

1. DATE ISSUED: 09/16/2010		2. PROGRAM CFDA: 93.505		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION							
3. SUPERCEDES AWARD NOTICE dated: 07/15/2010 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>											
4a. AWARD NO.: 6 X02MC19427-01-01		4b. GRANT NO.: X02MC19427		5. FORMER GRANT NO.:							
6. PROJECT PERIOD: FROM: 07/15/2010 THROUGH: 09/30/2012				NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 Affordable Care Act, P.L. 111-148							
7. BUDGET PERIOD: FROM: 07/15/2010 THROUGH: 09/30/2012											
8. TITLE OF PROJECT (OR PROGRAM): Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program											
9. GRANTEE NAME AND ADDRESS: CONNECTICUT DEPARTMENT OF PUBLIC HEALTH Mailstop Code: MS #13ACT Admin/Fiscal Office 410 Capitol Ave Hartford, CT 06106-1367				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Rosa M Biaggi CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 Capitol Avenue MS #11 MAT Hartford, CT 06134-0308							
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE							
a. Salaries and Wages: \$ 195,748.00				a. Authorized Financial Assistance This Period \$ 855,073.00							
b. Fringe Benefits: \$ 124,280.00				b. Less Unobligated Balance from Prior Budget Periods							
c. Total Personnel Costs: \$ 320,028.00				i. Additional Authority \$ 0.00							
d. Consultant Costs: \$ 0.00				ii. Offset \$ 0.00							
e. Equipment: \$ 0.00				c. Unawarded Balance of Current Year's Funds \$ 0.00							
f. Supplies: \$ 6,457.00				d. Less Cumulative Prior Award(s) This Budget Period \$ 829,224.00							
g. Travel: \$ 9,778.00				e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 25,849.00							
h. Construction/Alteration and Renovation: \$ 0.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)							
i. Other: \$ 89,449.00				<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS										
Not Applicable											
j. Consortium/Contractual Costs: \$ 358,500.00				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)							
k. Trainee Related Expenses: \$ 0.00				a. Amount of Direct Assistance \$ 0.00							
l. Trainee Stipends: \$ 0.00				b. Less Unawarded Balance of Current Year's Funds \$ 0.00							
m. Trainee Tuition and Fees: \$ 0.00				c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00							
n. Trainee Travel: \$ 0.00				d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00							
o. TOTAL DIRECT COSTS: \$ 784,212.00											
p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 70,861.00											
q. TOTAL APPROVED BUDGET: \$ 855,073.00											
i. Less Non-Federal Resources: \$ 0.00											
ii. Federal Share: \$ 855,073.00											
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>											
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This supplement is issued as a result of the final allocation of FY 2010 funds for the Affordable Care Act Home Visiting Program. These funds are restricted and subject to the Terms stated in the previous Notice of Grant Award. These funds are placed in the "Other" category.											
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 09/16/2010											
17. OBJ. CLASS: 41.45		18. CRS-EIN: 1066000798A1		19. FUTURE RECOMMENDED FUNDING:							
FY-CAN	CFDA	DOCUMENT NO.	AMT FIN ASST	AMT DIR ASST	SUBPROGRAM CODE	SUB ACCOUNT CODE					
10-3895600	93.505	X02MC19427AC	\$ 25,849.00	\$ 0.00	N/A	N/A					

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NGA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NGA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 1-877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Conditions:

1. Due Date: Within 30 days of Project End Date
The grantee must submit a revised SF 424A form to reflect the Indirect Cost amount of \$70,861. Please upload the required documentation into the HRSA Electronic Handbooks.

Program Terms:

1. A complete needs assessment that meets the requirements outlined in section 511(b)(1-2) of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act or ACA) (P.L. 111-148) is required of every State as a condition of receiving payment of FY 2011 Title V Block Grant funds, regardless of whether the State intends to apply for a grant to provide home visiting services.
2. All but \$500,000 of the State's allocation of funds listed on this Notice of Grant Award (NGA) will be restricted pending receipt of an approvable Updated State Plan for the Home Visiting Program in response to Funding Opportunity Announcement #3. The unrestricted funds may be used for needs assessment, planning or implementation activities associated with the establishment of a Maternal, Infant and Early Childhood Home Visiting program.

All prior terms and conditions remain in effect unless specifically removed.

NGA Email Address(es):

Mary.Fuller@ct.gov;rosa.biaggi@ct.gov;bbutler@hrsa.gov

Note: NGA emailed to these address(es)

Contacts:

Program Contact: For assistance on programmatic issues, please contact Barbara Tausey at:

HRSA/MCHB

15 New Sudbury Street

Boston, MA 02203-0002

Phone: (617)565-1433

Email: barbara.tausey@hrsa.hhs.gov

Division of Grants Management Operations: For assistance on grants administration issues, please contact Mickey Reynolds at:

HRSA/OFAM/DGMO

5600 Fishers Lane

Rockville, MD 20857-0001

Page 3	Date Issued: 09/16/2010
Award Number: 6 X02MC19427-01-01	

Phone: (301)443-0724
Email: mreynolds@hrsa.gov
Fax: (301)594-4073

If description of your Condition or Reporting Requirement specified in the NGA does not include the statement "Please upload the required documentation into the HRSA Electronic Handbooks" then the responses to reporting requirements and conditions must be mailed to the attention of the Office of Grants Management contact indicated above. All correspondence should include the Federal grant number (item 4 on the award document) and program title (item 8 on the award document). Failure to follow this guidance will result in a delay in responding to your request.

Project Title: Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program

Applicant Name: State of Connecticut Department of Public Health

Address: 410 Capitol Avenue, Hartford, CT 06134-0308

Contact: Rosa M. Biaggi, MPH, MPA

Phone: (860) 509-8074

Fax: (860) 509-7720

Email: rosa.biaggi@ct.gov

Web Site Address: <http://www.ct.gov/dph/site/default.asp>

The State of Connecticut Department of Public Health (DPH) administers the Connecticut Title V Maternal and Child Health Block Grant (MCHBG). The Director of the MCHBG is committed to improving the wellbeing of Connecticut's families and their children, and recognizes home visiting as an important service delivery strategy. This evidence-based approach builds trusting relationships with parents and other caregivers, and provides the support, knowledge, and tools needed to build healthy and safe families that nurture school readiness and success among their children. M. Jodi Rell, Governor of the State of Connecticut, has designated the DPH to serve as the lead Agency on funding made possible by the ACA Home Visiting Program, in active collaboration with the State Departments of Social Services, Children and Families, and Mental Health and Addictive Services.

