

Attachment 1: Table 1. MIECHV Formula and Expansion Grant Enrollment, Home Visits, and Cost

Town and LIA	Model	Yearly Capacity per legal agreement	Families Served FFY 14	Families Served to Date	Home Visits to Date	Cost per family served
Ansonia-Derby						
Parent Child Resource Center	Child First	44	36	36	1,562	\$12,740
TEAM	EHS	36	49	71	2,350	\$6,750
Bloomfield						
The Village for Families & Children	Child First	22	22	23	530	\$7,584
The Village for Families & Children	PAT	45	38	38	391	\$7,532
Bridgeport						
Bridgeport Hospital	PAT	45	75	75	447	\$3,518
Child Family Guidance	PAT	45	69	69	710	\$4,778
Optimus	PAT	45	67	67	595	\$5,294
Bridgeport Board of Education	PAT	45	43	43	469	\$8,964
Bristol						
Wheeler Clinic	Child First	22	23	27	818	\$8,483
Danbury						
Family & Children's Agency	Child First	44	33	35	2,595	\$13,117
East Hartford						
InterCommunity, Inc.	Child First	44	39	43	2,805	\$11,986
First Choice Health Center	PAT	45	38	38	472	\$7,040
East Haven/West Haven						
East Shore Health District	PAT	45	50	50	446	\$7,020
Manchester						
Manchester Memorial Hospital	PAT	45	29	29	326	\$10,027
Meriden						
Child Guidance Center of Mid-CT	Child First	44	44	50	900	\$9,390
Community Health Center	PAT	45	44	44	459	\$11,175
New Britain						
The Hospital of Central CT	PAT	45	100	131	2,748	\$4,572

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New London						
Visiting Nurses of Southeastern CT	NFP	100	107	130	2,736	\$4,826
Northeast						
United Families and Community Serv.	Child First	44	40	43	754	\$8,345
Generations (Putnam)	PAT	45	22	22	146	\$7,776
Norwich						
Madonna Place	PAT	45	38	38	456	\$8,579
Torrington						
Charlotte Hungerford Hospital	Child First	44	30	34	1,710	\$12,978
Education Connection	PAT	45	45	45	658	\$7,616
Willimantic						
Generations (Willimantic)	PAT	45	32	66	1291	(\$10,692)
Total PAT Programs		630	690	755	9,614	\$6,754
Total Child First Programs		308	267	291	11,674	\$10,701
Total Early Head Start		36	49	71	2,350	\$6,750
Total Nurse-Family Partnership		100	107	130	2,736	\$4,826
TOTAL All Programs		1074	1113	1247	26,374	\$7,515

Cost per family served was calculated by simply dividing the total dollar amount spent during the time period October 1, 2013 through September 30, 2014, by the total numbers of families served in FFY 2014, as shown in the above table.

Attachment 1: Table 2-Total Families MIECHV Expansion and Formula Grants PLUS Grant FFY 2015

Town and LIA	Model	*Current Yearly Capacity per legal agreement MIECHV Funds	Families Served FFY 14 MIECHV Funds	Capacity per legal Agreement For MIECHV 2015 -2017 (2.7years)	Continued 3/1/15- 9/30/16 MIECHV Funds	Continued 10/1/16 – 9/30/17 MIECHV Funds	** New 3/1/15- 9/30/16 MIECHV Funds	** New 10/1/16 – 9/30/17 MIECHV Funds
Ansonia-Derby								
Parent Child Resource Center	Child First	44	36	116	18	20	35	43
Team, Inc.	Early Head	36	49	97	20	25	30	22
Bloomfield								
The Village for Families & Children	Child First	22	22	116	18	20	35	43
*The Village for Families & Children	PAT	45	38	155	20	35	65	35
Bridgeport								
*Bridgeport Hospital	PAT	45	75	155	20	35	65	35
*Child Family Guidance	PAT	45	69	155	20	35	65	35
*Optimus	PAT	45	67	155	20	35	65	35
*Bridgeport Board of Education	PAT	45	43	155	20	35	65	35
Bristol								
*The Parent and Child Center	PAT	0	0	40	0	5	25	10
Wheeler Clinic	Child First	22	23	58	9	10	17	22
Danbury								
Family & Children’s Agency	Child First	44	33	116	18	20	35	43
*Families Network of Western CT	PAT	0	0	40	0	5	25	10
East Hartford								
InterCommunity, Inc.	Child First	44	39	116	18	20	35	43
*First Choice Health Center	PAT	45	38	155	20	35	65	35
East Haven/West Haven								
*East Shore Health District	PAT	45	50	155	20	35	65	35
Hartford								
*Village for Children and Families	Child First	0	0	116	18	20	35	43

