Connecticut Office of
Early Childhood

CONNECTICUT
HOME VISITING SYSTEM

POLICY & PROCEDURE MANUAL

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Title: HOME VISITING PROGRAM STAFF & MANAGEMENT STRUCTURE

Purpose: *In accordance with the OEC Home Visiting contract, all home visiting contractors must follow their model fidelity for staff management structure.*

Overview

Program Management Structure

A programs home visiting management structure must demonstrate the ability to provide home visitation to serve families (please see priority populations) with young children in accordance with your contract-approved model. This evidence-based model must be one of the following: Child First, Early Head Start-Home Based Option, Health Families America, Nurse Family Partnership or Parents as Teachers.

Providers must ensure the following elements are included in the development of their program staffing: methods for continuous quality improvement, strategies for continuous professional development and growth, measurable program outcomes, supervisory structure, and connections to the community.

Staff positions

Home visiting programs shall employ a workforce that is culturally diverse, and representative of the community population being served, across all home visiting roles, including multicultural and bilingual employees.

Each program site must include the positions that are briefly described here:

Program Manager

The program manager or equivalent should be dedicated to the oversight and implementation of the home visiting program. The FTE for this position should reflect adequate hours to provide effective management to the program and staff. The program manager is responsible for the overall operation of the program, including, but not limited to, staff supervision and professional development, financial reporting (CORE-CT etc.), budget development and revisions, programmatic reporting, evaluation and quality assurance, community relations, legislative advocacy and fundraising, as well as other related matters. The program manager is also responsible for serving as a liaison between the program, the host organization and the community. As a community liaison the program manager convenes an advisory committee for the program and manages relationships with external partners.

A knowledgeable and involved program manager is fundamental to a well-run site. The program manager should be well-versed in the responsibilities of each staff role and understand and assist staff in implementing program policies. This would include the establishment of program hours that meet the needs of families and facilitating recognition of families' accomplishments in home visiting.

The program managers are required to have a bachelor's degree in social work, human services or a related social sciences field. A master's degree in social work, human services or a related social sciences field is preferred. Previous management experience working with vulnerable families and children is required.

Clinical Supervisor/ Clinical Director

Provides day-to-day supervision, support and assistance to the home visiting staff. The Clinical supervisor reports to the program manager. The clinical supervisor/clinical director is responsible for maintaining fidelity to their home visiting model, this includes monitoring and maintaining complete, confidential family records, facilitating professional development activities for supervisees, conducting individual supervision and group supervision, facilitating team meetings and overseeing caseloads. The clinical supervisor/clinical director is also responsible for serving as a liaison between the program and OEC staff.

The clinical supervisor/clinical directors are encouraged to hold a master's degree in social work or in a related social science or human services field. They must have previous supervisory and clinical experience working with vulnerable families and meet the educational attainment or relevant experience required by the program's evidence-based model.

Home Visitor

Works directly with the families within their homes, an alternate identified location (library, park etc.) or virtually. Any visit occurring outside of the family's home shall be previously discussed with and agreed to by the family. Home visitors are responsible for providing comprehensive home visiting services to caregivers by implementing their model specific curriculum and documenting home visits and family outcomes within ECIS and their evidence-based model data systems. Home visitors are also encouraged to connect to resources and supports in the communities they serve to best support their enrolled families. Participation in regional early childhood workgroups, community outreach initiatives and boards of community-based organizations is encouraged. Attendance and participation in professional development activities to further understanding of the early childhood space is necessary to meet the changing needs of families. Home visitors report directly to the clinical supervisor.

Home visitors must have a minimum of a high school diploma and two years of relevant supervised experience working with vulnerable children and families.

Home visitors should not be hired based solely on their education and employment history. It is important for home visitors to be knowledgeable about the community as a whole and the services available for families. Home visitors shall demonstrate a strong ability to work with people of different ages and life stages, living in challenging circumstances and within diverse cultures. Sites are encouraged to hire home visitors who reside in communities they serve or be representative of the populations being served.

All home visitors must work to shift the narrative about the role of fathers in the lives of their children. Some sites employ father-focused Home Visitors, who work with fathers/father figures and their children. They are responsible for all the duties of a traditional home visitor and serve as a support within the system to understand and engage fathers. It is strongly encouraged that all home visitors work intentionally to include all father figures in home visiting program delivery efforts.

Title: PROGRAM CONSENT

Purpose: *OEC Home Visiting is an optional program and providers must get consent prior to enrolling a caregiver or child.*

Overview

The Office of Early Childhood home visiting program is voluntary and free of charge to families. It is the caregivers' choice to receive home visiting services. If a caregiver does elect to participate in a program of the OEC CT Home Visiting System, program consent must be collected using the following forms:

- Consent for Home Visiting Program Participation: Family Rights, Responsibilities and Confidentiality Policy (Appendix A, Appendix A - Spanish)
- Evidence-based home model program consent forms (refer to your applicable model)

Title: MODEL FIDELITY & CASELOAD REQUIREMENTS

Purpose: *OEC home visiting providers must provide high-quality services to families, while following their model with fidelity.*

Overview

In accordance with the OEC Home Visiting contract, all home visiting contractors must adhere to their selected and approved Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE) home visiting model's policies, procedures, and model implementation. Contractors and subcontractors must implement services with fidelity to their evidence-based model and maintain good affiliate status.

For more information on your specific model fidelity requirements, contact your model's program representatives.

Required Documentation

Providers must submit a copy of their (and any subcontractor's) annual performance report and model documentation verifying the program is in good standing and meeting model fidelity requirements. Proof of fidelity will be reviewed annually at the programmatic site visit and as part of contract evaluations.

Model Descriptions

Five HomeVEE-approved evidence-based home visiting models receive OEC funding to serve families across the state. A brief description of each is below. More information can be found on the Administration for Children and Families' Home Visiting Evidence of Effectiveness website.

Child First (CF)

Focus of Services: Child development; child-parent psychotherapy; attachment; parenting; brain development; executive functioning, impact of trauma; toxic stress and ACEs; parental challenges - depression, substance use, domestic violence; emotional regulation; community resources.

Demographic Served: Serves children, prenatal to six years. Program serves pregnant mothers, first time mothers, families with multiple children, foster families, families at any income level, families with substance abuse issues, families with depression or other mental health issues, families living in homeless shelters/non-traditional households, families with domestic violence issues, families with incarcerated parents,

fathers, teen parents, children who have experienced, trauma, abuse and neglect, and have developmental delays and mental health issues.

National Child First

HomVEE Child First Model Profile

Early Head Start – Home-based Option (EHS)

Focus of Services: Provide educational services in addition to comprehensive prenatal and child development services. Services focus on areas including health, mental health, oral health, family support and education, fatherhood & grandparent supports, community resources.

Demographic Served: Program serves pregnant and parenting caregivers – including fathers, foster families and teen parents, low-income families, and children with special health care needs. Children ages zero to three years.

