

To: The Committee on Children
From: Linda Goodman, Acting Commissioner, Office of Early Childhood, on behalf of the Connecticut Home Visitation Consortium
Date: October 3, 2016
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

Former Office of Early Childhood (OEC) Commissioner Dr. Myra Jones Taylor, per legislation, appointed Karen Foley-Schain, Director of the Family Support Services division of the OEC and Melissa Mendez, Director of Early Childhood Programs at Wheeler Clinic, to serve as the co-chairpersons of the Home Visitation Consortium. Upon Karen Foley-Shain's retirement from state service in January of 2016, Commissioner Jones-Taylor assumed the responsibilities of co-chairperson. Commissioner Jones-Taylor departed from state service on August 31, 2016; Acting Commissioner Linda Goodman will serve as co-chair.

Home Visitation Program Consortium Meeting Frequency and Updates

The home visitation consortium convened seven meetings over the period of July 1, 2015 through August 31, 2016. Five of those meetings were to move forward the recommendations of the *Connecticut Home Visiting Plan for Families With Young Children* and two meetings were to discuss grant applications for the Maternal Infant Early Childhood Home Visiting program funded through the Human Resource Services Administration (HRSA) of the Department of Health and Human Services. The consortium began its work by reviewing the home visiting plan. The plan establishes 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. As part of the exploration phase, the group brought in two content experts to share relevant information that could be used in future work.

Deborah Adams, Educational Consultant from the Early Care and Education division of the Office of Early Childhood, shared the work on the *Connecticut Core Knowledge and Competency Framework for Professionals Working with Young Children and Their Families*. This document includes perspectives from Education, Special Education and Early Intervention, Health, Mental Health, and Social Service disciplines to address the early childhood workforce that works most closely with children ages birth to five and their families. The roles addressed in this document include teachers in any variety of settings, home visitors, interventionists, and mental health professionals as appropriate. This “shared core” provides a set of competencies from a multidisciplinary lens that will be used as a foundation to construct or adopt role-specific competencies beyond those addressed in the shared core. Levels 1 and 2 in the Domains and Indicators section identify the shared core across roles, and Levels 3 and 4 identify the unique knowledge and competencies that build upon the shared core for the role of teacher and/or caregiver in any setting.

Heidi Mederia, the Executive Director of the Connecticut Association for Infant Mental Health (CT-AIMH), shared information on the CT-AIMH endorsement process. CT-AIMH promotes a set of Competency Guidelines®, that when they are met, lead to an Endorsement in Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. The mission of this nonprofit is to (1) Increase the competency and capacity of the workforce serving infants and young children and their families; (2) Engage increasingly and visibly in public policy advocacy; (3) Raise public awareness of the importance of promoting the mental health and wellness of the most vulnerable young children in Connecticut.

The home visitation consortium 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.

The goal of the Infrastructure Development 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 decided to hone in on the first bullet – define and establish governance and collaboration infrastructure to guide home visiting development and implementation. The group will look at governance structures within human services in other states. The group will also develop a matrix of what home visiting services are available for the prenatal to age 5 population.

The goal of the Workforce Development 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; create a central training institute for home visitors that builds on existing resources and efforts toward enhancing the home visiting workforce.

The group started by looking specifically at the first bullet – conducting an analysis of the home visiting workforce to identify who is in the group? What home visiting programs should be included? The group identified the next step as identifying what they want to know about the demographics of the home visiting workforce (age, educational experience etc.). Lastly, the group started to discuss the idea of core competencies across all programs. Once the group has this information, group members will work toward alignment of the workforce, the skills and core competencies.

The goal of the Quality Development workgroup is to ensure program standards that promote high quality programs and 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 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 group decided to concentrate on the first bullet – identify program standards and best practices for each program that strengthen services and may be integrated across programs. The group will look at the work from Wisconsin, where 5 common indicators have been identified, including social emotional health. The group will look at this work, the tools used and outcomes. The group also discussed the difference between quantity data and quality data. The next steps for the group is to create a matrix that looks at home visiting programs and identifies, target populations, program standards, process measures, outcome measures and key domains.

Home Visitation Program Consortium Special Meetings

The home visitation consortium conducted two special meetings to discuss and consider feedback from the Home Visitation Program Consortium on grant applications for the Maternal Infant Early Childhood Home Visiting (MIECHV) program.

In November 2016, the OEC received a Funding Opportunity Announcement (FOA) to apply for a MIECHV Formula Grant of \$9.1 million. This would be a decrease in funding for the MIECHV program from 10.4 million a year (\$9.4 million of competitive funds, \$1 million in formula funding). HRSA moved to the new formula funding in order to ensure continuity and sustainability of funding for programs that have been developed over the past three years and placing the majority of MIECHV funding in a formula grant rather than a competitive grant. There was some discussion at the special meeting to eliminate some programs and to fund new programs and initiative. After receiving feedback from the consortium and reviewing program data, HRSA benchmark data and model accreditation status for all funded MIECHV programs, the Office of Early Childhood decided to follow the intent of the FOA and continue and sustain existing MIECHV program. All of the current programs are using evidence-based models, have met the HRSA benchmarks and model specific affiliation requirements. In order to adjust to the reduction in MIECHV funding, the Office of Early Childhood reduced administrative and training costs.

In February 2016, the Office of Early Childhood received a Funding Opportunity Announcement (FOA) to apply for a highly competitive Innovation Grant. The objectives of Innovation Grant outlined by the FOA were: a.) Increased recruitment, engagement and retention of eligible families to MIECHV-funded home visiting programs; b.) Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce; c.) Coordination of MIECHV-funded home visiting programs with community resources and health, behavioral health and human services, and d.) Implementation of effective continuous quality improvement processes in MIECHV-funded home visiting programs.

The Office of Early Childhood, after receiving feedback from the home visitation consortium, selected to submit an application for the program priority area; developing and retaining a trained, highly skilled MIECHV-funded home visiting workforce. If granted this highly competitive award, the Family Support Services division of OEC will collaborate with other community partners to develop and implement an online series of training modules.