

CY 2023 Program Report Card: The Connecticut Home Visiting System at the Office of Early Childhood (OEC)

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.

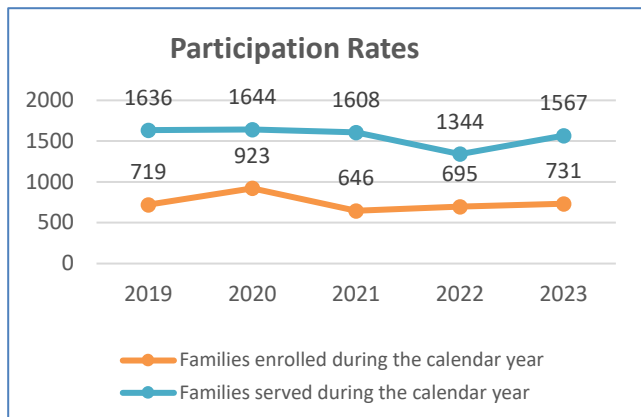
| Program Expenditures | State Funding | Total Funding |
|----------------------|-----------------|-----------------|
| Actual CY 23 | \$12,639,479.00 | \$19,639,925.00 |

Partners: The CT Office of Early Childhood has enlisted a team of experts to provide technical assistance. This team includes our federal funders at the Health Resources and Services Administration (HRSA); Social Finance; University of Connecticut School of Social Work, and leaders from other state agencies including the commissioners from Department of Children and Families and the Department of Social Services.

The Connecticut Office of Policy and Management (OPM) requires that all contracts through state agencies go through a re-procurement process every three to five years. Our federally-funded home visiting programs were due for re-procurement in 2021. Therefore, a state-wide RFP process was held which affected state-funded programs as well. The selection of awardees was made in February 2021, and new contracts were effective July 1, 2021. Beginning July 1, 2021 and through fiscal year 2023, state-funded home visiting programs used the following evidence-based models: Parents as Teachers (PAT), Child First, Nurse Family Partnership, and Healthy Families America.

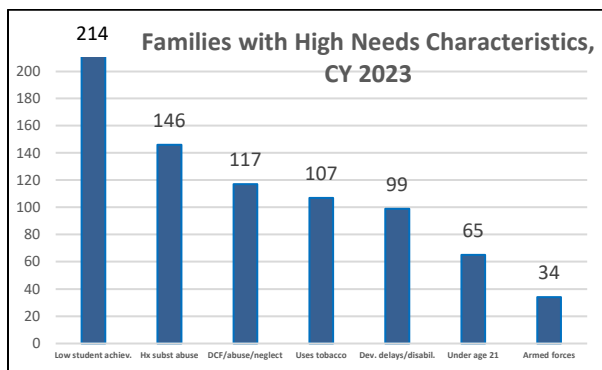
State Funded Home Visiting Participation

Story behind the numbers: This performance measure examines the volume of families served by home visiting, both newly enrolled and those continuing with services. In calendar year 2023, new and continued enrollments increased a little compared to the previous year.



Families with High Needs Characteristics

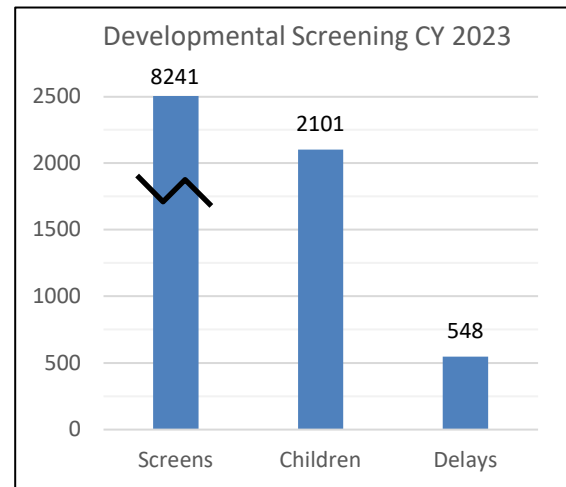
Story behind the numbers: Families in home visiting programs have multiple high needs characteristics. Such characteristics include: households in which at least one member has low student achievement, a history of substance use, history of DCF involvement, abuse, or neglect, parents under the age of 21, tobacco use, childhood developmental delays or disabilities, and/or service in the armed forces.



Early Screening to Identify Potential Developmental Delays

Story behind the numbers: According to the CDC, approximately 13% of children are diagnosed with a developmental disability nationwide. All OEC home visiting programs complete developmental screens for participating children using the Ages and Stages Questionnaire.

During CY 2023, 8,241 screens were performed state-wide (including screens performed with federal funding), representing 2,101 children. Screening results for 548 of these children, or 26%, were flagged for comprehensive developmental evaluations.



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Proposed Actions to Turn the Curve

The Office of Early Childhood continues to strive to develop a system that incorporates the following:

- A family-centric array of services that links families with the appropriate level, intensity, and duration of supportive services throughout the state.
- A home visiting system that reaches specific priority populations and achieves specific outcomes.
- Regional referral networks, 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
- Outcome and performance measures that are used to improve service delivery and inform future provider eligibility and re-procurement competitiveness every three to five years. This performance-based approach is reinforced with contracts designed for active contract management, and the inclusion of incentives for positive outcomes using rate card bonuses.

Prior to SFY 2021, the Home Visiting Program at the Office of Early Childhood undertook a series of activities to clarify our goals, including articulating specific, measurable outcomes, and identifying priority target populations. This effort included a needs assessment conducted by our partners at the UConn School of Social Work, community listening sessions, focus groups, a service provider survey, and document review. Taken together, this effort culminated in development of the following priority outcomes and target populations.

Outcomes:

1. Promote healthy birth outcomes for babies and their mothers
2. Enhance child development and positive parenting practices
3. Prevent child maltreatment
4. Promote economic security among the families we serve

Priority Target Populations:

1. Women at highest risk for poor pregnancy outcomes and low birth weight babies as defined by the CDC and confirmed with Connecticut-specific data, which includes Black and American Indian/Alaska Native women, and women of Puerto Rican descent.
2. Families who enroll prenatally
3. Parents under the age of 20