National Early Head Start Home Based Option

HomVEE Early Head Start Home Based Option Model Profile

Healthy Families America (HFA)

Focus of Services: Promotes child well-being and prevents child abuse and neglect through empowering, educational services for parents and children. The model is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development. Healthy Families America program seeks to strengthen nurturing parent-child relationships, promote healthy childhood growth and development, and enhance family functioning by reducing risk and building protective factors.

Demographic Served: Program enrolls prenatal families up to the child's 3rd month of age. Once enrolled, families receive services up to the child's 5th birthday. HFA seeks to engage parents facing challenges such as low-income, current or history of substance use disorder, mental health issues or domestic violence.

National Healthy Families America

HomVee Healthy Families America Model Profile

Nurse-Family Partnership (NFP)

Focus of Services: Nurse Family Partnership is home visiting program that services low-income, first-time moms so that they receive the care they need to have a healthy pregnancy and can provide responsible and competent care for their children and become more economically self-sufficient. Services provided include assessment, education, and prevention.

Demographic Served: Serves children birth until their second birthday. Program serveslow-income, pregnant women (enrolled up to 28 weeks gestation for first time mothers and up to delivery for multiparous at-risk mothers in Region 3 – Eastern and Southeastern Area).

National Nurse Family Partnership

HomVEE Nurse Family Partnership Model Profile

Parents as Teachers (PAT)

Focus of Services: Parents as Teachers early childhood home visiting program provides parenting education, information on child development and connection to resources with the goal of improving parent, child, and family health and well-being; preventing child abuse and neglect; increasing children's school readiness and success and improving family economic well-being. The program is framed around four dynamic components: Personal Visits, Group Connections, Child Screenings, and Resource Network.

Demographic Served: Parents starting prenatally whenever possible and families of children ages zero to five years. Program serves parents living in homeless shelters/non-traditional households, low-income families, families with an incarcerated parent, teen parents or parents with high-risk indicators.

National PAT

HomVEE Parent as Teachers Model Profile

OEC Caseload Requirements

OEC has a required minimum caseload per home visitor or home visiting team. The following table demonstrates the standing number of family slots a fully-trained, 1.0 FTE home visitor must serve.

Model	**Standing capacity or "Slots"**
Child First	12 per Home Visiting Team
Early Head Start	12 per Home Visitor
Healthy Families America	12 per Home Visitor
Nurse Family Partnership	25 per Home Visitor
Parents as Teachers	12 per Home Visitor

New hires have 6 months to build and establish their caseload. After 6 months of employment, they are expected to have the standing number of family slots, according to their FTE and model, as listed in the chart above.

Please note for record-keeping: in ECIS when a caregiver exits or transferred, they are considered no longer enrolled as of the next day. For example, if a caregiver exits on March 30, they are no longer enrolled as of March 31.

Title: PRIORITY POPULATIONS

Purpose: *Provide services for populations that may be underserved and more vulnerable than others to promote healthy family outcomes.*

Overview

The Office of Early Childhood has a bold vision that we believe will move the system "upstream" to address family needs and service gaps and focus on equitable outcomes for families throughout the state. Our goals include improving healthy births for babies and mothers and parenting practices, enhancing child development, and reducing child maltreatment.

Priority Populations

Significant numbers of people across the United States and Connecticut do not have access to the level of services they need. The OEC CT Home Visiting System has defined its priority populations as those who are underserved or who face barriers to needed care. We have also included populations the Health Resources and Services Administration (HRSA) expect states to prioritize for home visiting. OEC home visiting providers will prioritize services and enrollment to families with any of the following criteria:

a. **Pre-natal enrollments;**
b. **Mothers and fathers under the age of 20;**
c. **Mothers and fathers who come from racial/ethnic communities disproportionately likely to experience adverse birth outcomes. Women at highest risk for poor pregnancy outcomes and low birth weight babies as defined by the Center for Disease Control, which includes Black, Puerto Rican and/or American Indian/Alaska Native women.**
d. Residing in households with incomes below 100% of Federal Poverty Level;
e. Had a prior pregnancy with a poor birth outcome (very low or low birth weight, prematurity or fetal/infant death);
f. Have a history of child abuse or neglect;
g. Have had interactions with child welfare services;
h. Have a history of substance abuse or of treatment of substance abuse;
i. Have users of tobacco products in the home;
j. Are or have children with low student achievement;
k. Have children with developmental delays or disabilities;
l. Who are serving or have formerly served in the armed forces that include individuals who are serving or formally served in the Armed Forces; including such families that have members of the Armed Forces who have had multiple deployments outside of the United States;
m. Who are homeless or have housing instability;
n. Parents with cognitive limitations;
o. Have current or historical need of mental health treatment.

Father Enrollment:

Across the country, parenting programs have often directed services to mothers or other female caregivers, resulting in little participation from father or other male caregivers. OEC home visiting providers should intentionally recruit and enroll fathers into home visiting services to shift the mindset that fathers do not benefit from programming and to help the family achieve desired program outcomes. Research also shows that fathers and father figures who participate in home visiting learn new parenting skills and have stronger relationships with their children and partners. Positive outcomes stem from both the direct support and information a home visitor provides, and peer support offered by other fathers or father figures participating in the program. Therefore, fathers and father-figures should be offered and receive the same services as mothers.

Title: VOLUNTARY PARTICIPATION

Purpose: *Families have the right to decide their participation in home visiting services.*

Overview

The decisions families make are important to the lives of their children. All home visiting services are voluntary and free of charge.

Voluntary Participation

OEC home visiting programs are voluntary and free of charge to families. It is a caregiver's choice to participate in services. Home visiting staff must make families aware of this right. Home visiting or group services cannot be stipulated as a mandated service, as an alternative program to a CT Department of Children and Families (DCF) investigation, or as ongoing oversight and intervention related to child abuse and/or neglect.

If a family is referred to home visiting by the DCF, families must be told that services are voluntary and that the program is separate and disconnected from the state's child protective services. Families should be informed that the home visiting program's goal is to help them with their own goals and priorities. Families have the right to end services at any time and are allowed to re-enroll in any home visiting service within their region, per model fidelity and eligibility requirements, if they decide to participate again.

Title: HOME VISITING ENROLLMENT, DUAL ENROLLMENT & DISENGAGEMENT POLICY

Purpose: *Reviews the process and forms needed for enrollment in the OEC Home Visiting System. Policy also reviews how to avoid dual enrollment, disengagement procedures and other services.*

Overview

The OEC encourages all agencies, regardless of contractor status (lead vs. subcontractor), to recruit new families into their programs. OEC home visiting programs only serve a fraction of the over 167,000 pregnant individuals and families with children younger than six years old in CT. With this, the OEC encourages agencies to recruit and enroll families by developing new referral partnerships and strengthening existing ones. For more guidance, please refer to Appendix M.

The enrollment period for a family serves as the gateway of the initial engagement process. Providers should utilize the designated OEC enrollment forms to ensure that all necessary demographic information is collected to guarantee complete data entry into ECIS.