Attachment 1: Table 2-Total Families MIECHV Expansion and Formula Grants PLUS Grant FFY 2015

Manchester								
*Manchester Memorial Hospital	PAT	45	29	155	20	35	65	35
Meriden								
Child Guidance Center of Mid-CT	Child First	44	44	116	18	20	35	43
*Community Health Center	PAT	45	44	155	20	35	65	35
New Britain								
*The Hospital of Central CT	PAT	75	100	175	50	35	50	40
Wheeler Clinic	Child First	0	0	58	9	10	17	22
New Haven								
*Clifford Beers	Child First	0	0	116	18	20	35	43
New London								
*Lawrence and Memorial Hospital	PAT	0	0	40	0	5	25	10
So. Central VNA	NFP	100	107	260	50	50	90	70
Northeast Region								
United Families and Community Serv.	Child First	44	40	116	18	20	35	43
Generations (Putnam)	PAT	45	22	115	15	45	40	15
*Day Kimball Hospital	PAT	0	0	40	0	5	25	10
Norwich								
Madonna Place	PAT	45	38	155	20	35	65	35
Torrington								
Charlotte Hungerford Hospital	Child First	44	30	116	18	20	35	43
*Education Connection	PAT	45	45	155	20	35	65	35
*Family Strides	PAT	0	0	40	0	5	25	10
Waterbury								
*Staywell Health Center	PAT	0	0	40	0	5	25	10
*Wellmore	PAT	0	0	40	0	5	25	10
*Wellmore	Child First	0	0	116	18	20	35	43
Willimantic								
Generations (Willimantic)	PAT	45	32	115	15	45	40	15

Attachment 1: Table 2-Total Families MIECHV Expansion and Formula Grants PLUS Grant FFY 2015

Total PAT Programs	21	660	690	2390	300	545	1020	525
Total Child First Programs	12	308	267	1276	198	220	384	474
Total Early Head Start	1	36	49	97	20	25	30	22
Total Nurse Family Partnership	1	100	107	260	50	50	90	70
TOTAL All Programs	35	1104	1113	4023	568	840	1524	1091

This table represents the impact of the FFY 2015 funds on the entire network of home visiting services.* connotes expansion sites for FFY 2015 funds. ATTACHMENT 1- Table 3 shows the impact of the funds for just the expansion sites.

Attachment 1: Table 3- Additional Families to be Served with MIECHV Expansion Grant FFY 2015

Town and LIA	Model	Existing or New*	*Current Yearly Capacity per legal agreement MIECHV Funds	Families Served FFY 14 MIECHV Funds	Capacity per legal Agreement For MIECHV 2015 -2017 (2.7 years) 2015 Funds	Continued 3/1/15- 9/30/16 MIECHV 2015 Funds	Continued 10/1/16 – 9/30/17 MIECHV 2015 Funds	** New 3/1/15- 9/30/16 MIECHV 2015 Funds	** New 10/1/16 – 9/30/17 MIECHV 2015 Funds
Bloomfield									
The Village for Families & Children	PAT	Existing	45	38	155	20	35	65	35
Bridgeport									
Bridgeport Hospital	PAT	Existing	45	75	155	20	35	65	35
Child Family Guidance	PAT	Existing	45	69	155	20	35	65	35
Optimus	PAT	Existing	45	67	155	20	35	65	35
Bridgeport Board of Education	PAT	Existing	45	43	155	20	35	65	35
Bristol									
The Parent and Child Center	PAT	New	na	na	40	0	5	25	10
Wheeler Clinic	Child First	Existing	22	23	58	9	10	17	22
Danbury									
Families Network of Western CT	PAT	New	na	na	40	0	5	25	10
East Hartford									
First Choice Health Center	PAT	Existing	45	38	155	20	35	65	35
East Haven/West Haven									
East Shore Health District	PAT	Existing	45	50	155	20	35	65	35
Hartford									
Village for Children and Families	Child First	New	na	na	116	18	20	35	43
Manchester									
Manchester Memorial Hospital	PAT	Existing	45	29	155	20	35	65	35
Meriden									
Community Health Center	PAT	Existing	45	44	155	20	35	65	35

