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STATE OF CONNECTICUT

OFFICE OF EARLY CHILDHOOD



Beth Bye
Commissioner

To: The Committee on Children
From: Beth Bye, Commissioner, Office of Early Childhood,
on behalf of the Connecticut Home Visitation Program Consortium
Date: October 5, 2021
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 Connecticut General Statutes, Sec. 17a-gg (*Public Act 15-45 – An Act Establishing a Home Visitation Program Consortium*).

Connecticut General Statutes, Sec. 17a-gg: Home Visiting Consortium

(h) Not later than September 15, 2016, and annually thereafter, the consortium shall submit a report, in accordance with the provisions of section 11-4a, 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, (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 appointment of Faith Vos Winkel, Assistant Child Advocate and Child Fatality Coordinator, as the co-chairperson of the Home Visitation Consortium at the April 14, 2021 meeting.

Visitation Program Consortium Meeting Frequency and Updates

The home visitation consortium convened four meetings during the period of July 1, 2020 through August 31, 2021. The purpose of those meetings was 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 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.

The Home Visiting Request for Procurement was released on September 1, 2020 and was posted to the OEC and DAS websites. Notification of awards went out in February 2021 and the new Home Visiting contracts began on July 1, 2021 with 18 Home Visiting Programs across the state. These newly contracted programs will be focusing on our target population as identified in the Request for Proposal; pre-natal enrollments, mothers, and fathers under the age of 20, and mothers and fathers from racial/ethnic communities disproportionately likely to experience adverse birth outcomes. The target population serves as a focal point for prevention services and will continue to support families as part of a continuum of services.

With the continuation of the COVID-19 pandemic, 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 and continues to permit the safe and gradual incorporation of in-person visits with families who receive Home Visiting services. Home Visiting programs have also received guidance from their national model as they have

integrated in-person visits back into their practice. Home visiting providers continue to 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 and internet connectivity to them through their home visiting programs using funds from the Governor's GEER appropriation.

The Sparkler application, which is an evidence-based, mobile platform, available in English and Spanish, helps fuel healthy early childhood development through:

- Tracking tools to monitor children's social-emotional, cognitive, communication, and physical development, including the Ages & Stages Questionnaires;
- Activities that help parents/caregivers support their children's learning and development. (Sparkler has an activity library of more than 1,500 play-based learning activities); and
- Messaging tools to give parents/caregivers the ability to communicate regularly with their service provider for advice and support.

The CT Home Visiting System spent the past year piloting this application with Home Visiting Providers in five communities: Stamford, Danbury, Manchester, Bristol, and New Haven. Since those initial pilots, we have learned many lessons which were then applied to increase screening rates and link families to the necessary services the individual child needs. The use of the application expanded throughout the year to include FRC, DCF, SDE, ECE councils across the state and Birth to Three programs.

- Early results of Sparkler are as follows: ASQ-3 – 450 home visits have been completed, 61% are being tracked in all the categories, 50% with referrals in at least 1 category.
- ASQ-SE – 260 home visits have been completed, 70% have been on schedule, 17% in the monitoring area, and 12% for SE.
- First Engagement – 610 completed plays, families liked 98% of the play cards, 76% of the families said the level of play cards were just-right for their children.

As of July 1, we expect home visitors to continue to use Sparkler to screen young children to promote on-going learning with families they serve. We will continue to incorporate training and office hours throughout the fall of 2021 and into the New Year. OEC is also working to establish integration between Sparkler and the OEC Home Visiting data system, Early Childhood Information System (ECIS), ASQ questionnaire scores, that are completed utilizing the application, will go directly into the ECIS data system. This will drastically reduce data entry time and error.

The Governor prioritized and the legislature appropriated \$8 million of American Rescue Plan (ARPA) – State Fiscal Relief funding to be used over the course of three years to roll out a Universal Home Visiting program.