Enrollment in an OEC home visiting program for a caregiver is the date of the first home visit. The enrollment date for a child can vary depending on whether the caregiver was prenatal when they enrolled. If the caregiver was enrolled prenatally the enrollment date of the child is the child's birth date.

If the child was already born when the caregiver enrolled, the enrollment date of the child would be the same as the caregiver.

Dual Enrollment:

Dual enrollment at any time within any of OEC Home Visiting programs is prohibited. Dual enrollment is a duplicative service that would skew the CT home visiting system data in ECIS, as well as utilize resources and a caseload spot that another family/child could benefit from.

ECIS has been updated to search for a caregiver at referral using the first and last name and date of birth. If a caregiver with the same name and DOB is already in the system, then a 'pop-up' will appear asking the user to verify if they intend to enroll or re-enroll the caregiver. The user has the option to override this system trigger if the caregiver is indeed not the same person. It is important to pay attention to this trigger.

Disengagement Policy (No Contact)

Despite the best attempts by home visitors to establish meaningful relationships with families, families may become **disengaged** for any number of reasons. Home Visitors should continue to work with families to identify those obstacles or barriers to engagement.

Programs may need to utilize various outreach methods to connect and re-engage with families after a scheduled home visit is missed to address **disengagement**, future missed visits, families at risk of attrition, and impacts on home visitor caseload.

Outreach should begin after the first scheduled home visit is missed. Home visiting staff should decide the method of outreach that would work best for the family and that decision is made on a case-by-case basis through reflective supervision between the home visitor and clinical supervisor. This discussion should include the home visitor's assessment of the family's readiness and willingness to engage with the program, issues or circumstances that led to the family's missed visits or absence, and anticipated reaction to calls or drop-ins by the home visitor or clinical supervisor.

Outreach should continue for one month and during this month the home visiting staff should attempt to reach the family by phone, mailings and visits to the home (at various times of the day). Families may continue to receive announcements, invitations or other materials from the site as appropriate, during and after outreach.

If a family has not engaged in a home visit in 4-6 weeks, the family should be exited from the OEC-funded home visiting and documented accordingly in ECIS. The family may re-enroll in services later if they desire.

Telephone Support

Families thrive with different levels of support. Telephone support is an enrollment strategy to help with the initial engagement process of the family and can also provide answers to parenting questions, connection to resources and education. Telephone support can be offered to a family if they are not interested in enrolling home visiting or if your program is at capacity and there is not another program in the region to refer this family to.

Telephone support is not tracked in ECIS beyond the initial referral form.

Title: DATA SYSTEM

Purpose: *To ensure data from home visiting services is recorded completely and securely, in order to provide home visiting agencies, funders, model developers, and the Office of Early Childhood information on which to base quality improvement and policy development.*

Overview

Data systems allow home visiting programs to collect and organize the information they gather while working with families. The data system documents the depth and breadth of the work home visitors do with the families they serve. When collated together, this information serves as the basis for program evaluation and future program planning.

Early Childhood Information System (ECIS)

The Early Childhood Information System (ECIS) is a secure, online data collection platform that allows OEC to collect program data such as but not limited to; demographic, service, and performance measures. The ECIS data system includes real-time reports which allow home visiting staff and designated OEC personnel to monitor program activity and make informed policy decisions. For more information about the specific metrics collected, see the Data Collection and Metrics policy.

The use of ECIS is ***contractually required*** by all home visiting programs funded by the OEC. Home visiting data should be entered on an on-going basis and must be accurate and up to date by the 15th day of the following month.

Access to ECIS is limited by staff role and individual caseloads. To gain access to ECIS for new staff, the program supervisor or manager shall complete the ECIS user add/change request form (appendix B) and return the form Riya Regi at Riya.Regi@ct.gov. Information entered in ECIS is de-identified in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

ECIS begins collecting data on the first day of enrollment which is the date of first home visit and concludes the day after the official exit date. For example, a family is seen for their last home visit on July 10 and is exited in ECIS as of July 10, they will be considered exited from the program as of July 11 and any data that is entered on July 10 will be included.

For more information about how to use ECIS, please see the ECIS User's Manual, **Appendix C.**

Model Developer Data Systems

All home visiting programs funded by the OEC implement home visiting models which have met the Federal Department of Health and Human Services' (HHS) criteria for evidence of effectiveness. Evidence-based home visiting models require their affiliates to collect specific data measures, unique to model, which may or may not be included in the ECIS data system. The OEC requires all home visiting programs to be in fidelity to their selected model(s). Each program shall be in communication with their model developer and shall follow the data collection required for model fidelity, which may include the use of a separate data collection system.

Title: DATA COLLECTION AND METRICS

Purpose: *To have consistent, common metrics across home visiting models and agencies.*

Overview

The OEC requires the collection of several measures from all home visiting contractors, regardless of evidence-based model or funding stream. In some cases, the data collection tools and/or methods are at the discretion of the home visiting model or individual program. However, the measures themselves and the time frames associated with them are standard for all OEC-funded home visiting programs. Below is a general description of the required measures. Also below is a list of supporting documentation which contains detailed information, including the data collection schedules.

Participant Demographics & Service Utilization Indicators

All OEC-funded home visiting programs collect demographic and service information on enrolled participants. This data includes but is not limited to:

- Age
- Sex
- Ethnicity
- Race
- Marital Status
- Educational Attainment
- Educational Status
- Employment Status
- Language
- Housing Status
- Household Income
- Insurance Status
- Usual Source of Medical/Dental Care
- Planned frequency of visits
- Documentation of each home visit

Participant demographics and home visit information is collected and entered into ECIS by all contractors/sub-contractors. For detailed information, please see the table with supporting documentation below. All contractors shall update this information at least annually.

Performance Indicators and Outcome Measures

All OEC-funded home visiting programs collect performance measures on enrolled caregivers and children. These measures include 19 nationally recommended benchmarks covering the following six construct areas:

- Maternal and Newborn Health
- Child Injuries, Child Abuse, Neglect or Maltreatment

- School Readiness & Achievement
- Crime & Domestic Violence
- Family Economic Self-Sufficiency
- Coordination & Referrals

These measures are collected by program staff and entered into ECIS. For detailed information, including data collection schedules, please refer to the documents in the Appendixes described in the table below.

Additional Data

The OEC requires the collection of information that goes beyond the nationally recommended demographics and performance indicators. The additional information is in keeping with best practices for home visiting (for example, more frequent ASQ screenings), and supports rate card outcomes.