Infant and early childhood home visiting services in Connecticut need to be focused in communities at high risk for poor childhood development and school readiness outcomes. A statewide plan is needed that builds a coordinated system of care and that maximizes efficiency in the state. A necessary component of the plan is a statewide needs assessment that identifies local communities at increased need for home visiting services and that matches these needs with existing services in the state. The goals of this project are to:

1. Identify communities with higher than average concentrations of premature/low birth weight infants and feto-infant mortality, and risk factors for these adverse outcomes, including poverty, teen pregnancy, access to prenatal care, and maternal depression; areas with high concentrations of risk factors for poor childhood outcomes will also be examined, including crime, domestic violence and child maltreatment, high-school attrition, and substance abuse;
2. Identify and characterize existing infant and early childhood home visiting and substance abuse treatment programs in Connecticut; characterization will include the number and types of individuals and families served, and the location of services across the state; and
3. Determine the extent to which existing programs sufficiently meet the current needs of local communities, and identify those geographic areas in need of additional home visiting services.

This grant proposal describes how DPH will accomplish the above goals, including the following key steps: 1) convene a working needs assessment group of stakeholders; 2) assess the availability of existing data and identify needed information; 3) conduct of survey and compile needed information; 3) analyze and summarize all data. The resulting needs assessment will establish the foundation for a statewide plan that implements comprehensive and coordinated evidence-based maternal, infant, and early childhood home visiting programs in Connecticut, resulting in improved outcomes for families who reside in at risk communities.



M. Jodi Rell
GOVERNOR
STATE OF CONNECTICUT

June 25, 2010

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner
Department of Public Health
410 Capitol Avenue
MS #13 COM
Hartford, CT 06134

Re: Designation of Lead Agency for the *Maternal, Infant and Early Childhood Home Visiting Programs*

Dear Commissioner:

I, Governor M. Jodi Rell, designate the Department of Public Health as the lead agency in Connecticut to apply for and administer funds resulting from the new U.S. Health Resources and Services Administration (HRSA) Funding Opportunity Announcement (FOA) for a new ***Maternal, Infant, and Early Childhood Home Visiting Program***. These funds will be made available to Connecticut approximately \$829,224 for federal FY 2010 with increasing funding possible in future years for a total duration of 5 years.

The ***Maternal, Infant, and Early Childhood Home Visiting Program*** under this announcement is designed: 1) to strengthen and improve the programs and activities carried out under Title V; 2) to improve coordination of services for at-risk communities; and 3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. HRSA and the Administration for Children and Families (ACF) intend that the home visiting program will result in a coordinated system of early childhood home visiting in every State that has the capacity and commitment to provide infrastructure and supports to assure high-quality, evidence-based practice.

Because of its role in maternal, infant, and childhood health initiatives, including administration of the Title V Maternal and Child Health (MCH) Services Block Grant, the Department of Public Health is best positioned to lead the collaboration necessary to implement this program. I wish you success in the application process and look forward to the results of this interagency collaboration on behalf of the people of Connecticut.

Sincerely,

A handwritten signature in cursive script that reads "M. Jodi Rell".

M. Jodi Rell
Governor

Cc: Department of Children and Families
Department of Mental Health and Addiction Services
Department of Social Services

Attachment 5
Home Visitation Program Needs Assessment Work Group Information Collection Tool

The following programs were asked information concerning

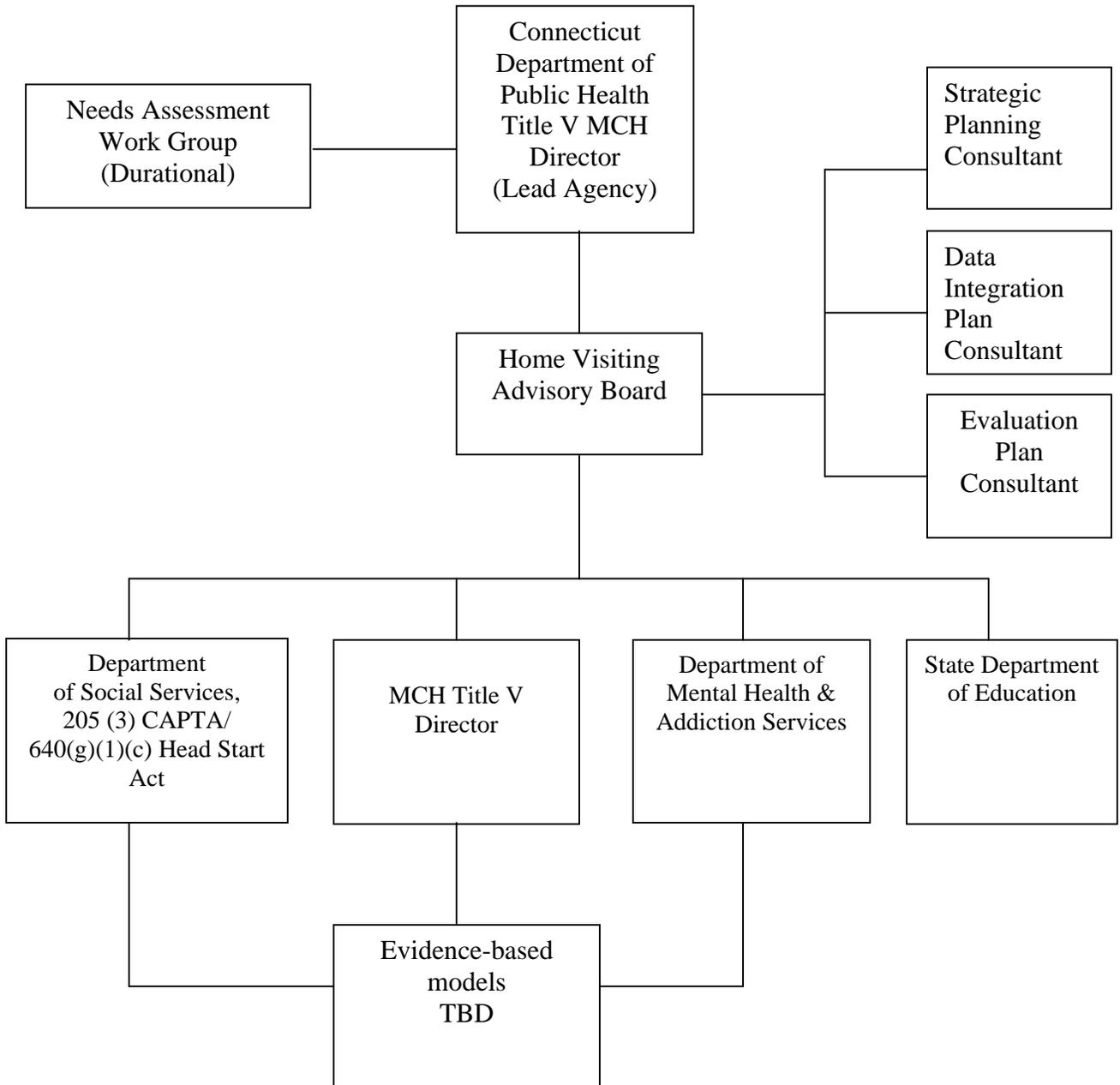
- ❖ Program basic information & logistics
- ❖ Target population, eligibility requirements & duration
- ❖ Services
- ❖ Outcome measures
- ❖ Evidence base

