

i. Project Abstract

Project Title: Maternal, Infant and Early Childhood Home Visiting Program Innovation Award

Applicant Name: Office of Early Childhood, 165 Capitol Avenue, Hartford CT 06106

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Annotation: The Connecticut Office of Early Childhood will partner with community experts, institutions of higher education, and professionals in early childhood development and related fields to develop and retain a highly skilled MIECHV-funded home visiting workforce through an innovative video-based intervention designed to address the particular challenges of working with complex, multi-need families. Using a randomized control trial design, two versions of the intervention will be implemented and evaluated.

Problem: Staff retention in home visiting programs has long been a challenge. From a programmatic point of view, low retention results not only in higher training costs, but also in lower program effectiveness because families are more likely to withdraw from a program at the same time as their home visitor, to whom they have become attached. In Connecticut, there are currently four MIECHV-funded home visiting models with differing levels of training, expertise, and competencies, and varying certification and credential requirements. Despite the different programmatic emphases among the models, home visitors in all programs often encounter similar challenges in working with families with complex issues such as trauma, substance abuse, and domestic violence.

Purpose: Development and retention of trained, highly skilled MIECHV-funded home visiting personnel; and secondarily, retention of families enrolled in MIECHV-funded home visiting programs.

Goals and Objectives:

Goal 1: Standardize the knowledge and competencies of the home visiting workforce serving families in high need communities. **Objective:** Develop and manualize on-line, on demand training modules. **Goal 2:** Increase the retention of home visiting staff by reducing the stress of working with high risk families, by increasing the knowledge and skill set among home visitors, as well as feelings of competence, and reducing isolation. **Objective:** Online modules will include material designed to encourage and support empowerment and self-care of home visitors, and will integrate approaches to cultural and linguistic diversity. **Goal 3:** Using empirical, experimental, and quasi-experimental methods, evaluate Goal 2 and its objective. **Objectives:** Evaluate changes in outcomes associated with use of the training modules; additionally, test the added value of convening small groups of home visitors for face-to-face discussion and reflection on the modules, facilitated by trained personnel.

Methodology: Enable home visitors to improve their skills and knowledge of working with families with complex issues through the development of on-line training modules that include content focused on building home visitors' efficacy, self-care skills, and empowerment.

Conduct process evaluation of how the on-line modules are being used, and evaluate the effectiveness of the module training, including the value of face-to-face follow-up discussion.

ii. Project Narrative

INTRODUCTION

Purpose

The Connecticut Office of Early Childhood (OEC) will partner with community experts, institutions of higher education, and professionals in early childhood development and related fields to develop and retain a highly skilled MIECHV-funded home visiting workforce through an innovative video-based intervention designed to address the particular challenges of working with complex, multi-need families. Using a randomized control trial design, two versions of the intervention will be implemented and tested: 1) The video instructional modules alone; and 2) The video modules plus monthly face-to-face discussion groups led by trained facilitators. It is expected that this innovation will improve the development and retention of a highly skilled MIECHV-funded home visiting workforce (the second priority area designated in the Funding Opportunity Announcement). If the two versions of the intervention are shown to be effective in improving outcomes for home visitors, disseminating the findings and scaling up for widespread effective usage should be a straightforward process.

Proposed Innovation

The Connecticut Office of Early Childhood (OEC) will bring together a knowledgeable group of experienced partners to develop a series of on-line, on demand, video-rich training modules using the recently developed Connecticut Core Knowledge and Competency Framework (CKC's) for Early Childhood Professionals. The CKC's are organized into seven domains deemed important to the profession: Promoting Child Development and Learning; Using Developmentally Effective Approaches for Facilitating Experiences; Building a Meaningful and Planned Program of Development; Observing, Documenting and Assessing; Building Family and Community Relationships; Health, Safety and Wellness; Professionalism and Advocacy. Connecticut is well on its way to codifying these competencies in alignment with other states to promote regional sharing of expertise and portability of credentials.

The use of on-line video modules for training is becoming increasingly common, however, the proposed videos will be innovative in terms of both content, the infusion of empowerment and self-care practices for home visitors, and the added option of being paired with face-to-face discussion groups led by trained facilitators. The on-line modules will be developed to address issues of serving families with complex needs, including for example the presence of family violence, substance use, infant mental health, trauma informed care, parents with cognitive limitations, unhealthy diets and obesity, as well as the traditional focus on early childhood cognitive and social development. Each module will include topic specific content, as well as material designed to create a sense of empowerment and support for self-care for the home visitors themselves. The self-care material will be interwoven with the content-specific information, to be able to broach, for example, how a family's experience with substance use or domestic violence might affect the home visitor him or herself.

The online training modules will also be developed in both English and Spanish to address cultural and linguistic diversity of the home visitors and the families they serve. Each module will include topic specific content, video examples, high quality home visiting practices, reflections of professionals and experts in the field, empowerment and self-care practices for home visitors and - where appropriate - interviews with families. The self-paced, interactive

modules will include a variety of activities and quizzes designed to provide immediate feedback and enable users to demonstrate successful completion of each module. The modules will be designed so that they can eventually incorporate reflective assignments and/or a portfolio that can be submitted for review with the potential to earn college credit. A practical benefit of this intervention is that it will allow staff to participate in a manner that meets their learning needs and learning styles while also promoting efficiency in time management. Connecticut is a relatively small state but even with this small geographic nature, home visiting staff can spend most of a work day traveling to and attending a 2 or 3 hour training. This impacts their ability to complete home visits and subsequently increases stress on the home visitor and program as they work to manage the professional development needs of the staff with the time commitment of trainings and the contractual requirements for service delivery.

In addition to creating and implementing new on-line training modules for home visitors, the proposed innovation will also test the added value of bringing together small groups of home visitors for face to face discussion and reflection on the modules, facilitated by trained personnel. Pairing this traditional method of education, whose efficacy is widely recognized, is innovative since face-to-face groups are not commonly paired with on-line education (in contrast to, for example, “threaded discussions” which are also on-line). Combining these two methods will be much more powerful than simply providing on-line education alone.

Goals and Objectives

Goal 1: Standardize the knowledge and competencies of the home visiting workforce serving families in high need communities.

Objective 1.1: Develop and manualize on-line, on demand training modules.

Goal 2 Increase the retention of home visiting staff by reducing the stress of working with high risk families, by increasing the knowledge and skill set among home visitors, as well as feelings of competence, and reducing isolation.

Objective 2.1 Online modules will include material to encourage a greater sense of empowerment and support for self-care of the home visitors and will integrate approaches to cultural and language diversity.

Goal 3: Carry out empirical, experimental or quasi-experimental evaluation of Goal 2 and its Objectives.

Objective 3.1 Evaluate changes in outcome variable associated with training module intervention (quasi-experimental).

Objective 3.2 Test the added value of bringing together small groups of home visitors for face to face discussion and reflection on the modules, facilitated by trained personnel.

Program Priority Area

Development and retention of trained, highly skilled MIECHV-funded home visiting programs; and secondarily, beyond the duration of this proposal, engagement and retention of eligible families to MIECHV-funded home visiting programs.