Supporting Documentation

Below is a list of documents that can be found in the Appendixes

Document	Description	Appendix
ECIS User's Guide	Provides an overview for navigating data entry in ECIS	C
Rate Card Guide	Provides and overview of the rate card measures, including specific requirements	D
Data Collection Schedules	There are two data collection schedules since some measures are aligned with the child's age and others come due according to the timing of enrollment. Taken together, these two schedules include all required home visiting measures, including benchmark measures, rate card measures, and additional OEC-required measures.	E.1 E.2
Benchmark Descriptions	Describes each benchmark measure and what information in ECIS the measure is based on.	F.1 F.2
Consent Form	Consent form that is required for program participation in home visiting.	A
Data Collection Forms	Four data collection forms are included: • Referral form • Referral form if there is no consent (for anonymous data entry) • Enrollment form for caregivers • Enrollment form for children	G.1 G.2 G.3 G.4

	These forms include the information that's necessary to create a record in ECIS. These forms are not required to be used, rather they are included in case providers find them useful.	
Data Collection FAQ's	Cumulative list of FAQ's including questions related to ECIS, benchmark measures, and rate card.	H
Specific topics	Information is often shared on an ad-hoc basis as questions arise and/or require clarification beyond what might be included in an FAQ. These tend to be single-topic communications and, like the FAQ's, are added to over time. • Federal poverty levels for 2023 • Income category handouts for 2023 • Screening and Referral expectations	I.1 I.2 F.3

Title: DATA SECURITY & PRIVACY

Purpose: *It is every family's right to have their information kept private and confidential.*

Overview

The OEC data system and CT State Department of Education's (CSDE) web portal that houses ECIS is a secure application that uses a role-based security platform to store data. The secure server implements the highest security standards that are monitored for unauthorized access.

Protection of Private Information in ECIS

Information entered into the CSDE web portal, ECIS, is properly de-identified in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule. Any information that is used or disclosed will neither identify nor provide a reasonable basis to identify an individual.

Only authorized users with the proper permissions can access the ECIS portal. Once inside the portal, additional layers of security are implemented that only allow users access to ECIS modules they have been granted permission to access. Data is encrypted between the portal and the authorized user's web browser. The multi-layered security approach ensures access to data is controlled and monitored.

Title: ACTIVE CONTRACT MANAGEMENT

Purpose: *Active Contract Management seeks to explore:*

- *how efficiently contractors/subcontractors meet deliverables and deploy OEC funding; and*
- *how effectively contractors/subcontractors meet family and community needs.*

Overview

Active Contract Management (ACM) is the application of real-time, high-frequency data analysis and the purposeful management of agency service provider interactions to improve outcomes from contracted services. ACM is led by OEC program liaisons and works as a complement to contractor-led Continuous Quality Improvement (CQI) processes.

ACM Meeting Frequency

ACM includes regular meetings between OEC programmatic and contractual support liaisons, and contractor/subcontractor representative(s) who possess the knowledge and authority to make decisions at their respective organizations. Together, OEC liaisons and contractor/subcontractor representatives review reports and analyze data relevant to service delivery, programmatic, organizational, and systemic challenges. In addition to an annual site visit, ACM implementation typically includes two types of meetings described below:

- **Regular Check-in Calls** generally occur virtually every month, though the frequency can be adapted at the discretion of the OEC program liaison, based on factors such as, but not limited to, contractor/subcontractor performance, staffing, and technical assistance needs. During Check-in Calls, the OEC program liaison will discuss with representatives from the contractor/subcontractor topics including but not limited to: successes and challenges, staffing and training needs, ECIS data, program progress reports, Individual Improvement Plans generated through the CQI process, and/or fiscal reports.

- **Performance Management Meetings** will be convened in accordance with a schedule established by the OEC, with a target cadence of quarterly. During Performance Management Meetings, OEC program liaisons guide providers and subcontractor representatives through in-depth data dives on key outcome metrics, performance indicators, and special topics (such as intake, referral, and service coordination), with the ultimate goal of collaboratively designing and deploying process improvements and systems change strategies. Performance Management Meetings may occur as joint meetings between an OEC program liaison and multiple contractors/subcontractor, or as individual meetings between an OEC program liaison and contractor/subcontractor, virtually or in-person as logistical conditions permit.

Title: CONTINUOUS QUALITY IMPROVEMENT

Purpose: *To improve services and increase positive outcomes for the families being served.*

Overview

Continuous quality improvement (CQI) is the process of using strategies and tools to systematically, and intentionally, test change strategies and collect regular data to improve performance.

CQI Practicum & Learning Communities

Clinical Supervisors are required to participate in the OEC's *Strategies for Program Improvement: A Continuous Quality Improvement Practicum* series. The Practicum is a series of 4 webinars that happen over the course of 2-3 months and include a combination of learning and peer sharing. Participants are expected to identify a SMART goal and implement a series of Plan, Do, Study, Act cycles while piloting and practicing various tools and strategies that are shared during the webinars.

In addition to the CQI Practicum, OEC will convene Learning Communities as needed. These Learning Communities will be an opportunity for programs, both regionally and state-wide, to come together around a common topic or goal, to analyze data, brainstorm and plan change strategies for improvement.

CQI & Active Contract Management

CQI serves as a foundation for monthly Active Contract Management meetings as well as performance management. Through active contract management, data, including performance and outcome measures collected in ECIS, will be used to problem-solve and address implementation challenges. CQI will be a part of the planning and implementation of tools and strategies to improve program outcomes. Contractor goals and CQI progress will be discussed during the regular monthly ACM calls. Progress is also reported via the quarterly programmatic report.

Individual Improvement Plan

Each year as part of the annual site visit, programs will be required to submit an individual improvement plan (IPP) that details the goals and respective action steps that will be focused on during the program year. The IPP is a working document that will be reviewed often, including in Active Contract Management and reported on quarterly.

Programs are encouraged to edit IPPs throughout the year, based on results from PDSA cycles. Additionally, all program staff (home visitors, program managers etc.) should have an active role in the IPP development and action steps.

SMART/SMARTIE Goals:

CQI goals and aim statements must be SMART – **S**pecific, **M**easureable, **A**ttainable, **R**ealistic/**R**elevant, **T**ime-sensitive, **I**nclusive and **E**quitable. The SMART format creates a goal that is clear and trackable, while ensuring your organization and program maintain a commitment to racial/ethnic equity and inclusion.

CQI Team:

Implementing CQI effectively involves dedicated staff, team effort, and intentional planning. Best practice to implement CQI is to form a team, made up of 5-10 members, that include representatives from all groups affected by the goal/aim, including home visiting staff, leadership, community experts and families. Families should be involved in all levels of CQI, as it helps build trust and the collaboration helps focus on areas that provide direct value to your priority population.

References:

James Bell Associates. *Continuous Quality Improvement Toolkit: A resource for Maternal, Infant & Early Childhood Home Visiting Program.* 201

Title: OUTCOMES RATE CARD PERFORMANCE MEASUREMENT

Purpose: A procurement tool by which an outcome payer defines a menu of outcomes it wishes to purchase and the amount it is willing to pay each time a given outcome is achieved.