Programs include:

Birth to Three	Building Blocks	Case Management for Pregnant Women	Early Childhood – Child FIRST
Early Childhood – Parents in Partnership	Early Childhood Consultation Partnership (ECCP)	Early Head Start	Family Enrichment Services
Family Resource Centers	Family Reunification Services	Family School Connection	Family Support Team
Fetal & Infant Mortality Review	Foster & Adoptive Support Team (FAST)	Head Start	Healthy Choices for Women & Children
Healthy Start	Integrated Family Violence Services	Intensive Community Family Support Services (ICFSS)	Intensive Family Preservation
Intensive Home Based Services: Functional Family Therapy (FFT)	Intensive Home Based Services: Family-Based Recovery	Intensive Home Based Services: Intensive In-Home Child & Adolescent Psychiatric Services (IICAPS)	Intensive Home Based Services: Multidimensional Family Therapy (MDFT)
Minding the Baby	Nurturing Families – Home Visiting Program	Parent Aide	Parent Assessment & Clinical Education Services – Meriden
Parents as Partners	Visiting Nurses Association		

	Information Gathered											
Program Information	Admin. Agency	Funding Source	Annual Funding Amt.	Number program sites	Serve Foster Homes? Family shelters? Domestic violence shelters? Safe Home?		Location sites	Number trained home visitors	Qualification home visitors	Qualif. supervisors	Number families served	
Target Population Eligibility req. duration	Ages of eligible children at enrollment	Percentage children enrolled prenatal, 0-2, 3-5, 6+ yrs.		Eligibility requirements (1 st born, within 3 mos. of life, DCF involved, disability, etc.		Program serves a high risk population only	Total duration of services	Services offered only on a voluntary basis (parents not mandated can choose participation)		Special population (military, Native American, etc.)	% families enrolled prenatally	Exclusion criteria (DCF involved, at least 3 mos. old, etc.)
Services Offered	Average # scheduled home visits per mo.	Average length of participation	Types of education provided	Type of curriculum base	Types of services provided	Types of screening & assessment services conducted	Types & # of referrals to other services	Tracking to ensure receipt of referral services?	Life skills & life action planning	Case management /care coordination?	Other (service child only or child & family)	
Outcome Measures	Data system to track outcomes?	Maternal health behavioral outcomes	Infant & child health & mortality	Child development	Parenting stress & skills	School readiness	Crime domestic violence	Child abuse neglect	Family economic well being	Child emotional behavioral health	Source for outcome measures	
Evidence Base	Unique or replicated program?	Model used for replication	Source of documented internal evaluation	Source of documented independent evaluation	Type of research evaluation design (randomized, quasi-experimental, etc.)			Peer Review Journal outcomes published				

Attachment 4
 Project Organizational Chart





**STATE OF CONNECTICUT
MEMORANDA OF AGREEMENT
Between
The Department of Public Health
(hereinafter "DPH")
And
The Department of Social Services
(hereinafter "DSS")**

DPH LOG #2009-0003

1. Purpose and Parties

- a. This Memorandum of Agreement (hereinafter "Agreement") is entered into for the purpose of outlining the responsibilities of the Department of Public Health (DPH) and the Department of Social Services (DSS) in the joint administration of the Maternal and Child Health Services Block Grant Funds (the "Funds") administered by the United States Department of Health and Human Services through its administrative agency, the Maternal and Child Health Bureau. The Funds shall be utilized for the DSS **Healthy Start Program** for the term of this Agreement. Such services shall be provided:
- to enter into subcontracts with the providers (listed in **Subcontractor Schedule A-Detail** in the Budget of this Agreement) who shall provide case management services to eligible pregnant women for the purpose of improving birth outcomes by reducing the rate of infant mortality, morbidity and low birth weight in Connecticut, and
 - to provide such women with access to prenatal/postpartum care services through Connecticut's HUSKY A health coverage program, in order to promote and protect the health of both mother and baby.
- The funds for this Agreement shall be transferred by DPH to DSS to achieve the purpose and goals stated herein.
- b. The parties to this Agreement are the State of Connecticut Department of Public Health (hereinafter "DPH") and the Department of Social Services (hereinafter "DSS"); collectively "the Parties".

2. Term Of Agreement

This Agreement shall begin on October 1, 2008 and shall terminate on September 30, 2011.

3. Cancellation

Either Party can cancel this Agreement without cause by providing written notice of such intention to the other party with thirty (30) days advance notice.

4. Statutory Authority

The statutory authority for agencies to enter into this Agreement is as follows:

- For the DPH, Connecticut General Statutes §§ 4-8, 19a-2a, 19a-32, and 19a-59b, Maternal and Infant Health Program;
- For the DSS, Connecticut General Statutes §§ 17b-3 and 17b-277, Medical Assistance for Needy Pregnant Women and Children,

5. Funding Level

The total amount of funding that is provided by this Agreement shall not exceed **\$600,000**.

6. Funding Availability

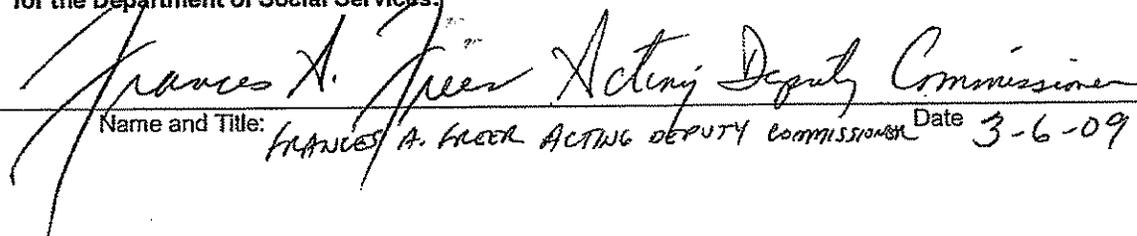
DPH assumes no liability for payment under the terms of this Agreement until and unless any federal/state funds for this Agreement are authorized and available.

ACCEPTANCES AND APPROVALS:

for the Department of Public Health:

 3-17-09
 Norma D. Gyle, R.N., Ph.D., Deputy Commissioner Date

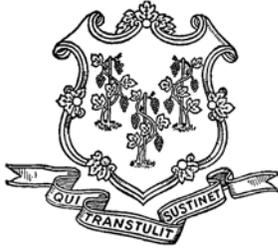
for the Department of Social Services:

 3-6-09
 Name and Title: Frances A. Greer Acting Deputy Commissioner Date

Funding Code:

REQUIRED							OPTIONAL		REQR
Amount	FUND	Department	SID	Program	Account	Project	Activity	Agcy Chart	Budget Ref
\$200,000	12060	DPH48831	21531	42003		DPH NP			2009
\$200,000	12060	DPH48831	21531	42003		DPH NP			2010
\$200,000	12060	DPH48831	21531	42003		DPH NP			2011

SID	Fund Description /CFDA#	Year	Amount
21531	Maternal and Child Health Block Grant/93.994	1	\$200,000
21531	Maternal and Child Health Block Grant/93.994	2	\$200,000
21531	Maternal and Child Health Block Grant/93.994	3	\$200,000



**STATE OF CONNECTICUT
MEMORANDA OF AGREEMENT
Between
The Department of Public Health
(Hereinafter "DPH")
And
Department of Children and Families
(Hereinafter "DCF")**

DPH LOG #2010-0154

1. Purpose & Parties

This Memorandum of Agreement ("MOA") is entered into for the purpose of a collaboration between the Department of Public Health (DPH) and the Department of Children & Families (DCF) to provide a statewide parenting educational and resource website, <http://ctparenting.com>, in order to promote and improve infant, child and family health, safety and well-being.