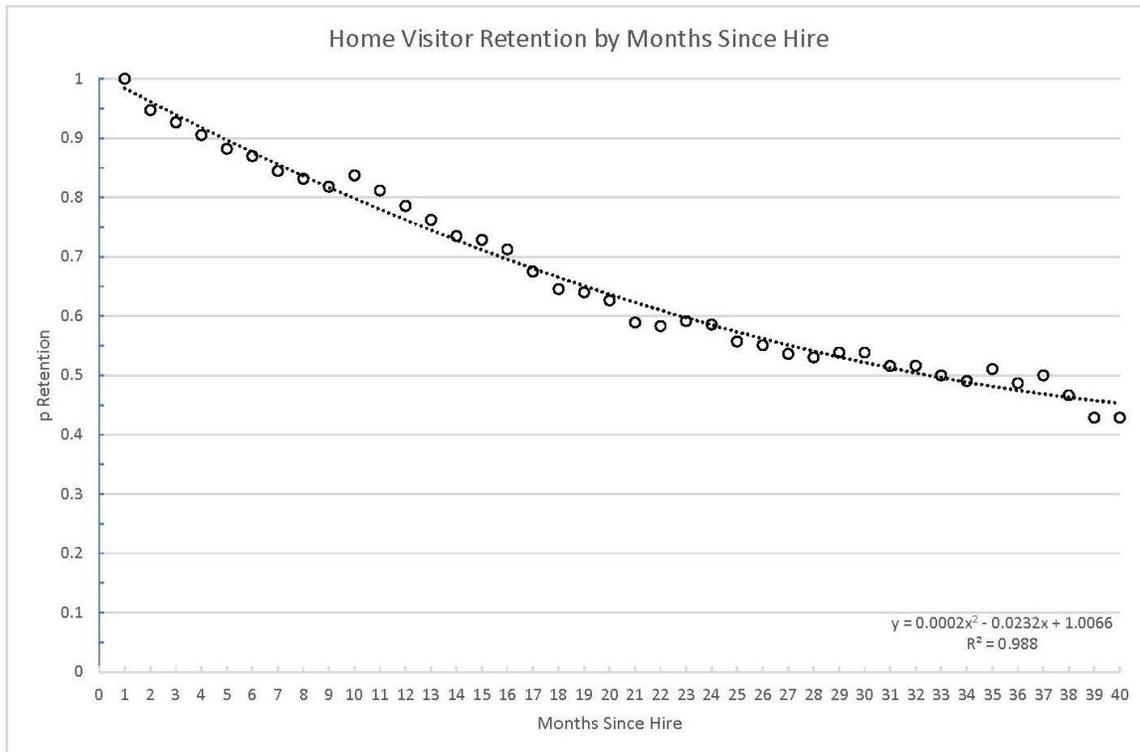
NEEDS ASSESSMENT

Retention in Connecticut’s home visiting programs has long been a challenge. From a programmatic point of view, low retention results not only in higher training costs, but also in

lower program effectiveness because families are more likely to withdraw from the program at the same time as their home visitor, to whom they have become attached (Kosutic, Partners in Social Research, 2015).

Figure 1 below shows the retention rates for a sample of 15 of Connecticut’s 48 home visiting programs which employed 108 home visitors over the last five years. The cumulative probability of a home visitor staying in their position starts to drop almost immediately after employment, hitting 50 percent just before three years post-hire.

Figure 1



Not surprisingly, there is considerable variation among the individual programs (not shown). This variation is difficult to evaluate, however, as the number of home visitors in any single program is too small to provide a stable estimate. Nevertheless, it is informative to note that the time it takes for individual programs to lose 25 percent of their home visitors varies from 2 to 38 months, with a mean of 15 months and standard deviation of 11 months.

Development and retention of a trained, highly skilled MIECHV-funded home visiting workforce is the focus of this innovation project in response to the needs of both home visitors themselves and the communities they serve. In Connecticut, there are currently four MIECHV-funded home visiting models with differing levels of training, expertise, and competencies, and varying certification and credential requirements. Prior to the commencement of the MIECHV funded programming under the Connecticut OEC, home visitors in specific programs received only the trainings provided by their respective models. For example, training for the PAT model traditionally consists of five days of in-person training covering the prenatal period to three years, and three days covering families with children aged three to five. Similarly, the Nurse-

Family Partnership, Early Head Start, and Child First models each have their own unique sets of training experiences for home visitors.

Despite the different programmatic emphases among the models, home visitors in all programs often encounter similar issues, for themselves as well as for their clients. Since the move of the MIECHV program to the OEC (the MIECHV Program was originally housed in Connecticut's Department of Public Health), staff at the OEC have required expanded training for home visitors based on the training that had been developed for the state-funded PAT program. In the process of implementing these new trainings, it has become evident that there is a need for a consistent, integrative approach to train home visitors to work effectively with families with complex issues such as domestic violence, substance abuse, deep poverty, mental health (including maternal depression), toxic stress and trauma. At the same time, however, the format of new training requirements must not add further burdens to already busy home visitors, who have limited time for training without impacting service delivery. One-time workshops or institutes offer little flexibility and lack efficiency. The proposed innovation will build from previous efforts and combine them with a new emphasis on empowerment and self-care for home visitors, thus improving the quality of the home visitor workforce and leading to a greater sense of competence and job satisfaction which, is predicted to increase retention.

The complex nature of home visitors' jobs is due in large part to the many kinds of needs of the families they serve. A typical day for one home visitor, for example, included a visit with an unwed teen-age mother living with several undocumented immigrant family members. On her way to visit this mother, the home visitor picked up a week's supply of diapers from a diaper bank, as well as some electric outlet covers to baby-proof the apartment. Her visit included explaining educational materials on toddler development (which she had also brought), and then a discussion of the mother's own issues involving her ongoing job search and her troubled relationship with her father. The home visitor made a note to herself to refer this young mother to a social worker for further guidance, on her way to three subsequent visits with other mothers.

Although unique, the needs of this young mother are characteristic of the complex nature of families facing multiple challenges. Furthermore, program staff has reported that the needs of families they serve have become increasingly complex in recent years. Table 1 below shows the ACES responses from the caregivers enrolled in MIECHV-funded home visiting in Connecticut, compared to two large national studies.

The caregivers in the MIECHV-funded programs clearly come from very challenging backgrounds. The rates for all risk factors are highest among this group, with the exception of the three types of abuse. The rates for abuse shown here may be affected by slightly differing wording on each of the ACES questionnaires, as well as hesitancy on the part of the caregiver to admit childhood abuse early on in the caregiver-home visitor relationship (when the ACES is administered). The breakdown of priority populations for FY 2015 shows a similar story, as shown in Table 2.

Table 1. ACES results for caregivers in Connecticut compared to CDC-Kaiser study and BRFSS.

	CT	CDC-Kaiser ¹	BRFSS 2010 ²
<i>n</i>	1,354	17,337	53,784
Household Challenges			
Mother treated violently	16%	13%	15%
Household substance abuse	31%	27%	25%
Household mental illness	40%	19%	16%
Parental separation or divorce	60%	23%	23%
Incarcerated household member	20%	5%	6%
Abuse			
Emotional Abuse	27%	11%	35%
Physical Abuse	17%	28%	16%
Sexual Abuse	12%	21%	11%
Neglect			
Emotional Neglect	22%	15%	
Physical Neglect	18%	10%	

Table 2. Priority populations for MIECHV-funded home visiting, FY 2015

<i>n</i>	
Have low incomes	84%
Pregnant younger than 21 years	14%
Hx child abuse or neglect or had interactions with child welfare services	44%
Hx Substance abuse or need substance abuse treatment	19%
Use of tobacco products	23%
Have a child/ren with low student achievement	14%
Have a child/ren with developmental delays or disabilities	19%
In families with individuals who are or have served in the Armed Forces	2%

The communities that the MIECHV-funded programs serve were identified in the original 2010 needs assessment which considered rates of unemployment, low birth weight, and non-private insurance at birth, as well as percentages of children living in poverty, low third grade school achievement, high school dropout rates, and excess rates of abuse and neglect. The needs assessment was updated in 2014 by looking at the same data and including additional measures (births to teen mothers, children receiving free or reduced price lunch, and rates of families on public insurance). The updated needs assessment confirmed the continuing need in all 24 original

¹ Source: Centers for Disease Control and Prevention, Kaiser Permanente. The ACE Study Survey Data [Unpublished Data]. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2016. Available from <http://www.cdc.gov/violenceprevention/acestudy/about.html>.