COVID-19 has worsened health disparities and exacerbated behavioral health concerns in Connecticut—universal home visiting is a population-level health approach and an effective way to address these concerns:

- Social isolation and stress from the COVID-19 pandemic have caused a significant increase in already-high rates of maternal depression and anxiety in the postpartum period, impacting families of all backgrounds and circumstances.^{i, ii} Families are also facing an increased risk of intimate partner violence and exacerbated substance use issues.^{iii, iv}
- Behavioral and mental health services are a core component of Connecticut’s existing home visiting system. However, even in the current system, some eligible families choose not to participate because of stigma associated with these targeted services. The system serves only a fraction of eligible families, and there is a need for upstream identification and treatment of mental health challenges, including for those who might not otherwise engage in current home visiting programs.^{v, vi}
- Universal home visiting would offer a home visit by a registered nurse to all families in the first three weeks following birth, in which mothers and babies would be screened for behavioral, mental, and physical health needs and connected to services to meet each family’s unique needs, such as individual or marital therapy or other outpatient behavioral healthcare.^{vii} High-needs families identified through universal home visiting could be supported by community health workers also funded by American Rescue Plan State funds.
- In short, having a baby is a big life change—every family could benefit from early public health supports like home visiting regardless of income and risk profile. Universal home visiting would offer services to areas disproportionately impacted by COVID-19, seek to address social determinants of health by preventing health disparities at a population-level, and serve as an entry point into Connecticut’s existing service array by connecting high-need families to needed resources.

While the State’s targeted home visiting programs (which are longer-term programs that differ from universal home visiting) provide some behavioral health screens and referrals, these programs currently serve approximately 3,000 caregivers a year—a fraction of the 34,000 births in Connecticut each year.^{viii, ix} The Connecticut’s 2020 Needs Assessment—conducted as part of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program administered by the Health Resources & Services Administration (HRSA)—highlights that families desire mental health support and earlier engagement in home visiting.^x The problem is sizable—of caregivers newly enrolled in 2020, 11% had at least one depression screening with a risk indicated or were already in mental health treatment in 2020. And of newly enrolled caregivers in the existing home visiting system in 2020, 38% noted either current or historical mental health needs, 15% noted either current or historical substance use issues, 12% noted either current or historical intimate partner violence concerns, and 20% noted either current or historical child welfare involvement.^{xi}

Families may receive additional support from community health workers through the \$6M ARPA initiative that pilots a community health worker approach for high-need families in Bridgeport alongside the universal home visiting initiative. DPH, in conjunction with the Office of Health Strategy, and DSS would identify and upskill community health workers to connect pregnant and postpartum mothers, fathers, and families to necessary mental, behavioral, health, and social services. By prioritizing the hardest hit families in the state, community health

workers would alleviate the pandemic’s effects on new families and families of color, who have been disproportionately impacted. Integrating CHWs with universal home visiting would allow for a robust continuum of care that supports.

ⁱ Milgrom, Jeannette, et al. "Social support—a protective factor for depressed perinatal women?." *International journal of environmental research and public health* 16.8 (2019): 1426. (Accessed [here](#))

ⁱⁱ Basu, Archana, et al. "A cross-national study of factors associated with women’s perinatal mental health and wellbeing during the COVID-19 pandemic." *PloS one* 16.4 (2021). (Accessed [here](#))

ⁱⁱⁱ Usher, Bhullar, and Jackson. (2020). “Family violence and COVID-19: Increased vulnerability and reduced options for support.” *International Journal of Mental Health Nursing*. (Accessed [here](#))

^{iv} Pfefferbaum, Betty, and Carol S. North. "Mental health and the Covid-19 pandemic." *New England Journal of Medicine* 383.6 (2020): 510-512. (Accessed [here](#))

^v Office of Early Childhood’s Early Childhood Information System data. (As of March 2021)

^{vi} OEC-UConn School of Social Work Research Partnership, “Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs.” (2020). (Accessed [here](#))

^{vii} Handler et al. “Illinois Family Connects Early Evaluation Report.” (2018). (Accessed [here](#))

^{viii} Office of Early Childhood’s Early Childhood Information System data. (As of March 2021)

^{ix} Department of Public Health, Provisional 2019 data. (Accessed [here](#))

^x OEC-UConn School of Social Work Research Partnership, “Statewide Needs Assessment for Maternal, Infant, and Early Childhood Home Visiting Programs.” (2020). (Accessed [here](#))

^{xi} Office of Early Childhood’s Early Childhood Information System data. (As of March 2021)