Attachment 1: Table 3- Additional Families to be Served with MIECHV Expansion Grant FFY 2015

New Britain									
The Hospital of Central CT	PAT	Existing	75	100	175	50	35	50	40
Wheeler Clinic	Child First	New	na	na	58	9	10	17	22
New Haven									
Clifford Beers	Child First	New	na	na	116	18	20	35	43
New London									
Lawrence and Memorial Hospital	PAT	New	na	na	40	0	5	25	10
Northeast Region									
Day Kimball Hospital	PAT	New	na	na	40	0	5	25	10
Norwich									
Madonna Place	PAT	Existing	45	38	155	20	35	65	35
Torrington									
Education Connection	PAT	Existing	45	45	155	20	35	65	35
Family Strides	PAT	New	na	na	40	0	5	25	10
Waterbury									
Staywell Health Center	PAT	New	na	na	40	0	5	25	10
Wellmore	PAT	New	na	na	40	0	5	25	10
Wellmore	Child First	New	na	na	116	18	20	35	43
Total PAT Programs	19		570	636	2160	270	455	940	495
Total Child First Programs	5		22	23	464	72	80	139	173
TOTAL All Programs	24		592	659	2624	342	535	1079	668

*Existing sites refer to PAT and Child First programs that are currently MIECHV funded. These sites will be expanded by adding additional home visitors. The “new” PAT sites refer to existing PAT programs that are currently exclusively state funded. These sites will also be expanded by adding MIECHV-funded home visitors to the existing programming. There are a total of 19 PAT sites that will be expanded: 12 are currently operating with MIECHV funding, and 7 are state-funded (five of the MIECHV funded sites are also state funded). In addition, 6 state funded PAT sites will be expanded to add a fathering home visitor to their staff. Child First will be expanded in four sites (one site serves both New Britain and Bristol).

Attachment 1: Table 4 Needs Assessment-Communities To Be Served

Selected Community with existing MIECHV funded program	# of teen birth	# of mothers on Medicaid	# of children free or reduced lunch	# of families living in poverty	# of Department of Children and Families Substantiated Reports	Expansion Community	# of teen births	# of mothers on Medicaid	# of children free or reduced lunch	# of families living in poverty	# of Department of Children and Families Substantiated Reports
Bloomfield PAT and Child First sites Suburban community Population: 20,334 Median household income: \$72,065	15	89	1,032	1,471	15	PAT Expansion catchment areas Windsor Suburban community Population: 28,947 Median household income: \$79,927	16	81	1,015	1,019	24
						West Hartford Suburban town Population: 63,268. Median household income: \$81,588	24	133	1,898	3,695	33
Bridgeport 4 PAT Sites Largest urban city in the state Population: 143,748 Median household income: \$36,250	233	1,445	19,844	28,876	385	Expansion state funded PAT Bridgeport	233	1,445	19,844	28,876	385
						PAT Expansion Catchment areas Stratford Suburban town Population: 51,384. Median household income: \$67,375	35	173	2,747	2,414	43