² Source: Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System Survey ACE Module Data, 2010*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015. Available from <http://www.cdc.gov/violenceprevention/acestudy>.

communities, and, in some cases, showed that subgroups of high-need populations spilled over geographic boundaries into neighboring towns.

METHODOLOGY

Goal 1: Standardize the knowledge and competencies of the home visiting workforce serving families in high need communities.

Objective 1.1: Develop and manualize on-line, on demand training modules

Activities:

- a. Conduct focus groups with home visitors representing all four evidence based models (Parents as Teachers, including both MIECHV and state-funded, Early Head Start, Nurse Family Partnership, Child First) to get feedback on the specific items within each content area that would be most helpful for home visitors to access in on-line training modules.
- b. Engage community experts (including Connecticut Association of Infant Mental Health, Children’s Health and Development Institute, Connecticut Coalition Against Domestic Violence, and Parents With Cognitive Limitations Workgroup) to develop content for modules.
- c. Recruit home visitors and families to be videotaped for inclusion in module videos. Identify content experts and other professionals to be interviewed for module videos.
- d. Develop 8-10 self-paced, video-rich, interactive, on-line training modules with built-in self-assessments for home visitors built on the Connecticut Core Knowledge and Competencies as a framework and including content on:
 - i. Trauma informed care
 - ii. Infant mental health
 - iii. Promoting child development and learning from a multicultural perspective
 - iv. Substance abuse
 - v. Supporting families facing intimate partner violence
 - vi. Supporting families with cognitive limitations
 - vii. Supporting diverse families in using safe sleep practices
 - viii. Supporting diverse families in preventing childhood obesity, including nutrition and physical activity
 - ix. Communicating with families and building family relationships, including motivational interviewing techniques
- e. Identify video clips that home visitors can use with families to demonstrate specific concepts in child development, safe sleep, and other content areas and add to the Connecticut Early Childhood Video Library for use by home visitors.
- f. Develop a Facilitator’s Guide for each module to be used for group discussions with home visitors who have completed the module.

Each module will be designed with the possibility of eventual college credit in mind so that those who successfully complete the module and an additional assessment (e.g., reflective portfolio and/or exam) could meet the criteria for college credit. Content developed for the “child development and learning” modules will be the equivalent of a 3-credit course.

Goal 2: Increase the retention of home visiting staff by reducing the stress of working with high risk families, by increasing the knowledge and skill set among home visitors, as well as feelings of competence, and reducing isolation.

Objective 2.1: Encourage empowerment and self-care for the home visitors, and integrate cultural and linguistic diversity.

Activities:

- a. Enable home visitors to improve their skills and knowledge of working with families with complex issues through on-line training (see Goal 1).
- b. Develop content for training modules focused on building home visitors' efficacy, self-care skills, and empowerment.
- c. Train qualified consultants to facilitate group discussions of the on-line modules.
- d. Design learning modules with the possibility of eventual college credit in mind so that those who successfully complete the module and additional assessment (e.g., reflective portfolio and/or exam) could meet the criteria for college credit, thereby creating possible opportunities for home visiting staff to earn college credits or continuing education units after completion of training modules.
- e. Engage home visitors in facilitated group discussions after completion of training modules.
- f. Provide home visiting programs with tablet computers that staff can use during home visits to access videos and other resources for families.

Goal 3: Carry out empirical, experimental and/or quasi-experimental evaluation of Goal 2 and its Objectives.

Objective 3.1: Evaluate changes in the outcome variables associated with training module intervention (quasi-experimental).

Objective 3.2: Test the added value of bringing together small groups of home visitors for face to face discussion and reflection on the modules, facilitated by trained personnel.

Activities:

- a. Collect baseline data, including recent rates of retention for home visitors in each of the MIECHV-funded programs, and demographic information on the families and communities served;
- b. Designate two versions of innovation (on-line training modules alone or with face-to-face discussion groups);
- c. Develop quantitative and qualitative measures for assessing desired outcomes in a prospective pre- and post-innovation design;
- d. Implement both versions of the innovation to participating home visitors in each group;
- e. Conduct process evaluation of how the on-line modules are being used, including patterns of participation in the discussion groups, and home visitors' perceptions of their relevance and usefulness;
- f. Evaluate the effectiveness of the innovation, both before and after participants have completed their version of it. Note: immediate outcomes such as measures of knowledge, self-perceived competence and job satisfaction will be differentiated from the long-term outcome of retention;
- g. Disseminate the results to both researchers and the wider community.

Describe How Innovation Meets the Definition of Innovation

The proposed innovation will produce on-line, on demand training modules, a product that will be available for widespread distribution to MIECHV formula funded programs. What makes this video training series innovative is that it will specifically address topics that have been shown to be particularly challenging to home visitors, such as substance use and domestic violence. Furthermore, this video series will incorporate themes of self-care and empowerment throughout the module content, to assist home visitors and their supervisors in processing difficult issues and circumstances, including reflective supervision practices.

Strengthen and Improve Delivery of Coordinated and Comprehensive Home Visiting

The goal of the innovation is to develop and retain a highly skilled workforce and to strengthen and improve the delivery of coordinated and comprehensive high-quality home visiting services. The training modules that will be developed will complement the evidence based models by developing core competencies in child development and increasing home visitors' knowledge and ability to work with families facing complex issues.

The Healthy Families Connecticut: Process Evaluation of a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment (Black, Markson, Center for Social Research, University of Hartford, 2001) found the following: "Home visitors confronted with the on-going crises are pulled into the orbits that require of them much more than they were prepared for by either their job descriptions or their training. These circumstances hone their skills as home visiting generalists; they need to be prepared for anything. They deal with landlord disputes, negotiate problems with school authorities, help mothers understand changing welfare regulations, intervene in family conflicts, tend to mothers who have been battered by partners, find housing for mothers who are thrown out of their homes by landlords, family members or partners, accompany the family or any family members to court, confront substance abuse in the family or drug dealing in the home or neighborhood, nurture depressed mothers or advise mentally challenged mothers and much more." Through this innovation, online training modules will be developed that focus on several of the areas identified by this process evaluation. All modules will include content developed by the Center for Health and Human Development (CHHD) around home visitor efficacy, self-care and empowerment, designed to fortify the home visitor and promote resiliency.

Priority Areas for Improvement

The product that will be developed will address the program priority area of developing a retaining a trained, highly skilled MIECHV-funded home visiting workforce. In addition, this innovation has potential to increase the engagement and retention of eligible families to MIECHV-funded home visiting programs. In the Connecticut MIECHV-funded Parents As Teachers, outcome evaluation (Kosutic, Partners in Social Research, 2015), six month report finding states that staff turnover was a major reason for client dropout from the home visiting program. "Although some participants were able to transition from one home visitor to another without major difficulties, a number of them found this challenging, especially if they had developed a strong bond with the initial home visitor." By increasing staff retention, there is greater retention of families in home visiting.

Evidence of Promise and Theory of Change.

Why do home visitors leave the profession and what can be done to minimize the problem? The modest but growing literature makes it clear that social service workers, in general, find their jobs quite stressful. Many experience anxiety, depression or other psychiatric distress due to role conflicts, high work demands, insufficient support at work, program upheavals, or fears of violence (Dillenburger, 2004; Gill, Greenberg, Moon, & Margraf, 2007; Harris, Cumming, & Campbell, 2006; Munn, Barber & Fritz, 1996; Newhill & Wexler, 1997; Ray, Wong, White, & Heaslip, 2013). Home visitors often face especially trying circumstances. In Connecticut, home visitors visit 20-25 families per week, away from the office where they could gain advice and support from colleagues or supervisors, and often in neighborhoods and circumstances that may be dangerous. Many times home visits focus on complex and emotionally demanding problems. Home visitors' schedules are challenging and can be unpredictable, often making it difficult to sustain healthy daily choices about nutrition, exercise, and rest. Together this combination of factors too often leads to compassion fatigue, secondary trauma, burnout, and eventually staff turnover.