Overview

The 2021 iteration of the Outcomes Rate Card ("Rate Card") offered by the Connecticut Office of Early Childhood ("OEC") will reward the Contractor for outcomes achieved. For each outcome achieved, OEC will offer a financial incentive. Total incentives will be no more than 4% of the Contractor's total contract value (excluding COLAs). The goals of the Rate Card include i) rewarding the Contractor for strong service delivery, ii) incentivizing metrics that OEC has prioritized, iii) building a data feedback loop with OEC, and iv) informing future contracting decisions. For each metric achieved, Contractor will receive payment according to the payment schedule in D(3)(e).

Contractor Performance

In addition to generating payments, the Rate Card will be used to evaluate the Contractor's performance. OEC will evaluate the Contractor's Rate Card performance along several dimensions:

- Individual performance: The Contractor may be evaluated on metric achievement rates throughout service delivery. OEC will note both high metric achievement rates and high improvement rates even if an initial metric achievement rate was initially low.
- Relative performance: OEC will compare metric achievement rates on the Rate Card across the system's Contractors to identify high performers.
- Performance based on families served: OEC will evaluate metric achievement stratified by family characteristics including but not limited to race, ethnicity, age, income, medical insurance status, and child welfare involvement. OEC will contextualize whether lower metric achievement rates stem from the Contractor serving higher need families; metric achievement rates alone will not identify high performers.
- Other inputs: OEC will incorporate qualitative notes collected throughout service delivery into the overall assessment of the rate card performance.

The Rate Card is one strategy that OEC will use to evaluate Contractor performance. OEC will also evaluate the Contractor's compliance with other contract elements, timely data reporting, and performance on other metrics tracked by OEC's Active Contract Management process.

Rate Card Payment and Outcomes

The Rate Card will offer payments based on the achievement of four outcomes (collectively referred to as "Outcomes") as defined below:

1. Priority population enrollment: Enroll any mother, father, or other caregiver, who identifies as Black/African American, Puerto Rican, and/or Native American and/or less than 20 years at enrollment date;
2. Prenatal enrollment: Enroll any caregiver prenatally before 32 gestation weeks;
3. Caregiver education/training or employment:
    a. Retention in high school for those enrolled, and/or
    b. Retention in minimum 20 hours/week of employment for those employed, and/or

c. Caregiver not enrolled in education/training or employment, who a) successfully enrolls in education/training or gains minimum 20 hours/week of employment, b) is retained, and/or c) completes education/training;

4. Prenatal and postpartum care: For any mother, father, or other caregiver enrolled before 32 gestation weeks, completion of at least 3 prenatal visits with any healthcare provider after enrollment and at least 1 postpartum visit and 1 well-child visit within eight weeks after delivery.

For more information on the Outcomes Rate Card, refer to the following documents:

Document	Description	Appendix
Rate Card Reference Guide	Provides an overview of the 2021 rate card and details navigating data entry in ECIS	D

Rate Card Outcome Allowable Expenses

- Professional Development Opportunities
- Staff Retreats
- Additional Curricula
- Items for Families (e.g. baby gates, strollers, books etc...)
- Home Visitor Bonuses/incentive payments

***All other uses of Outcome Payments shall require prior written approval from the OEC.

Title: CORRECTIVE ACTION PLAN

Purpose: *Defines the process of corrective action if contractual deliverables are not being met.*

Overview

If a contractor is out of compliance with any contract deliverable, the OEC may require the contractor to complete and adhere to a corrective action plan. A corrective action plan or noncompliance with an active corrective action plan may result in the contract not being extended.

Corrective Action Process

Through active contract management, program liaisons will review outstanding deliverables, and areas of non-compliance. If/when the program liaison determines little, or no progress has been made to correct the area(s) of non-compliance the program liaison and OEC Home Visiting leadership will determine if a corrective action plan (CAP) should be created.

When a Corrective Action Plan is deemed appropriate, the Program Liaison will formally notify the contractor via email, to the contract lead and the programmatic and/or fiscal staff accountable for the contractual non-compliance, that the program has been placed on a corrective action plan.

To develop a corrective action plan, the program liaison and the home visiting contractor will complete the Corrective Action Plan Template (Appendix J) within **10** business days of OEC's formal corrective action notice to contractor. After the plan is drafted by the OEC and the contractor, the program liaison and the contractor will meet to discuss the plan and edit as needed. A final plan must be approved for implementation within 15 business days of the formal corrective action notice email.

The Corrective Action Plan will detail the expected progress and timeline. Active contract management meetings will include updates on the CAP and any challenges or successes experienced by the contractor that may result in a CAP amendment. Progress will be evaluated monthly during active contract management meetings until the completion of the CAP. If action steps documented in CAP have not been completed/achieved by the date indicated on CAP the liaison will review and document outstanding items during monthly AMC meeting. An email reflecting area of non-compliance will be sent to the program and a meeting will be scheduled to revise and amend the CAP, as needed, to remedy the outstanding deliverables of non-compliance.

Consequences of Corrective Action Plans

A corrective action plan may result in the contract being amended, terminated and/or reduced funding. Contract extensions with future or additional funding may also be impacted and/or eliminated.

These decisions will be based on compliance with the corrective action plan and the contract.

Title: CONTRACT PERFORMANCE EVALUATION

Purpose: *Contractors who demonstrate high levels of engagement in OEC's continuous learning and performance management processes, excellence in meeting key outcomes and objectives, innovation in programming, and a consistent record of on-time contract deliverables may become eligible for contract extensions, pending funding availability and at the discretion of the OEC.*

Overview

The OEC will conduct comprehensive evaluations of provider performance at intervals indicated in the executed contract. The OEC anticipates evaluating contractors on the factors indicated in the table below but may also consider additional considerations as new priorities arise, as unanticipated factors arise that are beyond the control of the OEC or the contractor/subcontractor emerge. Evaluations will be assessing the progress of each individual program as well as individual program progress as it relates to the overall achievements of the CT Home Visiting System.

Evaluation Category	Evaluation Questions
Progress on Key Outcomes	• How much progress did the contractor/subcontractor make on key metrics related to improving healthy births for babies and mothers; improving child development and parenting practices; and reducing maltreatment? • How much progress did the contractor/subcontractor make on MIECHV benchmarks? • What share of eligible rate card funds did the contractor/subcontractor earn?
Priority Population Enrollment	• How much did the contractor/subcontractor increase screenings and successful enrollments of OEC's priority populations?
Service Delivery Indicators	• Did the contractor/subcontractor maintain model fidelity? • How consistently did the contractor/subcontractor maintain full caseloads? • How effective were contractor/subcontractor at minimizing delays in between initial screening for home visiting and enrollment (2 weeks), and in between enrollment and a family's first home visit (2 weeks)? • How effective was the contractor/subcontractor at minimizing waitlists and/or connecting families to other supportive services? • What share of enrolled families completed at least six months of home visits? What share of enrolled families completed their full recommended dosage of home visiting, as determined by the family's individual needs?
Workforce Development, Engagement, and Retention	• Did the contractor/subcontractor make continuous progress towards Infant Mental Health (IMH) certification (at any level) for all clinical supervisors?