2. Term Of Agreement

This Agreement shall begin on **July 1, 2009** and shall terminate on **August 31, 2010**.

3. Funding Level

The total amount of funding that is provided by this Agreement shall not exceed **\$42,000**.

Responsibilities of DPH and DCF

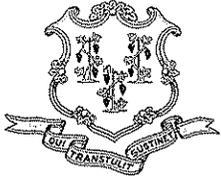
a. DPH shall:

- i)** collaborate with the DCF to provide to the DCF any and all recommendations for enhancements to the "CTParenting" website;
- ii)** promote the Website name and identify DCF as a partner through the use of DCF's name and logo throughout:
 - 1.** any and all aspects of any media campaign and other advertising modalities funded through the *First Time Motherhood/New Parent* grant as such grant funds are provided under this Agreement, through 8/31/10 (the end date of this Agreement), **and**
 - 2.** all Maternal and Child Health (MCH)-related contracts and programs, for the duration of the time that the DPH logo remains on both the Website and the world wide web (internet);
- iii)** provide funding to DCF as outlined in **Section 7** above, for the costs of Google pay-per-click, to promote access to the Website, **and**

b. DCF shall:

- i)** collaborate with the DPH to improve and enhance the information that is available on the Website,
- ii)** initiate the Google Ad pay-per-click advertising to promote access to the Website and shall not exceed the funding provided under this Agreement for such advertising expenses,
- iii)** submit quarterly written transfer invoices to DPH for payment,
- iv)** process and make all timely payments for such Google advertising,
- v)** attend all meetings with the DPH as scheduled and required by the DPH,
- vi)** prepare and submit to DPH written reports as required under this Agreement, including a **final written summary report** of all planning, implementation and evaluation activities, meetings, collaborations and recommendations related to the Website,
- vii)** serve as the primary administrator and content management administrator of the Website,
- viii)** review and make final approval of any and all documents, links or other changes to the Website, as proposed by DPH,
- ix)** post -- and confirm that -- the DPH name and logo are present on the Website home page,
- x)** have full financial responsibility in paying all costs to host the Website,
- xi)** serve as the primary contact agency for the Website, **and**
- xii)** update information on the Website to maintain currency of such information for the duration of the time that such Website is available on the World Wide Web (internet).

EXECUTED



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES
A HEALTHCARE SERVICE AGENCY

M. JODI RELL
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

J. Robert Galvin, M.D., M.P.H., M.B.A., Commissioner
State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#13COM
P.O. Box 340308
Hartford, CT 06134-0308

July 1, 2010

RE: HRSA 10-275 Affordable Care Act Maternal, Infant
and Early Childhood Home Visiting Program
Letter of Support

Dear Commissioner Galvin:

The State of Connecticut Department of Mental Health and Addiction Services (DMHAS) is pleased to offer this letter of support for the Department of Public Health's (DPH) grant application for U.S. Health Resources and Services Administration Announcement #HRSA-10-275, for the *Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program*.

As Connecticut's single state agency for substance abuse prevention and treatment services, DMHAS recognizes home visiting as a critical service delivery strategy and research-based approach for building trusting relationships with parents and other caregivers with the knowledge, skills and tools to assist their children in being healthy, safe and ready to succeed in school. DMHAS is committed to the continued collaboration with DPH in support of this application and urges full consideration of this application. Please feel free to contact me at (860) 418-6676 if you have any questions or require additional information.

Best wishes on a successful application.

Sincerely,

A handwritten signature in black ink that reads "Patricia A. Rehmer".

Patricia A. Rehmer, MSN
Commissioner



MICHAEL P. STARKOWSKI
Commissioner

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

TELEPHONE
(860) 424-5053
TDD/TTY
1-800-842-4524
FAX
(860) 424-5057
EMAIL
commis.dss@ct.gov

July 1, 2010

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner
State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#13COM
P.O. Box 340308
Hartford, CT 06134-0308

RE: HRSA 10-275 Affordable Care Act Maternal, Infant
and Early Childhood Home Visiting Program
Letter of Support

Dear Commissioner Galvin:

The State of Connecticut Department of Social Services is pleased to offer this letter of support for the Department of Public Health's (DPH) grant application for U.S. Health Resources and Services Administration Announcement #HRSA-10-275, for the *Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program*.

As Commissioner of the State Agency for Title II of the Child Abuse Prevention and Treatment Act, and the Connecticut Head Start Program, the Department of Social Services recognizes that home visiting programs will play a crucial role in the national effort to build quality, comprehensive statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to 8 years of age – and, ultimately, to improve health and development outcomes.

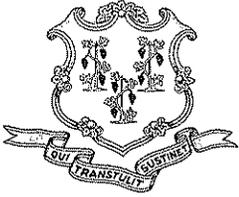
Our own home visiting program, the Nurturing Families Network, administered by the Children's Trust Fund, has a proven track record of success in reducing the risk of abuse and neglect, and improving outcomes for at risk families.

The Department of Social Services is committed to the continued collaboration with DPH in support of this application and urges full consideration of this application. Please feel free to contact me at (860) 424-5053 if you have any questions or require additional information.

Best wishes on a successful application.

Sincerely,

Michael P. Starkowski
Commissioner
Connecticut Department of Social Services/Children's Trust Fund
Director, Title II CAPTA



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

June 29, 2010

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner
State of Connecticut Department of Public Health
410 Capitol Avenue
Hartford, CT 06134

Dear Dr. Galvin:

As Connecticut's Maternal and Child Health (MCH) Title V Director, I am pleased to offer this letter of support for the Department of Public Health's (DPH) grant application for U.S. Health Resources and Services Administration Announcement #HRSA-10-275, for the *Affordable Care Act Maternal, Infant, and Early Childhood Home Visiting Program*.

Home visiting is a critical service delivery strategy and research-based approach for building trusting relationships with parents and other caregivers with the knowledge, skills and tools to assist their children in being healthy, safe and ready to succeed in school.

Connecticut's Title V programs are committed to the continued collaboration with DPH in support of this application and urges full consideration of this application. Please feel free to contact me at (860) 509-8074 if you have any questions or require additional information.

Best wishes on a successful application.