A variety of interventions have been developed and evaluated to help family workers overcome these challenges. The more person-oriented ones include "journaling" (Alford, Malouff, & Osland, 2005), self-care and stress management (Brinkborg, Michanek, Hesser, & Berglund, 2011), and psycho-educational discussion groups (Clemans, 2004). More task-oriented education and advanced skills training have also been found to increase worker's confidence, self-perceived efficacy, and job satisfaction (Searle & Patent, 2012; Whiteside, Tsey, McCalman, Cadet-James, & Wilson, 2006). Of special note are "empowerment" programs that encourage new cognitive sets, motivations, and interpersonal skills. They have been found to yield significant benefits in self-confidence and mastery, self-perceived efficacy, openness to diversity, and job satisfaction (Center for the Study of Culture, Health, and Human Development, 2012, 2014, 2015; Hewlitt, Crane, & Mooney, 2010; Smith, 2009; Smith & Day, 2015).

The proposed intervention incorporates many of the major content areas in the scientific literature that have been linked to home visitor retention or to psychological factors that sustain it, namely increased knowledge, self-perceived efficacy/well-being, and job satisfaction. Thus there is strong support for the expectation of improved home visitor retention as a result of the proposed innovation.

Innovation and Fidelity of Implementation of Evidence Based Home Visiting

In preparation for the Innovation Grant application, the OEC convened a special meeting of the Home Visiting Consortium, which serves as the MIECHV advisory council and includes MIECHV-funded evidence based model representation. The consensus from this meeting was to pursue an innovation related to the development and retention of a skilled workforce. This innovation would support the work of the Home Visiting Consortium, established in 2014, through state legislation (Public Act 15-45) that called for the Office of Early Childhood (OEC) to establish a home visiting consortium to advise the state on implementing several recommendations for coordinating the home visiting programs within the early childhood system. The recommendations include the development of: Common outcomes across programs; Shared reporting of outcomes and information on existing gaps in services; A core set of standards and outcomes for all programs including a monitoring framework; A core set of

competencies and required training for all home visiting program staff; Coordinated training for home visitation and early care providers on cultural competency, mental health awareness, child trauma, poverty, literacy and language acquisition; Home-based treatment options for parents suffering from severe depression; and intensive intervention services for children with mental, social or emotional issues. Throughout the implementation of this innovation, members of the Home Visiting Consortium will be provided quarterly updates and opportunities to provide feedback and guidance related to continued model fidelity and compliance with program enhancements.

Responsive to Cultural and Linguistic Needs of Diverse Communities

This innovation will be responsive to the cultural and linguistic needs of the communities served in Connecticut and beyond. The video clips currently in the Connecticut Video Library, to which the proposed videos will be added, include footage obtained in a variety of settings across the state, featuring children, families, and professionals from a variety of cultural backgrounds. The home visiting videos will continue to have as a priority identifying diverse families and professionals to include in videos; some video will be obtained of Spanish-speaking families and professionals. All text within training modules will be available in both English and Spanish. In addition, users will have the option to turn on closed captioning, in either English or Spanish, for most video content. Furthermore, much of the content will focus on supporting diverse families.

Lessons Learned from Proposed Innovation Previously Developed

The training modules in this project will be built upon previous work of the Center for Early Childhood Education (CECE) at Eastern Connecticut State University (ECSU). CECE's has developed videos for use in trainings over the past 10 years, as well as the computer-based training module *Guiding Young Children's Behavior* developed for child development centers in the U.S. Navy. Lessons learned include the importance of developing guiding questions, contextual information, interactive activities, and opportunities for reflection to accompany videos. Feedback received from practitioners in the field, trainers, and faculty utilizing videos in courses indicates that videos that include reflective interviews from practitioners in the field—as well as footage of those practitioners implementing high-quality practices with children and families—are far more meaningful and engaging than videos predominantly featuring experts. Those working with families (particularly families facing complex issues) need to feel that the videos they are watching were designed for people like them, under similar stressors and challenging conditions.

Impact the Formula Grant Benchmark Areas

There are many federally-defined benchmark areas that will be positively impacted by the proposed innovation. Some of the benchmark areas map directly to a planned module; others are expected to show improved outcomes in a more indirect fashion. Modules on trauma-informed care, infant mental health, promoting child development and learning, supporting families facing intimate partner violence, and safe sleep, each map directly to specific benchmarks, namely: parent-child interaction, early language and literacy activities, developmental screening, developmental referrals, behavioral concerns, IPV screening, IPV referrals, and safe sleep. The following benchmark areas are presently not the focus of a proposed module, but would certainly be expected to benefit since they are related to the topics of trauma-informed care and parent child interaction: depression screening, referrals for depression screening, well-child visits, child injury, and child maltreatment. Since the information in the modules will be tailored to home

visiting, the module content will benefit from the perspective that comes from considering the outcomes that the home visitors are charged with improving. In other words, specific information and strategies can be included in the videos to help the home visitors improve outcomes.

Innovation is Relevant Beyond Connecticut

Once complete, all training modules will be available for free from a link on the OEC's website, so that home visitors in other states can take advantage of the videos and other content. While the on-line modules will be connected to Connecticut's new Core Knowledge and Competencies, the modules themselves will not make reference to Connecticut-specific standards or competencies. The modules will be designed so that states can incorporate them, either in whole or in part, into their professional development systems and connect to their own standards. Facilitator Guides will be available for trainers in other states to download and use for free.

Describe how the Innovation will not compromise or conflict with EBM

The innovation described in this grant application will not compromise or conflict with formula program requirements to ensure the provision of reflective supervision to home visitors. Each evidence based model will continue to provide reflective supervision per model standards and the OEC will monitor each local implementing agency (LIA) through site visits. The model required qualifications and training for home visiting staff will not be compromised or conflict with the described innovation. All LIA's will hire staff according to the evidence based model requirements and all staff will attend the required model trainings. OEC program staff monitors training attendance on a monthly basis through program reports. The online on-demand training program will expand on topics relevant to serving families in high risk communities. The OEC plan to maintain fidelity to models also includes the Continuous Quality Improvement process, the Individualized Program Plan (IPP) process, technical assistance, and site visits.

Program Requirements

Priority for serving high risk populations

As described in previous sections (Needs Assessment, Impact on Benchmark Areas), the online modules will be designed specifically to prepare home visitors to meet the needs of high-risk, high needs families by addressing topics of trauma-informed care, infant mental health, intimate partner violence, substance use, and cognitive limitations. Focusing on these high needs populations is also consistent with the findings of the state-wide Title V needs assessment. This assessment highlighted teen births, prenatal care, pre-term birth, and infant mortality, especially as they are disproportionately represented among racial and ethnic groups, and geographically throughout the state (i.e. in many of the same communities identified for home visiting as well). Breastfeeding, preventive medical care for infants and children, and childhood injuries were also among the topics and challenges outlined in the Title V needs assessment.

Grantee Led Evaluation and Dissemination

The OEC will work collaboratively with Center for the Study of Culture, Health and Human Development (CHHD) to conduct a rigorous evaluation of the proposed innovation. See Evaluation and Dissemination section below for details.