	• Did all relevant contractor/subcontractor staff participate in required trainings within CANVAS and Protraxx (OEC's Learning Management System)? • Did the contractor/subcontractor demonstrate success in staff retention? • How much progress did the contractor/subcontractor make towards reaching OEC salary guidelines?
Participation in OEC Initiatives	• How much progress did the contractor/subcontractor make towards increasing family enrollment in the Sparkler app? • Did the contractor/subcontractor attend ACM and CQI meetings consistently and prepared to engage? • What contributions did the contractor/subcontractor make to sharing knowledge, practices, and implementing change strategies developed through ACM and CQI processes?
Programmatic Innovation	• What innovations did the contractor/subcontractor develop in service delivery, referral systems, partnerships, or other relevant program aspects? • What were ways the contractor/subcontractor adapted home visiting to local contexts and unique family needs while maintaining model fidelity?
Compliance, Fiscal Health, and Responsiveness	• Did the Contractor comply with all Federal and State rules and regulations? • Were program and fiscal reports complete, correct, and submitted on time? • Were there any documented incidents that required corrective action? • Was the Contractor responsive to agency concerns and questions?

Title: PROGRAMMATIC & OUTCOME REPORTING POLICY

Purpose: *To provide home visiting contractors an overview on the procedure on how to submit contractual programmatic and outcome (rate card) reports to the CT Office of Early Childhood.*

Overview

The Office of Early Childhood (OEC) protocol for fiscal and programmatic report submission and client-based outcomes, via email.

Home Visiting Contractor Responsibilities

The home visiting contractor shall submit Program Status and Benchmark reports for the Program in a format determined by OEC on the schedule provided in your contract under Basic Service Reporting to their programmatic liaison with a CC to their fiscal/contract support liaison. For a list of liaisons assigned to your region, Appendix L.

Forms:
Quarterly Program Status Report: Appendix K (Word download)
Outcome (Rate Card) - Rate Card Report and Rate Card Billing Report in ECIS reports section
Benchmark Reports – Form 1 and Form 2 in ECIS Reports section

To Submit
Quarterly program status reports and Rate card reports must be submitted to your programmatic and fiscal/contractual support liaison. The header within this email should contain the following:
The subject line of the email shall contain the naming configuration: Contract Name, Contract Number, Report Type (Program or Fiscal or Budget Revision) and Reporting Period.

Example 1: ABC Inc., 21OECHVS01ABC, Quarterly Program Status Report, 7/1/21-9/30/22

Example 2: ABC Inc., 21OECHVS01ABC, Rate Card Reports, 7/1/21-9/30/22

Example 3: ABC Inc., 21OECHVS01ABC, Benchmark & Demographic Reports, 10/1/21 - 3/31/22

Note: Benchmark and Demographic reports are to be run cumulatively from October 1. The Benchmark year runs from 10/1 - 9/30.

Example:
If reporting on Quarter 1 (7/1/21-9/30/21), the benchmark report must be including the previous October – so the report that is submitted is 10/1/20 - 9/30/21.

If reporting on Quarter 3 (1/1/22-3/31/22), the benchmark report should date back to previous October = 0/1/21-3/31/22.

Quarterly financial reports and any budget revisions are to be submitted via CORE CT system with a notification sent to your fiscal/contractual support liaison.

Report Extension:

Programs must submit a formal, written, request for an extension, to their program and fiscal/contract support liaisons prior to the report submission deadline. (Note: Late report submission will delay your fiscal payment.)

Only one report submission extension will be granted for each report type, per contract, as noted in Section F.2. of the contract.

Client-Based Outcome Reports (RATE CARD)

OEC will pay the Contractor for each successful Rate Card Outcomes collectively according to the definitions and payments amounts outlined in the Payment Schedule of the contract.

The Contractor will be responsible for entering all Outcomes-related data into ECIS on an ongoing basis. Outcomes reported by the Contractor are subject to verification using programmatic/statistical reports, administrative records and/or audit.

In order to receive payments for achieved Rate Card outcomes, Clinical Supervisors or Program Managers must complete the following in ECIS:

1. Run and save the 'Rate Card' report in PDF by each program (lead, sub(s)) AND a combined report that details total outcomes achieved.
2. Run and save the 'Rate Card Billing' report in PDF by each program (lead, sub(s)) AND a combined report that details total payment owed.
3. Attach both documents to an email and send to your program liaison **and** contract/fiscal support liaison with the following subject line:
    a. Contract Name, Contract Number, Report Type, and Reporting Period

        i. **Example:** ABC, Inc., 21OECHVS01ABC, Rate Card Report and Billing, 10/1/18-12/31/2018

Note: Rate Card reports are due quarterly, however, will be paid bi-annually. The second quarter of a billing period (quarter 2 and quarter 4) shall be run with both reporting periods together.

Example:
Q1 reporting: Rate Card report and billing report is due for 7/1 -9/30.
Q2 reporting: Rate Card report and billing report is due for 7/1- 12/31 (covering both quarters due for payment.
Q3 reporting: Rate card report and billing report is due for 1/1 - 3/31
Q4 reporting: Rate card report and billing report is due for 1/1 - 6/30 (covering both quarters due for payment)

Title: FISCAL REPORTING & CONTRACT PAYMENT POLICY

Purpose: *In accordance with the OEC Home Visiting Contract, all home visiting contractors must adhere to the following payment protocols.*

Overview

Agencies that contract with the Office of Early Childhood (OEC) to provide home visiting services will utilize the CORE CT online system to report expenditures and follow the payment protocol outlined below.

CORE CT System

The OEC financial reporting tool for the contract will be the CORE-CT online system, unless a prior approved tool, such as the UCOA, is determined acceptable by the OEC prior to contract execution. The financial reporting tool details all expenditures for contract funding, including Rate Card (outcome) funding. Please refer to your contract for reporting due dates.

Budget Development

The home visiting budget is housed and developed prior to contract execution. Budgets Definitions are created by OEC program liaisons in CORE-CT. After the budget is set up in CORE-CT, program liaisons submit the budget, via CORE-CT, to the contractor to develop line items and provide salary details for contract staff. All initial budgets are submitted to program and contract liaisons for review and approval prior to the budget year start.

Fiscal Reporting & OEC Fiscal Review

All fiscal reporting documents shall be submitted to your fiscal/contract support liaison via CORE-CT. The fiscal/contract support liaisons should be added to the CORE-CT notification contacts by the OEC. For a list of liaisons assigned to your region, Appendix L.

To expedite the review of your financial report, it is recommended that contractors submit a written explanation in the email of over and/or under spending for each approved budget line.

Upon receipt of quarterly expenditure reports, fiscal/contract support liaisons will review submitted report in partnership with programmatic liaisons. If there are any questions or edits regarding the fiscal report, the fiscal/contract support liaison will follow up with contractor and provide a timeline for new report submission or other necessary response.