Sincerely,

Rosa M. Biaggi, MPH, MPA
Chief
Family Health Section
State Title V MCH Director



Phone:

Telephone Device for the Deaf: (860) 509-7191

410 Capitol Avenue - MS # _____

P.O. Box 340308 Hartford, CT 06134

Affirmative Action / An Equal Opportunity Employer



16
STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION



June 30, 2010

J. Robert Galvin, M.D., M.P.H., M.B.A.
Commissioner
State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#13COM
P.O. Box 340308
Hartford, CT 06134-0308

RE: HRSA 10-275 Affordable Care Act Maternal, Infant
and Early Childhood Home Visiting Program
Letter of Support

Dear Commissioner Galvin:

The Connecticut State Department of Education (CSDE), Bureau of Health/Nutrition, Family Services and Adult Education is pleased to offer this letter of support for the Department of Public Health's (DPH) grant application for U.S. Health Resources and Services Administration Announcement #HRSA-10-275, for the *Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program*.

The mission of the Bureau of Health/Nutrition, Family Services and Adult Education is to provide support, guidance and leadership to Connecticut's school districts, students and families regarding the optimal physical, nutritional, mental and social health necessary for full benefit of the educational experience. Research-based home visitation programs are a critical family support service that fosters the optimal development of the child and family. The positive outcomes associated with maternal, infant and early childhood home visiting programs strategically align with Connecticut's goal for all children making developmental progress each year from birth to 5 and arriving at kindergarten fully ready to achieve academic success in vital basic skills during elementary school years.

We are committed to a successful collaboration with DPH in support of this application, which includes:

- a plan for completing the needs assessment and a plan for developing the program;
- the needs assessment; and
- an updated plan for addressing the needs identified in the assessment.

If you have any questions or require additional information, please feel free to contact me at 860-807-2050.

Sincerely,

Paul F. Flinter, Chief
Bureau of Health/Nutrition, Family Services
and Adult Education

Attachment 1
Job Descriptions Key Personnel

Title V Director: Assumes overall responsibility for all phases of this project including the submission of a realistic plan to conduct a needs assessment, integration of the Title V Needs Assessment into the statewide Home Visiting Program assessment, coordination with other required parties identified in the funding announcement, managerial responsibility for completion of the full needs assessment, implementation of plan, meeting deadlines for all grant submissions and progress reporting, staff assignments; delegation of duties, appointment of DPH representatives to committees and boards, provide status reports to the Commissioner of the DPH.

Epidemiologist 4: Will assume primary responsibility for the completion of the Home Visitation needs assessment plan, funding application and final needs assessment component required in this project; identify key stakeholders and develop a Needs Assessment Workgroup; conduct meetings of key stakeholders; collect and analyze data collected by key stakeholders; collaborate this project with the needs assessment required by Title V MCH Block Grant program, the community-based and prevention focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3,) Title II of the Child Abuse Prevention and Treatment Act (CAPTA); analyze population databases to identify communities with concentrations of: premature birth, low birth weight infants, and infant mortality, including death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop outs; substance abuse; unemployment; or child maltreatment; identify the quality and capacity of existing programs for early childhood home visiting; prepare a narrative report that describes the needs assessment process, identifies at risk communities, identifies gaps in services, and describes limitations of the final needs assessment; collect and prepare data for state and federal reporting; assume duties and responsibilities of Project Coordinator until permanent Nurse Consultant position can be filled.

Nurse Consultant: To coordinate the development and implementation of Connecticut's Home Visiting Program to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. Work collaboratively with the Strategic Planning Consultant in the development of the Plan; apply professional nursing knowledge in the implementation of home visitation program; implement, coordinate, and evaluate activities of assigned programs or health care services; maintain active liaison with and serves as nursing consultant to other partners; assist in the development of standards of care to assure safety and quality of services provided; identify members for the CT Home Visiting Program Advisory Board; coordinate and facilitate meetings and trainings; overall responsibility to assure fidelity is maintained; coordinate/standardize the development of statewide home visitation definitions including definition of risk levels, standards, and training and educational requirements of home visitors; state and federal reporting as required; work with evaluator to develop a quality assurance plan; review program reporting form templates to assess for ability to measure *process, impact and outcome* objectives.

Attachment 1

Job Descriptions Key Personnel

Health Program Associate: Budget development, negotiation of grants and contracts, work distribution and cost estimating; assist in research design and methodologies; conduct education and training presentations at seminars and symposiums; facilitate planning for trainings; assist in the development and implementation of the Home Visitation Program plan; initiate and oversee public relations efforts; new, proposed or revised Home Visitation programs to clarify or develop objectives, determine method of integrating programs in agency operations and establish cost estimates; gather fiscal and programmatic data on programs and participates in planning budget and programmatic aspects of program; other duties as assigned by program coordinator.

Health Program Assistant II: Budget development, negotiation of grants and contracts, work distribution and cost estimating; assist in research design and methodologies; conduct education and training presentations at seminars and symposiums; facilitate planning for trainings; assist in the development and implementation of the Home Visitation Program plan; initiate and oversee public relations efforts; new, proposed or revised Home Visitation programs to clarify or develop objectives, determine method of integrating programs in agency operations and establish cost estimates; gather fiscal and programmatic data on programs and participates in planning budget and programmatic aspects of program; other duties as assigned by program coordinator. This job class is distinguished from the Health Program Associate by having less personal accountability for responsibilities such as budget development, grant and contract negotiation, work distribution, public relations, cost estimating, etc. and generally performing less complex work or working under closer supervision.

The State of Connecticut Department of Public Health (DPH) administers the Connecticut (CT) Title V Maternal and Child Health Block Grant (MCHBG) and is committed to improving the wellbeing of CT's families and their children. M. Jodi Rell, Governor of the State of Connecticut, designated the DPH to serve as the Lead Agency in this application (see **Attachment 5, Other Relevant Documents**). The DPH recognizes home visiting as a critical service delivery strategy and research-based approach for building trusting relationships with parents and other caregivers with the knowledge, skills and tools to assist their children in being healthy, safe and ready to succeed in school.

The purpose of this project is to outline a state plan that will be used to identify at-risk communities through a statewide assessment of needs and of existing resources to meet those needs. The assessment will:

1. Identify communities with concentrations of premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
2. Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state, including the number and types of individuals and families who are receiving services under such programs or initiatives; the gaps in early childhood home visiting in the state; and the extent to which such programs or initiatives are meeting the needs of eligible families.
3. Discuss the state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

This grant application is the first of three steps that will ultimately lead to the implementation of an evidence-based Maternal, Infant, and Early Childhood Home Visiting Program in CT designed to strengthen and improve the programs and activities carried out under Title V; improve coordination of services for at risk communities; and identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. The overarching goals for this project are to: 1) assess the availability of data available in the State for completing the needs assessment, 2) identify additional information that will need to be collected, 3) specify how the State plans to conduct the needs assessment, and 4) meet the requirements for the Patient Protection and Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting funding.