Sub-recipient Monitoring

OEC MIECHV staff will provide sub-recipient monitoring to the subcontractors of this innovation grant through technical assistance, site visits, review of quarterly program progress reports and fiscal reports. Regular communication between MIECHV staff will address challenges and assist in problem solving.

Describe the Role and Participation of Local Implementing Agencies

Because the proposed innovation is about workforce development, every step of its development and implementation will include staff from the LIAs. Home visitors and supervisors from all four program models (Parents as Teachers, including both MIECHV and state-funded, Early Head Start, Nurse Family Partnership, Child First) will be recruited to discuss content for the modules and provide feedback on specific content areas to refine what information would be most beneficial to home visitors. Home visitors will also be asked to consider being videotaped for the modules, and to recruit appropriate families for inclusion in the videotaping, for example on topics of child development and safe sleep.

Once the video modules are up and running, home visitors will be supplied with tablet computers so that staff can share video excerpts during home visits as an educational tool and resource for families.

Home visitors and supervisors will also be included in the evaluation as described in detail in that section. Further, a random sample of home visitors will be recruited to engage in facilitated group discussions to get feedback after the completion of the training modules.

Identify Meaningful Support with Key Stakeholder in Developing and Implementing

The Center for Early Childhood Education (CECE) at Eastern Connecticut State University (ECSU) is a nationally-recognized, multidisciplinary research and professional development institute that includes faculty and staff with expertise in a variety of child development and professional practice areas. The CECE has produced over 80 educational videos for professionals who work with children and families. For the past two years, the CECE has collaborated with the OEC to develop a searchable video library for use in professional development. The library, to be released this June, will contain a collection of 300 video clips that illustrate child development and/or exemplary practices with children and families. In the present proposal, CECE will work with content experts to produce videos that: first, are specific to home visiting; second, which include modules on difficult or challenging topics that home visitors face; and third, that combine content-specific information with themes of self-care and empowerment, to improve not only home visitor skills but also their own sense of efficacy and resilience.

The Early Care and Education (ECE) Division of the OEC is the division within the OEC which worked with CECE in the past to create the video library. The ECE division also recently developed the Connecticut Core Knowledge and Competency Framework (CKC's) for Early Childhood Professionals. As described in the introduction, the CKC's are organized into seven domains deemed important to the profession. This core competency framework will inform the development of the modules.

The ***Child Health and Development Institute (CHDI)*** has as its mission the advancement and improvement in primary and preventive pediatric health and mental health in Connecticut, with particular focus on disadvantaged or underserved children and their families. CHDI works

closely with providers, policymakers, academic institutions and state agencies. In the current capacity, CHDI will inform the development of modules that focus on infant mental health, and Trauma Informed Care.

The ***Connecticut Department of Children and Families (DCF)*** has convened a ***Parents With Cognitive Limitations Workgroup***. The Connecticut Parents with Cognitive Limitations Work Group (PWCL) was formed in 2002 to address the issue of support of parents with cognitive limitations and their families. For the present innovation, the Parents with Cognitive Limitations Workgroup will provide content information and support for the development of the module which will focus on families with cognitive limitations.

The Connecticut Coalition Against Domestic Violence (CCADV) is Connecticut's leading voice for victims of domestic violence and the agencies that serve them. Its membership includes 18 service agencies that provide support to victims including safety planning, emergency shelter, court advocacy, and counseling and support groups. In the past, the CCADV has assisted the MIECHV Program in Connecticut by providing training on domestic violence for home visitors. In the current proposal, CCADV will serve as a content expert for the module on domestic violence, and will help determine what information should be included and how it should be presented.

The ***Connecticut Association for Infant Mental Health (CT AIMH)*** mission is to provide statewide opportunities to enhance knowledge and promote a positive influence on the social emotional health and development of infants, young children and their families/caregivers. One of CT-AIMH's mission related priorities is to increase the competency and capacity of the workforce serving infants and young children and their families. CT-AIMH will provide Infant Mental Health (IMH) Content Experts to review and provide content expertise on IMH for one online training module (that is being developed by CECE) on the topic of IMH.

The Center for the Study of Culture, Health and Human Development (CHHD) at the University of Connecticut (UCONN) has extensive experience working in the field of evaluation, human services and early childhood. The CHHD is a university-wide center which promotes interdisciplinary scientific collaboration, training, and outreach related to human development and health in cultural context. Since 2007, the CHHD has conducted four major evaluations of training programs for home visitors, youth workers, other front-line agency staff, and clinical supervisors for several Connecticut state agencies. These mixed-method, longitudinal studies have led to insights about the promise of empowerment-based training for improving multiple indicators of job satisfaction and performance among diverse categories of family service professionals. The CHHD will conduct the evaluation for the proposed innovation.

In April of 2016, the Office of Early Childhood collaborated with the ***United Way of Connecticut*** to launch an integrated quality improvement system (QIS) to support early care and education programs and professionals. If the current proposal is funded, the OEC's contract with the United Way would be amended to include facilitation of the learning discussions following providers' viewing of the modules. The QIS uses best practices in quality improvement support including trainings, communities of learning, online tools and resources, in-person support, coaching, and technical assistance. The QIS builds on the strengths of existing organizations and

collaborates with consultants who have a wealth of knowledge on how to help early care and education programs and staff serve families and children better.

Sustainability

The Office of Early Childhood in Connecticut has a history of commitment to evidenced based-home visiting as demonstrated by its significant investment and support of the state funded PAT program, federally funded Early Head Start collaborative office, the IDEA Part C program, and now the MIECHV program. Through the Home Visiting Consortium, the MIECHV State Advisory Committee, the Early Childhood Comprehensive System (ECCS) grant, and the Community-Based Child Abuse Prevention CBCAP-funded Prevention Partners for Children, the OEC assures that the goals, objectives and activities of this innovation project will be incorporated into its efforts and maintained after the grant period ends. The cost of developing, implementing and evaluating this innovation of online, on-demand training modules will be covered under the proposed grant funding. Once developed, the modules and the facilitator guides will be available free to all Formula funded MIECHV programs, as well as to other programs in the early care and education field. OEC will include these videos as part of the Quality Improvement System being designed through a collaborative effort with United Way of Connecticut.

RESOLUTION OF CHALLENGES

Challenges

The OEC and its partners in this project, CECE and CHHD, recognize that developing, implementing and evaluating an innovation may come with expected and unexpected challenges. The first anticipated challenge will be to get complete ‘buy-in’ from the home visiting programs. “Buy-in” will require that everyone involved has a clear understanding of the innovation, why it is valuable, and how it should be supported. The large number of people, organizations and collaborating partners involved in this effort may also present logistical and communication issues. To address this challenge the OEC will coordinate and communicate effectively and provide clear information about the innovation, intended outcomes of the innovation, and the evaluation to all parties involved. The OEC will inform all stakeholders about the scope of the entire plan and invite feedback and open discussion about how various aspects of the innovation will work together in order to coordinate efforts, solve problems and adjust course as issues emerge. The OEC recognizes that planning and implementation take place at different levels and require adequate time and resources. To address this potential challenge, realistic timeframes will be developed for coordinating activities and creating and fostering formal and informal partnerships. These potential challenges cannot be overlooked, but must be anticipated and be respected as part of the process of development, implementation and evaluation.

Technical Assistance

OEC will request technical assistance from HRSA to connect with other national programs that have experience and expertise in program areas that we are developing and implementing.

EVALUATION AND DISSEMINATION

The structural design of this project is summarized in the Logic Model presented in Appendix A. It is designed to address two fundamental questions about the proposed innovations:

1. Does home visitor use of the training modules increase any of the four outcome variables (core knowledge, efficacy/well-being, job satisfaction, overall retention)? This will be tested in a quasi-experimental, pre- post- design.
2. Does additional opportunity for facilitated group discussion with other home visitors magnify any effects seen in the pre-post analysis? This will be tested in an experimental paradigm.

