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.


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

Beth Bye, Commissioner of the Office of Early Childhood (OEC), assumed the responsibilities of co-chairperson from former Commissioner David Wilkinson at the March 20, 2019 meeting. Commissioner Bye confirmed the continued role of Abby Alter, Children’s Health and Development Institute (CHDI), 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 three meetings during the period of July 1, 2019 through August 31, 2020. 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;

The early work of the consortium explored and discussed the five recommendations to gain a deeper understanding and to conceptualize the plan and an approach to the work.

The Home Visiting Consortium previously had the following small work groups:

**Infrastructure Development.** The goal of the workgroup was to ensure that all families have access to appropriate home visiting services by: 1) defining and establishing a collaboration infrastructure to guide home visiting development and implementation; 2) identifying additional funding from all available resources to expand the capacity of the existing home visiting system; 3) expanding the capacity of the referral infrastructure through Child Development Infoline (CDI) and other local community-based efforts.

**Workforce Development.** The goal of this workgroup was to establish a core set of competencies and coordinate training for home visitors across programs by: 1) conducting an analysis of the home visiting workforce; 2) developing core competencies that align across all early childhood disciplines and services; 3) creating a central training institute for home visitors that builds on existing resources and efforts toward enhancing the home visiting workforce.

**Quality Development.** The goal of this workgroup was to ensure standards that promote high quality programs and to develop outcome measures to report on quality indicators by: 1) identifying program standards and best practices for each program that strengthen services and may be integrated across programs; 2) develop Results Based Accountability (RBA) framework for early childhood home visiting that reflects population-level outcomes for home visiting program; 3) pursue a data and research agenda to identify unavailable and critical indicators to help define needs and assess balances of services.

Throughout the summer of 2019, 15 focus groups took place at 12 different locations. There were over 200 participants throughout the state. These listening sessions targeted five specific questions 1) What service was being provided in their community? 2) What kind of home visiting was being offered? 3) What the awareness in communication was about home visiting in their community and how families were using it? 4) How would a family enroll in a program (intake and referral coordination)? 5) How could communities get families to a home visiting program if you were, for example, a pediatrician?

The listening sessions were highly informative. Parent feedback during these sessions expressed that those who had experience with the home visiting programs mentioned liking aspects of child development, i.e. learning how to be with their child and watching him/her growing. Also, parents liked other non-child development aspects of the home visiting programs. What came up a lot was relationships with home visitors, being supported by home visitors, and generally working on the goals that were defined. Parents also mentioned that receiving tangible aid was helpful.
Social networks, parents doing their own research and seeing someone, i.e. doctors, hospitals, stood out among parent findings. Parents like centralized information and locations and parents want to know about services before they are in a crisis.

The COVID-19 Public Health Emergency halted in-person home visits as of March 23, 2020. In the weeks to follow, Home Visiting programs and providers quickly established plans to initiate virtual home visits with parents. Home visiting providers report the virtual visits have been mostly successful. Providers have been able to juggle their home responsibilities with their work and parents reported liking the flexibility of virtual visits for their family. For families who did not have access to the technology needed for virtual visits, OEC was able to distribute tablets to them through home visiting programs.

At the start of the pandemic, OEC partnered with the Connecticut Coalition against Domestic Violence (CCADV) to provide a web-based training for home visiting providers titled *Intimate Partner Violence COVID-19 Telehealth Resources*. This training was presented to over 200 home visitors giving them the tools to address the rising incidence of domestic violence during quarantine.

The OEC Home Visiting team also partnered with Connecticut Diaper Bank to supply diapers to every child enrolled in a home visiting program. Home Visitors worked diligently to distribute diapers to children enrolled in the home visiting program. This project is now delivering its third shipment of diapers to families. So far, over 500,000 diapers have been distributed.

The OEC also partnered with Costco to purchase 1,027 canisters of formula for home visiting providers to distribute to 337 families with babies who were formula fed. The OEC home visiting team collaborated with the WIC program to develop a checklist for providers to review with families to ensure the health and safety of the children receiving the formula.

Finally, home Visiting and Birth to Three worked uniformly with provider input to develop the “Guidance for In-Person Birth to Three and Home Visiting” document. As of June 12, 2020, the OEC is permitting the safe and gradual incorporation of in-person visits with families who receive Home Visiting services.

The Home visiting Request for Procurement was released on September 1, 2020 and was posted to the OEC and DAS websites. Notification of grant awards will be released January 4, 2021. A pre-bidders’ conference is scheduled for September 15, 2020 and Frequently Asked Questions will be posted by Friday of each until November 1, 2020.