The fiscal/contract support liaison in partnership with the programmatic liaison will review the following with each financial report submission:

- Date report received;
- Income reported vs. Income received;
- Expenditures by line item compared to budget justification and allowable expenses;
- Total contract amount expended to date;
- Balance remaining;
- Budget revisions (if applicable);
- Coding: Ensure the Fund, SID, Department, Program, Account, Project and Budget Reference are correct;

- Amount of returned funds to be collected (if applicable)

Once the fiscal report is ready for approval, the fiscal/contract liaison will move forward with the budget approval process. Contractors will receive notification via CORE-CT when their budget is approved

Contract Payment Process

Payment invoices will be generated by the OEC fiscal/contract support liaison for basic services and outcomes. After review and approval of fiscal and programmatic reports the fiscal/contract support liaison will send the generated invoice to contractors for review. Upon receipt of the invoice, the contractor shall review the invoice for accuracy and communicate any questions or discrepancies with their fiscal/contract support liaison prior to submitting invoice for payment. Once review is completed, questions/discrepancies addressed, and the invoice is approved the contractor shall approve and submit the invoice to the OEC Accounts Payable email (OEC.AP@ct.gov) with a CC to their program and fiscal/contract support liaisons.

If the contractor does not agree with the invoice, the contractor should email their liaisons with a detailed description of why they do not approve the invoice.

Invoices developed and generated by the contractor **WILL NOT** be accepted for payment.

Title: SUPERVISION

Purpose: *Assure that all home visiting staff receive appropriate levels of supervision.*

Overview

Supervision must be provided in accordance with model fidelity. The Office of Early Childhood believes that consistent supervision is essential for home visiting in order to develop and retain high quality staff, prevent burnout and support home visitors providing services to families with complicated lives and complex needs.

Definition of Supervision

There are three types of supervision: administrative, clinical and reflective supervision. Many supervisors in home visiting provide administrative and clinical supervision under the guise of reflective supervision. Each type of supervision is distinct. While there may be some overlap, the following is true; reflective supervision is always clinical and may include administrative elements, while administrative and clinical supervision are not always reflective.

Administrative supervision relates to the oversight of federal, state and agency regulations, subcontractor oversight and monitoring (fiscal and programmatic), program policies, rules and procedures. Administrative supervision achieves the following objectives:

- Hiring staff
- Training and educating staff
- Overseeing paperwork
- Writing reports
- Explaining rules and policies
- Coordinating services
- Monitoring productivity
- Evaluation

Clinical supervision/consultation is case-focused and primarily clinical. It will most likely include many or all of the administrative objectives that are listed above as well as the following objectives:

- Reviewing casework
- Discussing diagnostic impressions and diagnosis
- Discussing intervention strategies related to the intervention
- Reviewing the intervention or treatment plan
- Reviewing and evaluating clinical progress
- Giving guidance and suggestions on how to address complex needs
- Teaching and observations

Reflective supervision is distinct due to the shared exploration of the parallel process. That is, attention to all relationships is important, including between home visitor and supervisor, home visitor and parent, and between parent and child. It is critical to understand how each of these relationships affects the others. Reflective supervision relates to:

- Professional and personal development within one's discipline by attending to the emotional content of the work and how reactions to the content affect the work.
- There is often greater emphasis in reflective supervision on the supervisor's ability to listen and wait, allowing the home visitor to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.

There are *three* essential elements of reflective supervision:

- Regular meetings in a safe, supportive environment without interruptions.
- A collaborative approach where strengths are emphasized, and vulnerabilities processed.
- Using reflective supervision to provide the home visitor an opportunity to offer and gain insight into their work from different perspectives.

Document to review: CT-AIMH Reflective Supervision Best Practice Guidelines - https://www.ct-aimh.org/wp-content/uploads/2019/02/Alliance-CT-AIMH-Best-Practices-Guidelines-RSC2019.pdf

Clinical Supervisor/Program Manager Support

Providing reflective supervision without first experiencing it firsthand can be difficult at best. The Office of Early Childhood is committed to supporting all home visiting program managers and clinical supervisors to experience reflective supervision firsthand. OEC in conjunction with the Connecticut Association of Infant Mental Health will offer a multi-day training to those unfamiliar with reflective supervision. Following this multi-day training clinical supervisors and program managers will be placed in a reflective supervision group that meets monthly for two hours for a period of a year. If clinical supervisors/program managers are interested in becoming endorsed in Infant Mental Health, the supervision will be extended to two years. This reflects the Infant Mental Health endorsement competencies. All cost associated with this training will be paid for by OEC.

Joint Supervision

To effectively support both home visitors and the families they serve, it is essential that the clinical supervisor be familiar with and knowledgeable about the families being served. In lieu of office supervision, throughout the year, clinical supervision should include a joint home visit. Programmatic and fiscal/contractual support liaisons, during Active Contract Management calls, will ask about joint home visits for enrolled families. It is suggested that there be, at least, two joint home visits per enrolled families per year.

Title: PROFESSIONAL DEVELOPMENT POLICY

Purpose: *Defines the requirements that contractors must meet to provide professional development training for all early childhood home visiting staff members.*

Overview

The professional development policy establishes standards and guidelines for preparing staff to work effectively as a team within their site and their role and enhance their skills and knowledge over time.

Required Standards

OEC offers several learning experience opportunities (LEO) to ensure adequate preparation, address challenges when working with families who may face complex challenges, promote positive parenting, and most importantly facilitate success.

Required trainings include:

1. Evidence-based model required training(s)
2. OEC New Staff Orientation
3. Fiscal and contract review with your program and contract liaisons
4. Pre-service training: Each site is required and responsible for providing the staff with training on the following topics within the 6 months of employment:
    a. Health education – pre and postnatal health and well-being
    b. Workers' safety and OSHA requirements
    c. Family violence (Intimate partner violence and child abuse & neglect)
    d. Maternal health, HIV/AIDS, substance dependency/alcoholism
    e. Mandated reporting to DCF
    f. Communication skills
    g. Stress management and burnout prevention
5. Sparkler Application and screening tool
6. ECIS data system
7. CQI Practicum
8. Performance Measures (Benchmarks)

The OEC offers new staff orientation at the beginning of a contract cycle as well as through recordings throughout the year. This required training reviews and includes the following; OEC purpose, values and mission, individual program roles expectations, networking opportunities and explores the philosophy, practice and procedures of early childhood home visiting services. Required training must be completed within the first year of employment.

The following professional development opportunities are not required, but strongly encouraged, by the OEC:

1. New staff members are encouraged to complete a visit at another site as an opportunity to learn from peers/colleagues.
2. Family Development Credential (FDC) for Family Workers:
    An 80-hour, community based, comprehensive skills building training for anyone who works with families. The value of this program is derived from experiential

learning and the completion of a comprehensive portfolio. Upon successful completion, participants may apply for and receive seven undergraduate credits from Charter Oak College.