Relatedly, two kinds of exploratory analysis will be undertaken to better understand the results obtained for the fundamental questions:

1. Are the relationships among Core Knowledge, Self-Perceived Efficacy/Well-Being, and Job Satisfaction, both before and after intervention, consistent with our *a priori* understanding of a causal chain?
2. What insights about process and retention can the home visitor participants in this project provide, that is, can they help us understand the obtained pattern of results?

Plan and Activities:

1. There are 48 LIAs (including state-funded PAT programs) in Connecticut that include home visitors. Among them, they employ about 175 persons in that role. This is our research sample at the outset.
2. Prior to the roll out of the modules, we will collect baseline information on three outcome measures (Efficacy/Well-Being, Job Satisfaction, and Retention), as well as demographic information on the home visitors and their client families. (Baseline collection of Knowledge will take place closer to completion of the online products.)
3. All home visitors will be provided with the on-line training modules.
4. The 48 LIAs will be assigned to one of two groups, in a balanced/pseudo-randomized design. Home visitors from the programs assigned to the experimental condition will participate in a face-to-face group discussion after the completion of each module; this discussion group will be led by a facilitator trained specifically for this purpose. Those in the comparison group— from programs assigned to the “no discussion” condition— will not be offered this opportunity for discussion.
5. Three outcome measures will be assessed at the conclusion of this project, the same as at baseline (Efficacy/Well-Being, and Job Satisfaction, and Retention). The Core Knowledge evaluations will have been done as home visitors complete the online trainings. The following hypotheses will be evaluated with standard statistical techniques.

Hypothesis 1: Training will result in greater higher levels of Core Knowledge, Efficacy/Well-Being, and Job Satisfaction at endline than at baseline. This is a quasi-experimental comparison of pre-and post-intervention scores, using repeated-measures Hierarchical Linear Modeling (with appropriate examination of possible moderating effects of age and program type). The results, and those from Hypothesis 2, will provide a basis for evaluating the future use of these and other on-line training modules.

Hypothesis 2: Training effects will be moderated (strengthened) by the experience of group discussion. This is a strong experimental comparison, also to be examined with Hierarchical Linear Modeling and subsequent tests of moderation. The results will help evaluate the utility and cost-effectiveness of this kind of addition to on-line training.

Hypothesis 3: Home Visitor Retention will be greater at the conclusion of the project than at baseline. This quasi-experimental pre- post- comparison is the overall evaluation of this project's primary purpose.

We will also undertake correlational analyses for:

Exploratory Topic 1: How do the intermediate Staff Outcomes influence each other? Does and increase in Core Knowledge have an independent effect on Self-Efficacy or Job Satisfaction? Are these relationships similar pre- and post-intervention?

Exploratory Topic 2: Do they mediate program effects on Retention?

6. Post-intervention evaluations will include semi-structured interviews with a stratified sample of 48 home visitors (balanced for experimental condition). We will analyze transcriptions of these interviews with a grounded theory approach, which we anticipate will yield an in-depth understanding of reactions to the interventions and why the obtained outcomes were found. Specifically:

Exploratory Topic 3: How do Home Visitors experience the additional training and how does this influence their present experience of their job?

Finally, we will conduct exit interviews with all Home Visitors leaving that position to address, through the same analytic process, *Exploratory Topic 4:* How do Home Visitors (endline or exit) think about leaving this position (or not)?

Primary Measures

Background and demographic information will be collected on all home visitors at the outset: Age, gender, race/ethnicity, education, job history, and job trainings. Selected characteristics of client families will also be collected for each home visitor: maternal age, race/ethnicity, number of children, age of youngest child, education, employment, and marital status. In addition OEC will have access to logs of individual using the online modules. All these will be available for exploratory analysis of moderating factors.

Home Visitor Retention – an individual-level variable to be summarized at the program level – will be calculated from employment records, as was done in the production of Figure 1.

Core Knowledge will be evaluated through a questionnaire devised in collaboration with OEC, CECE (producers of the video modules), and the content experts contributing to the online modules. It is anticipated that a preliminary version can be constructed during the start-up phase and be available for baseline measurement in early December. The OEC will pre-test for psychometric improvement on Connecticut social service workers not involved in this project. The questionnaire will be presented in an online form.

Self-Perceived Efficacy/Self Care will also be assessed through an online questionnaire. Drawing on the foundational work of Harter (1992), we will adapt the Human Services Job Satisfaction Questionnaire developed by Shapiro, Burkey, Dorman, and Welker (1996), specifically the factors of Self-Actualization and Professional Self-Esteem. As with the Core Knowledge questionnaire, OEC will refine the psychometrics in advance of baseline use.

Job Satisfaction will be assessed with a previously developed adaptation of Super's (1963) *Work Values Inventory* (Center for the Study of Culture, Health, and Human Development, 2015b), which was useful in detecting the effects of empowerment training on frontline workers. It too will be delivered through an online questionnaire.

Data Analysis Plan

This mixed methods study will require several types of data treatment, in all of which OEC will have previously established expertise (e.g. Harkness & Super, 2016; Super *et al.*, 2008). The primary experimental and quasi-experimental analyses will employ Hierarchical Linear Modeling with an examination of moderators. This technique is especially useful given the nesting of home visitors within programs, with randomization occurring at that higher level (Turner, 2015). Examination of inter-relationships among the three questionnaire-based measures (Core Knowledge, etc.) will use standard regression techniques, including statistical controls for characteristics of the home visitor and her/his client family base. Treatment of the interviews will incorporate a grounded-theory approach to content combined with quantitative summaries of the results (e.g. Harkness, *et al.*, 2007).

What improvement in home visitor retention can be anticipated in detecting with this design and this number of programs and individuals? What would be programmatically meaningful? Suppose this innovation could cut loss in half at 24 months post-hire, that is, to increase retention from .59 to .80 (see Figure 1). This size of change is well within the existing cohort-to-cohort variation in retention (not shown). The present data suggest that such a change would slow loss by about one year and, presumably, therefore, would increase the typical tenure of home visitors to a degree discernable and meaningful to program managers and client families (as well, of course, to the home visitors themselves). This would be a “medium” size effect, in Cohen's (1977) terms. Using the standard power requirement of .80 and calculating for the pre- post-comparison, the present data indicate that such a change in retention would be likely detected here as “statistically significant” ($p < .05$).

Institutional Approval

In addition to review by HRSA, the evaluation proposed here will be vetted by the Institutional Review Board of the Connecticut Office of Early Childhood. It will also be subject to review by the University of Connecticut's Institutional Review Board, although they often defer to the hosting institution in cases like this.

Identify Evaluation Staff and Relevant Staff and Organizational Experience

The Center for the Study of Culture, Health, and Human Development (CHHD) at the University of Connecticut was established in 1998 as a university-wide center to promote interdisciplinary scientific collaboration, training, and outreach related to human development and health in cultural context. The CHHD is directed by Professors Sara Harkness and Charles

M. Super, with Assistant Director Caroline Mavridis; the CHHD also includes fifteen affiliated faculty members from several departments, who are nationally and internationally recognized researchers in fields such as childhood obesity, cultural diversity in parenting and children's development, maternal depression, HIV prevention and intervention, community-oriented pediatrics, and disadvantaged families.

