

**To:** The Committee on Children  
**From:** Beth Bye, Commissioner, Office of Early Childhood,  
on behalf of the Connecticut Home Visitation Program Consortium  
**Date:** December 13, 2022  
**Re:** Home Visitation Program Consortium Annual Legislative Report

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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 (C.G.S. § 17a-22gg).

### **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 appointment of Faith Voswinkle, 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 two meetings during the period of July 1, 2021 through August 31, 2022. 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, mother, 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. Between July 1, 2021, and August 31, 2022 there have been a total of 39,025 completed home visits. 19,377 of those have been in person Home Visits and 19,648 have been virtual visits with 5,946 visiting being conducted by phone according to model guidelines and 13,702 being conducted via video conferencing platform. Home visiting providers continue to report the virtual visits have been mostly successful due to the flexibility virtual visits provide families as they manage and balance their home responsibilities and actively engage in the Home Visiting Program. 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.

The Sparkler application, which is an evidence based, mobile platform, available in English and Spanish, to help 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 1500 play based learning activities); and
- Messaging tools to give parents/caregivers the ability to communicate regularly with their service provider for advice and support.

In 2020 The CT Home Visiting System piloted the Sparkler 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 the application. In October of 2021 Sparkler launched statewide and became available to any parent across the state at no cost. At the end of calendar year 2021 there were 6,820 children enrolled in the Sparkler application which was up 2,009 from December of 2020. In calendar year 2021, there were 2,379 ASQ-3's completed, up from 1,049 in 2020, and there were 1,991 ASQ-SE-2's completed, up from 338 in 2020. Additionally, 89% of families engaged and played Sparkler activities, rated them, and said their children had fun playing them. Moving through the upcoming years OEC is beginning to develop a sustainability plan to ensure Sparkler can remain an accessible application for parents to complete screenings for their children.

Due to the pandemic CT received a substantial amount of American Rescue Plan (ARPA) Dollars and OEC has been approved to utilize \$8 million of those funds to pilot Universal Nurse Home Visiting (UNHV) in the state. Throughout the pandemic we have learned valuable information about the families and children within CT. More importantly we have learned that health disparities affect many families and a disproportionate number of COVID -19 related deaths were in black communities. Universal Nurse Home Visiting, Community Health Workers (CHW) and longer-term home visiting services can help reduce this disparity. Home visiting can provide pregnant mothers and their families much needed support to develop the skills and make connections that will help raise happy and healthy children. The UNHV program will implement the Family Connects Evidence based Universal Home Visiting Model. This model will offer 1-3 home visits with a registered nurse and these visits will have long term impacts on mothers, babies, and families in addition to connecting them with the appropriate services. Community Health Workers can supplement UHV by creating a continuum of care starting prenatally. They will support individuals to help them navigate the health services that are available to them in addition to health education, social support, and screenings to name a few. By providing tailored services through CHW we can reduce inpatient and outpatient costs. As we look at the impacts of UHV and CHW we know that there are long term financial savings that the state will see. Utilizing CHW to their maximum potential can lead to lower inpatient and outpatient costs. For every dollar we invest in this program there will be approximately \$2.47 returned and about a 38% reduction in Medicaid costs which equals about 1.4 million over the course of a year.

Over the course of the past year OEC has partnered with the Department of Social Services, Department of Children and Families, Office of Health Strategies and Department of Public

Health to develop a multi-agency Request for Proposal (RFP) that was released in June of 2020. This RFP looked to identify collaborating agencies/hospitals that could provide Universal Nurse Home Visiting Services in conjunction with Community Health Workers to the greater Bridgeport community. OEC managed the evaluations of the proposals and Bridgeport Hospital was selected to develop, implement, and provide Universal Nurse Home Visiting to the community with support and collaboration from Community Health Workers. The selected contractors and staff have started the Family Connects training academy and will begin to serve families in early 2023.