currently the group's work is being processed to be added to the existing Connecticut Core Knowledge and Competencies (CKCs). Once a draft document is complete, it will be widely distributed to home visitors and stakeholders before being finalized. The group will also work toward alignment of the workforce, the skills and core competencies.

Quality Development. The goal of this workgroup is to ensure standards that promote high quality programs and to develop outcome measures to report on quality indicators by: identifying program standards and best practices for each program that strengthen services and may be integrated across programs; develop Results Based Accountability (RBA) framework for early childhood home visiting that reflects population- level outcomes for home visiting program; pursue a data and research agenda to identify unavailable and critical indicators to help define needs and assess balances of services.

The workgroup is putting the pieces together by identifying quality indicators across all programs, including the national work of PEW Home Visiting Initiative and Strengthening Families and relational health, mental health and physical health. They are looking at quality indicators of how Connecticut home visiting programs: promote child development and school readiness, reduce risk factors and promote protective factors, promote child and family health and promote and support child/caregiver interactions and attachment. The PEW Home Visiting Initiative Performance Indicator Areas are: maternal depression, screenings and referral, post-partum health care visit, inter-birth interval, maternal educational achievement, Child development screening and referral, child development gains, child maltreatment, well-child visits, maternal smoking or tobacco use, breastfeeding and paternal capacity. The workgroup suggests the following indicators for the identified areas: Child Development, Level I - ASQ-3 is completed and Level II - ASQ-SE-2 is completed; Protective Factors, Level I - aware of Strengthening Families Framework and working on program assessment, Level 2 - screening for trauma, DV, tobacco use and ability to provide concrete support and Level 3 - program is providing opportunities for social connections to reduce isolation; Child and Family Health, Level I - well child visits and up to date immunizations for index child and Level II - adult and sibling health and family medical home; Child/Caregiver Interactions, Level I - to be developed and Level II - Use of a validated assessment and monitoring tool, i.e. PICCOLO – Parenting Interactions with Children and Checklist of Observations Linked to Outcomes.