Since 2007, the CHHD has conducted four major evaluations of training programs for home visitors, youth workers, other front-line agency staff, and clinical supervisors for several Connecticut state agencies. As has been outlined in the respective reports (Center for the Study of Culture, Health, and Human Development, 2010, 2014, 2015a, 2015b), these mixed-method, longitudinal studies have led to insights about the promise of empowerment-based training for improving multiple indicators of job satisfaction and performance among diverse categories of family service professionals. Based on its successful partnership since 1999 with the Connecticut Family Development Credential program, in 2010 CHHD was selected as the headquarters of the National FDC Program. A comprehensive, classroom- and field-based course teaching critical skills in self- and family-empowerment, FDC is now a key component of new home visitors' training in Connecticut. CHHD staff are closely involved in FDC, designing and conducting facilitator development institutes, conducting frontline worker and leader training, and performing detailed evaluation of CT trainee portfolios.

Center for the Study of Culture, Health, and Human Development. (2010). *Professional Home Visitors: What do they learn in training?* Final report to the Children's Trust Fund, Hartford, Connecticut. May.

Center for the Study of Culture, Health, and Human Development. (2014). *The effects of Family Development Training on the culture and climate of CAP service agencies.* Final report to the Department of Social Services, Hartford, Connecticut. December.

Center for the Study of Culture, Health, and Human Development. (2015a). *Pilot implementation of the Positive Parenting Program ("Triple-P") in six Connecticut municipalities: Final report of a process evaluation.* Final report to the Office of Early Childhood, Hartford, Connecticut. October.

Center for the Study of Culture, Health, and Human Development. (2015b). *Implementation of Family Development Credential Training in selected offices at Hartford City Hall 2012-2015: An evaluation.* Final report to the Office of the Mayor, Hartford, Connecticut. December.

Caroline **Mavridis** will serve as general manager for the UConn portion of this project. She will be the primary contact with the OEC, and the primary liaison with CT AIMH and with Eastern Connecticut State University on video content regarding empowerment/self-care, cultural diversity, complex families, and children's health (obesity). She will be a key contact for the LIAs and will assure proper assignment and maintenance of the experimental conditions. She will participate in the design and pretesting of the outcome measures, will share (with Harkness) responsibility for training and oversight of the student interviewers, and will participate in the final data analysis and writing. She will take responsibility for IRB clearance at OEC and UConn, as needed.

Charles **Super** will provide an average of 5% time *pro bono* (cost share) during the academic year, and the equivalent of 3 weeks during the two project summers. He will participate in the

oversight of all aspects of the project, including management of the experimental design, construction of the outcome measures, and the design and execution of data analysis. He will participate centrally in reporting and write-up, and will oversee budget management.

Sara **Harkness** will provide an average of 5% time *pro bono* (cost share) during the academic year, and the equivalent of 3 weeks during the two project summers. She will participate in the oversight of all aspects of the project, including consultation on video content, the construction and analysis of outcome measures, and the design and analysis of interviews, including training of students.

Student employees will carry out most of the interviews, all of the transcribing, and much of the interview coding. Some will also assist in the production of questionnaires, reports, and other office functions. The budget estimates include 10 hours per interview (inclusive of travel etc.). In addition, the students will receive mandatory training in Research Ethics (CITI), as well as the specific work assigned.

Capacity and Ability to Engage Federal and Technical Assistance Staff

UConn/CHHD staff will participate in regular communication with federal and technical assistance staff to inform progress on the evaluation and to make course correction if necessary.

Engage Evidence Based Models

The CT Home Visiting Consortium serves as the MIECHV advisory council and has representation from the evidence based home visiting models. UConn/CHHD staff will attend home visiting consortium meetings as requested to share evaluation feedback and make course corrections as necessary.

Disseminate Lessons Learned to Formula Recipients

Evaluation results will be made available to MIECHV formula recipients through a CHHD white paper on baseline results, and a second white paper on preliminary outcome findings. We anticipate that ultimately, perhaps beyond the formal project period, there will be a peer-reviewed article in a professional journal to disseminate findings to the home visiting field more broadly.

Current Experience, Skills and Knowledge to Contribute to a Peer Support Network

MIECHV program staff have co-presented with researchers at several national conferences to share evaluation results and findings. We will continue this practice with this innovation grant.

Provide Results of Completed Evaluations and Describe How Proposed Activities to Use Findings to Support Proposed Activities and Why Additional Funding is Required

The OEC has conducted extensive evaluations of a two-year training program for home visitors in Connecticut's state-funded PAT program. Our partner CHHD has conducted evaluations of a large, stand-alone empowerment/self-care program (Center for the Study of Culture, Health, and Human Development, 2010, 2014, 2015b). The training modules proposed here, including the Core Knowledge, empowerment and self-care, have never been tried before (hence, they are innovative), and there is no applicable evaluation. The design of the innovation is based, in part, on those previous evaluations, specifically with regard to the choice of module topics (e.g. "safe

sleep” and “complex families”), and the decision to weave empowerment activities into all of the online modules and discussion groups. Without additional funding, we would not be able to take advantage of these lessons learned.

ORGANIZATIONAL INFORMATION

Describe the Organization’s Current Mission and Structure and Scope of the Organizations Current Activities

The State Lead Agency - The Office of Early Childhood

The Connecticut Office of Early Childhood (OEC) is the state agency charged with overseeing a coordinated system of early care and education and family support. This agency is well positioned to meet the goals of the grant, to effectively carry out the proposed activities, and embed the program within a comprehensive, high-quality early childhood system. The OEC has a laser-focused mission to support families with young children; it has established a coordinated structure that pulls together staff with experience from across the early childhood system; and it has the resources, expertise, and support from the Governor and state legislature critical for the long-term success of this program.

Mission and Vision

“All young children in Connecticut are safe, healthy, learning, and thriving. Each child is surrounded by a strong network of nurturing adults who deeply value the importance of the first years of a child’s life and have the skills, knowledge, support and passion to meet the unique needs of every child”. The OEC was created to make this vision a reality. The OEC’s mission underscores its focus on building an integrated early childhood systems. It reads “The Office of Early Childhood’s mission is to support all young children in their development by ensuring that early childhood policy, funding, and services strengthen the critical role families, providers, educators, and communities play in a child’s life”. Ensuring the availability of high quality home visiting programs is a critical activity to support this mission. Over time, expertise developed in separate agencies over many years will become synthesized and enrich the system as a whole. As a small example, a screening tool (the Ages and Stages Questionnaire) long utilized by Help Me Grow and the home visiting programs, is now part of the early learning standards for childcare.

Structure

The OEC is structured with the appropriate programs, legislation, management, stakeholder support, committees, strategic plans, data systems, fiscal controls and priorities, partnerships, funding, and culture to effectively support home visiting quality and embed it within a the larger early childhood system of Connecticut. (See ATTACHMENT 11- OEC Organizational Chart). The divisions within of the OEC include: Early Care and Education (ECE) which focuses on the early childhood workforce, supports program improvement, and helps families access high quality early learning experiences; Child Care Licensing monitors child care programs and youth camps to ensure centers operate at or above the required standards, including health and safety; and Family Support Services (FSS) which works to strength families to ensure positive child development. The FSS Division also manages IDEA part B and C funds to support the needs of children with disabilities or delays from age zero through five.

Describe How the Organization's Mission, Structure and Current Activities Contribute to the Organization's Ability to Develop an Innovation

The Family Support Services division of the OEC (formerly the Children's Trust Fund) will work collaboratively with CECE, CHHD and the ECE division of OEC to develop the MIECHV Innovation grant. FSS has a rich history of developing and implementing high-quality home visiting programs that are part of a comprehensive early childhood system. Staff from the ECE division were instrumental in the development of the Connecticut's Early Childhood Workforce Core Knowledge and Competencies, and their expertise in the proposed innovation will be invaluable. Additionally, the ECE division also recently partnered with CECE to develop videos and related guidance on the new Connecticut Birth to Five Early Learning and Development Standards. OEC contracts and fiscal units will support the contracting aspects and assist in the management of the fiscal aspects of the grant. The work of the grant will be supported by the OEC Commissioner and through the government relations, strategic planning, and communications offices of the agency.