A. Inventory of Available Data

The statewide Connecticut home visiting needs assessment will use information from a variety of data sources. Most information about maternal and infant health in CT will be derived from population-based databases, such as:

1. Final birth records for calendar years 2000 through 2007, as well as provisional birth records for calendar year 2008. These databases contain information about payment for both prenatal care and delivery during calendar years 2004 through 2009, and help determine which pregnant women were enrolled in public insurance programs (HUSKY A, HUSKY B, State Children's Health Insurance Program (SCHIP), Medicaid or Fee-for-Service), and which were either enrolled in private insurance or not enrolled in any insurance program. These records have also been geocoded to provide street-level and census tract locations for births.

2. Final records of deaths and fetal deaths for 2000 through 2007, as well as provisional data for 2008; these records have also been geocoded.
3. Final death records linked to birth records, creating population-based birth cohort files for 2000-2007.
4. Final birth records for calendar years 2000 through 2007 that have been linked to HUSKY A and Fee-for-Service enrollment in the state's public insurance program. These activities are made possible with a memorandum of agreement with DSS.

These records contain information about the mother, father, and child, and will be used to identify geographic areas of high need for home visiting services. The population-based databases will be used to analyze statistical significance, trends, and racial/ethnic disparities in premature/low birth weight, and infant death, as well as risk factors for these adverse outcomes, such as poverty, teen births, maternal and paternal educational level, and indicators of prenatal care. Using Geographic Information Systems (GIS) mapping, towns with high levels of adverse outcomes and their risk factors will be evaluated.

To assess childhood health and development in CT, and the risk factors for adverse events and/or occurrence of adverse events, data provided by public and private agencies in the state will be accessed. Data from the DSS, Department of Children and Families (DCF), Department of Corrections (DOC), Department of Disability Services (DDS), State Department of Education (SDE), and Commission on Children (COC) will provide information on communities with high poverty, crime, domestic violence, rates of high school drop-outs, substance abuse, unemployment and child maltreatment. Data available from Voices for Children, Child Health and Development Institute (CHDI), Yale Child Study Center, and the Early Childhood Education Cabinet (ECEC) will also be evaluated. General information on childhood health and development will be explored from Harvard's Center on the Developing Child, Zero to Three, the CT Child Poverty and Prevention Council, and the National Center on Children in Poverty. These data will be used to evaluate child maltreatment, crime, domestic violence, poverty, substance abuse, home insecurity, mental health, lead poisoning, asthma, oral health, and high school drop-out rates.

Data about child health and development at the community-level may be available from individual communities, including those funded with Early Head Start program and/or Local Health Departments and/or Districts.

B. Gaps in Currently Available Information

In May 2010, in anticipation of this funding announcement, the DPH convened a Maternal, Infant, and Childhood Home Visiting Needs Assessment Work Group (Work Group) to collectively assess the current resources/programs in CT, availability of data, identify additional information potentially needed to determine areas of high need, and to decide how the state would complete the needs assessment. The following issues were identified:

1. Although each of the pieces of data described above are available within the state, only the population-based databases are available with details about racial/ethnic disparities and geographic location. Some of the data available from other state agencies will have incomplete or fragmented pieces of information, and others may only be available at the state level.

2. There is no common, unique identifier within the state to track program participants served among the various programs.
3. A thorough understanding of the state's capacity to provide home visiting services is not known. It is not known which towns with services match the need for those services, and it is not known what types, depth, and breadth of services are offered in geographies of high need.
4. Local-level assessments of infant and early childhood home visiting programs are not readily available.

C. Capacity to Locate, Gather, and Assemble the Data

The Work Group is meeting monthly to compile data based on the requirements of the ACA legislation. The Group was initially composed of representatives of the major state agencies some of which currently conduct home visiting programs, including DPH, DSS, DDS, DCF, SDE, and DOC, and other interested individuals. Some of the data identified by the Work Group are readily available from the MCHBG to support its national performance measures, health status indicators, and health systems capacity indicators. Data from the MCHBG are available to the State's Title V Director, who also serves as Principal Investigator (PI) on this grant and has offered full commitment to this project through a letter of support (see **Attachment 2, Letter of Support**). The MCH semi-decennial needs assessment is completed, and data collected during this process are readily available. In addition, some data from local Head Start needs assessments may be available. The Director for the state's Head Start program participates in the Work Group.

A set of grids characterizing existing home visiting programs across the state has been developed by the Work Group and finalized in mid-June, 2010 (see **Attachment 5, Other Relevant Documents**). A list of 32 home visiting programs, or programs that provide home visitation service components, has been completed by the group. Of these programs, 17 are managed by the DCF, 6 are managed by the DSS, and the remaining programs are managed by the DPH, SDE, and/or private organizations. The programs are funded by the state, federal or private sources. Each of these programs will be assessed by criteria that will characterize general program components, target population, eligibility requirements and exclusion criteria, services offered, outcome measures monitored, and degree of evidence-base. The set of grids have been distributed, and compiled responses are expected in early July. This should permit ample time to analyze the results and assess geographic areas of high need for home visiting services.

D. Barriers and Opportunities for Coordination of Needs Assessment

CT has a commitment to home visiting programs as well as interagency collaboration on various projects. One key opportunity for the coordination of the needs assessment is the work done by the Connecticut Early Childhood Education Cabinet (ECEC), established by law in 2005. The Cabinet consisted of 17 members, including representation from the Head Start Collaboration office. In addition to meeting the membership requirements set forth in the Head Start Act of 2007, the Cabinet also required representation from The Connecticut Commission on Children, the Office of Policy and Management (OPM), the Department of Mental Health and Addiction Services (DMHAS), state legislators from both the House and the Senate, a parent of a child from a priority school district and a representative from business or philanthropy.

Funding for the Cabinet was eliminated in 2008. In a special legislative session in September 2009, the ECEC was re-established. The ECEC was reformed in January 2010 and designated by Governor M. Jodi Rell to be the State Advisory Council specified in the Head Start Act of 2007. The purpose of the ECEC is to develop a high-quality, comprehensive system of early childhood education among the wide array of early childhood programs in the state (including Head Start, child care and School Readiness). The ECEC plays a key role in advancing the integration of services to young children and families. Its four goals are:

- Adopt comprehensive and multi-domain early learning standards that reflect a progression of skills birth through age 5 aligned with the K-12 standards.
- Increase integration, quality, and accessibility of CT early childhood data for the benefit of all stakeholders.
- Develop a highly qualified and effective workforce for all children birth to 5 in all settings.
- Foster a partnership among families and communities in the early years.

CT has engaged in efforts to forge an early childhood data system. In 2004, The CHDI of CT launched an effort called Early Childhood DataCONNECTIONS with funding from Health and Human Services, the Children's Trust Fund of CT, and the DSS. This resulted in state agencies mapping what information they collect and developing a toolkit called "Putting Administrative Data to Work," issued in April 2005. It was the vision of the team that developed the toolkit "that all state agencies serving children and families will be able to creatively and cooperatively develop a culture and infrastructure that values and supports research and ultimately, evidence-based decision making on public policy issues."