3. Family Development Training for Leaders:
   A 35-hour training that offers practical ways to build organizational capacity in areas of empowerment-based supervision, interagency collaboration, strength-based assessment, multicultural competence and professional development. Participants that complete the training receive a certificate and qualify for 35 continuing education credits with the National Association for Social Worker.

4. Brazelton's Touchpoints (TP):
   The 3-day individual level training helps professionals engage around key points in the developmental and relational approach. TP practitioners will walk away with a better understanding of the TP framework (developmental and relational) on how to engage and support parents in child development by incorporating TP principles and provider assumptions.

5. Ages and Stages 3 and Ages and Stages - Social Emotional:
   Participants will gain knowledge on the importance of developmental and social-emotional monitoring, screening and linking children to appropriate services. Participants will learn how to complete the questionnaires, score, interpret and refer children who may need further evaluation.

6. Eleven on-line modules available for all staff and providers working with Families (available in Canvas soon):
   - Talking with Families about Safe Sleep
   - Moving Early, Staying Healthy
   - Family Play and Infant Development
   - Trauma-Informed Care
   - Communicating with Families
   - Family Play and Child Development in the Toddler Years
   - Talking with Families about Nutrition
   - Infant Mental Health
   - Working with Families with Cognitive Impairments
   - Partnering with Fathers & Affirming the Roles of Family Men
   - Supporting Families Affected by Substance Use Disorder (SUD)

7. Period of Purple Crying:
   Participants will receive comprehensive training on how to access The *Period of PURPLE Crying* program mobile app, introduce the app and topic to parents and how to share the program materials on a mobile or desktop device.

8. Infant Mental Health Endorsement:
   A comprehensive three-day training for supervisors that will cover:
   - Using Infant Mental Health Skills and Strategies to Inform our Work with Infants, Toddlers and Families in Home Visiting Programs
   - Trauma, Loss and Brain Development in Infancy and Early Childhood
   - Broadening our Understanding of Infants and Toddlers: The Impact of Development, Temperament and Sensory Integration
   - Culturally Responsive Framework for Working with Young Children and Families

- Reflective Practice in the Workplace
- Incorporating Self-Care and Emotional Regulation Strategies into Home Visiting Practice

9. Birth to Three:
   Participants will gain knowledge about the CT Birth to Three mission, key principles and information about Part C of IDEA, referrals and how to access services.

10. CANVAS:
    Provides OEC Home visiting staff with an introduction on how to register and use OEC's new web base management platform for OEC trainings.

The OEC desires a well-equipped workforce. To support this, we offer many of the above trainings but also understand that each staff may have different professional development needs. We expect Program Managers and Clinical Supervisors to prioritize and identify their staff's professional needs to promote growth, leadership skills and knowledge in areas related to the direct work with families through continuous professional development activities.

Title: REPORTING THE DEATH OF A CHILD

Purpose: Inform the OEC of any child that has died while receiving services from OEC h visiting.

Overview

Provides guidance on notifying the OEC of any deaths of children of enrolled families.
Following the death of a child in the home visiting program, the site must notify the OEC.
The program's goal is to provide support to the family as they grieve and if necessary, mindfully conclude services.

With the guidance of the Clinical Supervisor, the focus of the home visitor's work with the family should include:

- Offering support
- Assessing the need for alternative services and exploring and linking families to services and resources

The focus of the Clinical Supervisor working with the home visitor should include:

- Providing direction and consultation regarding the process and plan
- Applying reflective supervision techniques to the process
- Encourage the family support provider and team to seek out any needed self-care support

The process to conclude services should be done in a manner that is respectful to the grieving family. The time frame should be determined on a case-by-case basis in consultation with the supervisor but should not last more than 90 days. If there is more than one child in the family, home-visiting services can continue if the family desires, with a change to the index child (if necessary).

Title: RETENTION & DESTRUCTION OF RECORDS

Purpose: ***Details the length of retention for enrollment records & how to correctly destroy family records after the retention period.***

Overview

Programs must maintain all required documentation in its original form or a secured electronic format for **six years**.

Documentation includes but is not limited to services provided, provider qualifications and documentation that has been translated for the family, a copy in English must be maintained in the record. All documentation is subject to review by the OEC, lead contracting agency and appropriate agencies for audit purposes.

Family Transfers

When a family transfers to another OEC home visiting program, the sending program keeps the original record and sends the family's ECIS file to the receiving agency.

Each program protects the confidentiality of family at the collection, storage, disclosure, and destruction stage. One official at each program should assume this responsibility which includes:

1. making certain the confidentiality of the records is safeguarded and preserved;

2. denying or granting access to records;

3. reviewing all records to delete information that is not accurate, no longer valid or pertinent, or may be an infringement of the rights of the child or family;

4. maintaining in each record a current log of persons requesting access to that record;

Destruction of Family Records

OEC's Family Support Division, CT Home Visiting System, mirrors the IDEA Part C Early Intervention regulations for the destruction of records. Under section 303.403 of the IDEA Part C regulations, "destruction means to physically destroy the record or ensure that personal identifiers are removed from a record so that the record is no longer personally identifiable." However, a permanent record of certain information about the family (or child) can be maintained without limitation. The information in the ECIS data system is maintained indefinitely.

Data Destruction Guidance

No matter which method of destruction you choose, consider following these general best practices for data destruction:

1. Ensure accountability for destruction of Personal Identifying Information (PII) by using certification forms which are signed by the individual responsible for performing the destruction and contain detailed information about the destruction.
2. Remember that PII may also be present in non-electronic media. Organizations should manage non-electronic records in a similar fashion to their electronic data. When data are no longer required, destroy non-electronic media using secure means to render it safe for disposal or recycling. Commonly used methods include cross-cut shredders, pulverizes, and incinerators.
3. Depending on the sensitivity of the data being shared, be specific in the written agreement as to the type of destruction to be carried out.
4. When destroying your agency/program electronic data, use appropriate data deletion methods to ensure the data cannot be recovered. Please note that simple deletion of the data is not effective. Often, when a data file is deleted, only the reference to that file is removed from the media. The actual file data remain on the disk and are available for recovery until overwritten. Talk to your IT professional to ensure proper deletion of records consistent with technology best practice standards.
5. Avoid using file deletion, disk formatting, and “one way” encryption to dispose of sensitive data—these methods are not effective because they leave the majority of the data intact and vulnerable to being retrieved by a determined person with the right tools.
6. Destroy CDs, DVDs, and any magneto-optical disks by pulverizing, cross-cut shredding, or burning.
7. Address in a timely manner sanitization of storage media which might have failed and need to be replaced under warranty or service contract. Many data breaches result from storage media containing sensitive information being returned to the manufacturer for service or replacement.
8. Create formal, documented processes for data destruction within your organization and require that partner organizations do the same.

(Source: US Dept. of Education Best Practices for Data Destruction)