Implement an innovation

In the past eighteen years, the FSS division has built a state funded home visiting program from its original two sites to forty sites statewide. Through the development and implementation of this state funded program, FSS identified the need for a Continuous Quality Improvement system that would provide the vehicle to address implementation issues identified by the researchers, interpret data, and inform policy. To do this, FSS established the Continuous Quality Improvement Team (CQI), which included representatives and alternates from each of the regions in the state. It functions as a "mini-Congress" where program implementation questions, problems, and quality assurance issues are addressed. The CQI team meetings provide a vehicle for thoughtful and consistent discussions between the Trust Fund, researchers, and program administrators, as well as supervisors of the home visiting program and front-line staff. The CQI team gave every staff member a voice. After the MIECHV grant was transferred from the Connecticut Department of Public Health in October of 2014, FSS successfully integrated the MIECHV-funded programs into the existing statewide CQI structure. FSS will use the Continuous Quality Improvement structure to implement the proposed innovation throughout forty-eight home visiting programs.

Conduct an Evaluation

From the beginning, FSS has understood the importance of program practice, implementation and research. Over the past fifteen years, FSS has partnered with several research institutions to evaluate the state funded and more recently the MIECHV-funded home visiting programs.

These evaluations include:

- Report on NFN Depression Improvement Study (2015)
- Nurturing Families Network through the RBA Lens (2015)
- Education and Training of Home Visitors and Supervisors for Child Abuse Prevention (2012)
- Healthy Start Evaluation Report 7/1/11-9/30/11
- Child Abuse & Neglect Commentary-Building A Statewide Home Visiting Program from 2 to 42 Sites: A State Agency's Perspective Report-4/11
- Fatherhood Study Final Report - 2010

- Fatherhood Study 18 Month Interim Report- 2010
- Fatherhood Study 6 Month Interim Report- 2008
- ChildPlan's Child Sexual Abuse Prevention Program Evaluation Report- January, 2008
- Life Stories of Vulnerable Families in Connecticut: An Assessment of the Nurturing Families Network Home Visitation Program Report, 6/04
- Prevention of Child Sexual Abuse: The Practitioners' View Study Circles Project Report, 2003
- Prevention of Child Sexual Abuse National and State Perspectives Forum - May, 2003
- Healthy Families Connecticut: Process Evaluation of a Home Visitation Program to Enhance Positive Parenting and Reduce Child Maltreatment Report, 4/01

The FSS division of OEC will partner with Center for the Study of Culture, Health, and Human Development at the University of Connecticut to evaluate the proposed innovation. This will be the second evaluation that FSS has partnered with CHHD.

Disseminate Knowledge Gained About Development, Implementation, and Evaluation

OEC will share knowledge about the development, implementation and evaluation with the Connecticut Home Visiting Consortium (which serves as the MIECHV Advisory committee), and through the OEC website. OEC staff will look for additional opportunities to disseminate this information through national conferences such as the Ounce of Prevention National Conference, Children's Bureau Child Abuse Prevention (CBCAP) Conference, and the MIECHV Annual meeting. Staff from the OEC have previously co-presented at National Conferences (Parents As Teachers, Fathers and Families, CBCAP) with researchers on the OEC Fatherhood Evaluation. The work of the grant will be supported by the OEC Commissioner and through the government relations, strategic planning, and communications offices of the agency.

Describe the Organizational Capacity of Partnering Agencies and Organizations

Our key partners in the development of this online professional learning product, The Center for Early Childhood Education (CECE) at Eastern Connecticut State University (ECSU) and the Center for the Study of Culture, Health and Human Development (CHHD) at the University of Connecticut (UCONN) have extensive experience working in the field of evaluation, human services and early childhood. Their expertise will advance the knowledge about development and implementation of innovations that enable the delivery of coordinated and comprehensive high-quality voluntary early childhood home visiting services to eligible families through both the lens of evaluation and the dissemination to other MIECHV formula recipients.

The online training modules will be developed collaboratively with CECE, CHHD and community experts.

The Center for Early Childhood Education at Eastern Connecticut State University is a nationally-recognized, multidisciplinary, research and professional development institute that includes faculty and staff with expertise in a variety of child development and professional practice areas. The CECE works to enhance the quality of early care and education by conducting research and disseminating findings, by providing face-to-face professional development opportunities to early childhood professionals and by developing and disseminating

training videos and video podcasts. CECE faculty have conducted numerous research studies with findings that been published in dozens of peer-reviewed journals.

The CECE has produced over 80 educational videos for professionals who work with children and families. All of the videos are publicly available for free on the center's website (www1.easternct.edu/cece); they have been viewed over 450,000 times by users all over the world and have been incorporated as required viewing in syllabi by faculty teaching child development and related courses across the country. CECE has also developed discussion questions, short assignments, guidance for faculty and trainers, and practical implementation experiences to complement many of the videos.

CECE has a history of utilizing technology to enhance large scale professional development initiatives, including through a \$3.9 million U.S. Department of Education Early Reading First grant. The externally evaluated project was shown to improve teachers' knowledge of language and literacy development, teachers' skills and children's oral language skills (Ruby & Anderberg, 2010, 2012).

For the past two years, the CECE has been collaborating with the Connecticut Office of Early Childhood to develop a searchable video library for use in professional development. The library, to be released this June, will contain a collection of 300 video clips that illustrate child development and/or exemplary practices with children and families.

The Center for the Study of Culture, Health, and Human Development (CHHD) at the University of Connecticut was established in 1998 as a university-wide center to promote interdisciplinary scientific collaboration, training, and outreach related to human development and health in cultural context. The CHHD is directed by Professors Sara Harkness and Charles M. Super, with Assistant Director Caroline Mavridis; the CHHD also includes fifteen affiliated faculty members from several departments, who are nationally and internationally recognized researchers in fields such as childhood obesity, cultural diversity in parenting and children's development, maternal depression, HIV prevention and intervention, community-oriented pediatrics, and disadvantaged families.

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- Center for the Study of Culture, Health, and Human Development. (2015b). *Implementation of Family Development Credential Training in selected offices at Hartford City Hall 2012-2015: An evaluation.* Final report to the Office of the Mayor, Hartford, Connecticut. December.

Describe the availability of resources and the states commitment

Staff at the OEC will continue to leverage the relationships with community and academic partners who bring significant experience and expertise. In addition to outside partners, the culture of the Office of Early Childhood encourages information and resource sharing across divisions. One example of this is integrating the work from the Family Support Services Division into the QIS system which was originally designed for the Early Care and Education Division.

Past performance with previous MIECHV awards

Connecticut has no de-obligated funds from FY 2012.

Connecticut was placed on an Improvement Plan in April, 2015 for not meeting overall improvement in four of six benchmark areas for the period of October 1, 2013 to September 30, 2014. CT made significant progress on the benchmark data since that time through a concerted, multi-faced effort that included meetings with LIA staff at all levels (home visitors, clinical supervisors, program managers), creation of a reference document and paper forms, refinements to the database, a series of trainings, and ongoing TA. For the benchmarks for the period of October 1, 2014 to September 30, 2015 CT showed improvement in all six benchmark areas as a state, and among each program model. Connecticut was released from Improvement Plan in March of 2016.

Connecticut has met previously projected family enrollment and retention goals in the 2014 and 2015 competitive and formula grants.

Connecticut participated in a comprehensive HRSA Site Visit in November of 2015. The official site visit report identified many strengths of the Connecticut MIECHV program and found no deficiencies in programmatic or fiscal areas.