In July 2006, the process for obtaining the State Department of Education's (SDE) State Assigned Student Identifiers (SASID) was expanded to include all publicly funded preschool programs in CT. This included the state's Individuals with Disability Education Act (IDEA), Part C early intervention programs for infants and toddlers with or at risk for developmental delays.

In July 2008, the former Early Childhood Investment Initiative reviewed data collection efforts from seven state agencies to identify opportunities for improved data development, management and use. Recommendations were made to develop a data sharing agreement among agencies. In 2010, the State Advisory Council on early childhood education and care chose "early childhood data" as one of its four priorities.

The DPH has been a member of the ECEC since its inception and sees the work that has been initiated through the ECEC and State Advisory Council, as an opportunity to build upon to collect individualized outcome data from multiple programs, across various state agencies and in databases that are not integrated. One of CT's long-term home visiting program goals must include assigning unique identifiers to individuals served by state or MCH federally funded programs. This would enable the state to better evaluate early intervention strategies and to link those interventions to maternal and child outcomes. The DPH will review the research by the ECEC. Implementing the use of the SASID number, as the unique identifier among state agencies, will be considered for the strategic plan.

CT does not anticipate any barriers in ensuring that the needs assessment is coordinated with, and takes into account the State Title V Block Grant needs assessment, the community wide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act, the inventory of unmet needs, community-based and prevention-focused

programs, and activities to prevent child abuse and neglect, as well as other family resource services operating in the State required under section 205(3) of Title II of the Child Abuse Prevention and Treatment Act (CAPTA).

The DPH holds the responsibility for completion of Title V Needs Assessment completed in the Spring 2010. The DPH has the staff, capacity and experience to conduct needs assessments, and is well prepared to coordinate the Home Visiting Needs Assessment.

The Work Group convened to help complete the Home Visiting Needs Assessment is comprised of representatives from various state agencies and private organizations. In early June, the group drafted a timeline for completion of the Home Visiting Needs Assessment. The Director of the CT Head Start Program, and Agency Director responsible for (CAPTA) are members of the Work Group and are committed to the participation and collaboration of the Home Visiting Needs Assessment, as evidenced by a letter of support from the Commissioner of DSS (see **Attachment 2, Letters of Support**). A representative from the DMHAS, the state's single agency for substance abuse services is also a member of the Needs Assessment Workgroup and offered full support for this project through a letter of support. (see **Attachment 2, Letters of Support**).

E. State's Approach to Conducting Needs Assessment

a. During the first (May 2010) meeting of the Work Group, a draft outline of a Home Visiting Program Information Collection Tool (Tool) was developed. Although the Tool was developed in the absence of federal guidance, the components are consistent with the ACA legislation. The Tool characterizes elements of home visiting programs, including a general description, eligibility and exclusion criteria, the population served and what services are offered, outcome measures tracked by the program, and measures of evidence-base. The Tool has been distributed and responses are expected in early July. This information, as well as analysis of the population-based data, will provide the basis of the Home Visiting Needs Assessment. The Work Group continues to meet to guide the needs assessment process. A timeline for completion of the needs assessment was established in May with a submission deadline of September 1, 2010. The needs assessment process is on schedule. Once the federal guidance is received, we will adapt our current needs assessment activities as necessary to meet the goals of the guidance.

A student intern, assigned to the DPH from the Southern Connecticut State University, is compiling a resource guide detailing services available through care coordination and other partners participating in the CT Medical Home Initiative for Children and Youth with Special Health Care Needs (CYSHCN), including community based care coordination networks and Managed Care Organization (MCO) case managers contracted to provide services through the state's Medicaid agency. Information compiled will include details, such as the purpose, numbers of visits conducted, eligibility criteria, and the intended outcome of visits, etc. of home visiting programs. Information collected through the project will be available by August 2010, and will be incorporated into the needs assessment.

b. The Work Group is composed of representatives from multiple state and private agencies, and staff for the major home visiting programs in the state. State agencies represented in the Work Group include: DPH, DSS, SDE, DDS, DOC, DMHAS, and Commission on Children. Other key stakeholders represented in the Work Group are: University of Connecticut, Yale University, CTParents as Teachers, and the ChildFirst founder. The Title V Director has included any

individual in the needs assessment process who expressed an interest in the topic and a willingness to actively participate.

c. As the lead of this grant process, the Title V MCHBG Director, Rosa M. Biaggi, has full access to the MCHBG application and indicators, as well as the MCHBG needs assessment document. Close partnerships with agency representatives in supervisory and management positions also ensure that resources available at those agencies will be available for this project. The Work Group members play key roles in this process, including the state's Head Start program, DMHAS, DSS, and DCF.

d. Each of the required parties is represented in the Work Group. Comments from stakeholders will be incorporated in the needs assessment document. See **Attachment 4, Project Org Chart**.

F. Technical Assistance Needs

The DPH is appreciative of the technical assistance (TA) that HHS will provide to states. The DPH would accept and benefit from TA opportunities that address the following: strategic planning, collaboration and partnerships, communication and marketing, fiscal leveraging, implementing and supporting home visiting programs that meet requirements for evidence of effectiveness, selecting home visiting model(s) to meet the target populations' needs, data and information systems, quality assurance, workforce issues, strategies for coordinating and providing technical assistance to programs within the State, training, outreach, sustainability, and evaluation.

G. Intent Statement

The DPH intends on submitting an application for a grant which would enable our state to deliver an evidence-based early childhood home visiting program, as described in section 511(c). The DPH will administer the funds under this program.

i) Statement designating DPH as lead agency.

The mission of the DPH is to protect and improve the health and safety of the people of CT by: 1) assuring the conditions in which people can be healthy; 2) promoting physical and mental health; and 3) preventing disease, injury, and disability. The DPH is divided into nine Branches: Planning, Laboratory, Administration, Health Care Systems, Local Health Administration, Operations, Regulatory Services, Public Health Initiatives, and Office of Health Care Access.

The DPH has the expertise and capacity to manage this project. The Family Health Section (FHS), home of the MCH Title V Office, has a long-standing history of successfully implementing large federal grants. The FHS is familiar with grant electronic systems such as Grants.gov and the federal electronic handbook (EHB) for grant reporting. In addition, the FHS is responsible for over \$70 million through state and federal funds in contracts with community-based programs. The FHS has a longstanding history of providing funding to community-based organizations for the provision of primary care and prevention services to pregnant women and teens, infants and children and fathers. The DPH is responsible for contracting with and monitoring the performance of community-based services that are accessible, coordinated, comprehensive and culturally appropriate to the target population. As the administrator of MCHBG Title V funds in CT, DPH is well-experienced in managing programs that improve maternal and child health in at-risk communities. In 2008, the DPH FHS implemented a new Case Management for Pregnant Women program in three large cities with high rates of teen births. The program targets pregnant females and teens under the age of 20 who are at greatest

risk for poor birth outcomes. This is a coordinated, culturally-sensitive approach to providing individualized client services through intensive case management and home visitation. The services are provided during the perinatal and interconceptional periods, with a focus on all aspects of achieving a healthy birth outcome, as well as building social supports, providing education, promoting birth spacing, family planning, referral to ongoing medical care, and building social supports promoting client self-efficacy.

The DPH has a history of working relationships with other agencies cited in this proposal. The DPH presently has a MOU with DSS to operate the state Healthy Start Program that focuses on pregnant women at or below 185% of the federal poverty level, with the goal to promote early access to prenatal care and improve birth outcomes. In addition, the DPH has a working relationship with CT's Title II CAPTA program, and participates on the Nurturing Families Advisory Board. The DPH and SDE have experience in collaborating on health/education partnerships and were co-applicants of the Centers for Disease Control (CDC) and Prevention funded Coordinated School Health grant. Coordinated School Health is an effective system designed to improve student health and academic achievement through the support of families, communities and schools working together. The DPH recently established an MOU with DCF to enhance the agency's CTParenting.com website, with funding from First Time Motherhood New Parent's Initiative Social Marketing initiative. The website is a resource for CT families, and includes information on parenting, health and safety, education, jobs, family fun and other valuable information. As part of the enhancement, the DPH funded the translation of website contents into Spanish.

ii) Description of Process to Identify Populations Served

The Home Visiting Needs Assessment will use multiple data sources to identify the at-risk populations and communities of high need. Services currently available will be analyzed and compared with need. Measures such as town population, unemployment rates, racial/ethnic disparities, and Medicaid payment for newborn deliveries will be used.

iii) Description of Process to Select the Most Effective Model(s)

The DPH will contract with a consulting firm, which will assign a team of individuals with significant experience in health planning, research, facilitation, data and strategic planning to: 1) conduct comprehensive research on Home Visiting programs (including national, state, and local models) to provide comparative models for consideration and/or replication; 2) establish the Home Visiting Advisory Board to design and develop an evidence-based model or models of Home Visiting for CT (this may include a plan to enhance existing models and/or support emerging models that may need adaptation to meet federal evidence-based standards; and 3) facilitate monthly meetings of the Home Visiting Advisory Board.

Nationally recognized home visiting evidenced-based models will be researched and reviewed. Models selected will be consistent with those forthcoming HHS guidance. Existing programs in Connecticut using evidenced based models will be reviewed, successful programs identified, and as appropriate, replicated to meet identified needs. The Strategic Plan for home visiting programs in CT will be developed by the Home Visiting Advisory Board.

iv) Assurances

1) DPH will assure that priority will be given to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs

assessment; assurance is evidenced through the letters of support from stakeholders associated with this project;

- 2) The DPH will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and that services are delivered according to the model's specifications;
- 3) CT will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family;
- 4) CT will submit annual reports to the Secretary regarding the program and activities carried out by the program;
- 5) CT will participate in and cooperate with data and information collection necessary for the evaluation required under section 511(g)(2) and other research and evaluation activities carried out under section 511(h)(3); and
- 6) CT is not one of the 17 Administration for Children and Families (ACF) funded projects in the Evidence-Based Home Visiting cluster.

v) *Population Served Statement*

The DPH agrees that the populations to be served and the service delivery model will be consistent with the completed statewide needs assessment.

vi) *Service Delivery Model Statement*

The DPH will ensure that the service delivery model or models selected for replication will be consistent with the evidence-based criteria established pursuant to section 511(d)(3)(A) of the Act and forthcoming HHS guidance. All formal contracts, including MOUs and MOAs issued under this project will include language that states that recipient of funds agrees to maintain fidelity with the evidence-based model(s).

vii) *Quantifiable, Measurable Benchmarks*

A plan will be developed to use quantifiable, measurable benchmarks to evaluate the home visiting model(s) selected to demonstrate improvements in areas specified under section 511(d)(1)(A) of the Act. This will include a mechanism to evaluate process, program and outcome objectives for each model selected. Each program selected will submit quarterly expenditure/programmatic reports, as well as a cumulative annual report to the DPH. The DPH will review all quarterly and cumulative annual reports to assure that the goals and objectives are being met, and that fidelity is maintained. CT will report on these benchmarks in the 3rd and 5th years of the program.

viii) *Preliminary Description of Other Existing State Programs*

A full, comprehensive list of existing State home visiting programs, including federally and state funded programs that include home visitation services will be produced upon completion of the Needs Assessment. A preliminary description of state or federally funded home visitation programs or programs that offer home visiting services that are known to date in CT include the following:

CT Birth to Three System: CT's Birth to Three System provides services to families to meet the developmental and health-related needs of infants and toddlers who have, or are at risk for developmental delays. Services are provided in natural environments by a network of 44 local programs throughout the state. The state cost of services is offset by parent fees, commercial health insurance, IDEA, Part C and Part B, and Medicaid.

Early Head Start (EHS): This is a federally-funded program for low-income infants, toddlers, pregnant women and their families. EHS programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women to access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward economic self-sufficiency. Programs are center-based or home visiting or both.

(Federal) Healthy Start: CT has two federal Healthy Start programs, located in Hartford and New Haven that promotes the reduction of disparities associated with low birth weight and infant mortality, by enhancing services to women identified as at greatest risk. The programs offers care coordination, home visitation, and outreach services to women and their young children from pregnancy, through two years postpartum.

(State) Healthy Start: The DPH entered into a MOA with the DSS in the joint administration of the MCHBG Title V funds for administration of the state Healthy Start Program to provide case management services and home visitation to eligible pregnant women for the purpose of reducing the rate of infant mortality, morbidity and low birth weight in CT, and to provide such women with access to prenatal/postpartum care services through CT's HUSKY A health coverage program.

Nurturing Families Network: The Nurturing Families Network is a no-cost, voluntary program that provides information, guidance and assistance to first-time parents whose children are at risk for abuse or neglect. Available through 33 community agencies and birthing hospitals throughout CT, the network offers home visiting, parenting groups and connected services in the community.

Case Management for Pregnant Women: This program funded by Title V provides culturally-sensitive services that include client assessment, development of a care plan, referral and follow-up, home visitation, and monitoring. The programs are located in the cities of Hartford, New Haven and Waterbury. Women are served in the perinatal period through one year postpartum, with a goal for healthy birth outcomes, improved parenting skills, fostering social supports, remaining in school, and promoting client self-efficacy.

Healthy Choices for Women: This is a state-funded program in the city of Waterbury, which provides comprehensive case management and home visitation services for pregnant and postpartum women who abuse, or are at risk of abusing substances. Eligibility criteria include: 1) previously used alcohol and/or other drugs and remains at risk for use; 2) used alcohol and/or other drugs during their current pregnancy; 3) have partners who presently abuse alcohol and/or other drugs; and 4) they are at risk of domestic violence.