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						Trumbull Suburban town Population: 36,018 Median household income: \$108,667	2	33	425	859	17
						Fairfield: Suburban community Population: 59,404. Median household income: \$102,188	5	52	918	1,741	22
Bristol: <i>Child First site</i> Suburban community Population: 60,528 Median household income: \$54,799	40	272	3,423	1,462	108	Bristol <i>Expansion</i> State Funded PAT Site and Child First Site	40	272	3,423	1,462	108
Danbury <i>Child First site</i> Suburban community Population:77,84 8 Median household income:\$62,582	68	488	4,657	1,455	166	Danbury <i>Expansion</i> State Funded PAT Site and Child First Site	68	488	4,657	1,455	166

Attachment 1: Table 4 Needs Assessment-Communities To Be Served

East Hartford <i>PAT and Child First sites</i> Small urban city Population: 48,835 Median household income: \$46,634	53	408	3,905	7,467	131	PAT expansion catchment areas Glastonbury Suburban community Population: 7,387 Median household income: \$79,359 South Windsor Suburban community Population: 25,749 Median household income: \$88,643	2	24	498	1,118	16
							2	27	367	406	12
1 PAT Site East Haven Suburban town Population: 29,063 Median household income: \$55,758 West Haven Suburban city Population: 53,642 Median household income: \$49,322	11	95	1,431	2,408	54	PAT expansion catchment areas North Branford Suburban community Population: 28,194 Median household income: \$71,314 Milford Suburban community Population: 51,271 Median household income: \$79,526	4	24	312	94	Not listed on DCF town pages
		41	345	3,566	5,442		90	9	88	1,085	2,021

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PAT Site Griswold Rural community Population: 11,317 Median household income: \$58,720	8	56	594	847	17	Colchester PAT expansion catchment area Suburban community Population: 15,849 Median household income: \$95,034	9	42	350	404	12	
	49	289	2,630	5,610	114		Norwich Expansion state funded PAT site	49	289	2,630	5,610	114
	Norwich Urban community Population: 36,617 Median household income: \$47,851	4	12	149	232		Lisbon Expansion Child First Rural community Population: 4,000 Median household income: \$64,754	4	15	103	201	Not listed on DCF town pages
Sprague: Rural community Population: 2,965 Median household income: \$64,361												
PAT Site Manchester Suburban community Population: 57,925 Median household income: \$57,570	50	291	3,297	4,620	72	PAT expansion catchment areas Bolton Rural community Population: 5,297 Median household income: \$87,503	2	7	101	111	Not listed on DCF town pages	

Attachment 1: Table 4 Needs Assessment-Communities To Be Served

Vernon Suburban community Population: 30,102 Median household income:\$54,393	2	27	1,202	2,253	50	South Windsor Suburban community Population: 25,911 Median household income: \$87,762	2	27	367	406	12
Meriden PAT and Child First site Urban community Population: 58,801 Median household income: \$50,439	74	425	5,514	8,191	179	Meriden Expansion Child First and state funded PAT	74	425	5,514	8,191	179
						PAT expansion catchment areas					
						Southington Suburban community Population: 42,185 Median household income: 73,453	12	83	680	1,854	26
						Wallingford: Suburban community Population: 45,030 Median household income: \$69,216	11	94	769	3,008	37
New Britain PAT Site Suburban community Population: 70,185 Median household income: \$37,629	158	775	7,311	14,388	205	New Britain Expansion state funded PAT Site and Child First site Suburban community Population:	158	775	7,311	14,388	205

Attachment 1: Table 4 Needs Assessment-Communities To Be Served

						70,185 Median household income: \$37,629					
PAT Site and Child First						PAT Expansion catchment areas					
Plainfield Rural community Population: 15,555 Median household income: \$52,524	16	83	975	1,444	8	Canterbury Rural community Population: 5,033 Median household income: \$69,111	2	13	110	106	Not listed on DCF town pages
Killingly Rural town Population: 17,397 Median household income: 50,537	13	89	1,087	10	Not listed on DCF town pages	Sterling Rural community Population: 3,332 Median household income: \$60,260	4	12	109	171	Not listed on DCF town pages
Windham Suburban community Population: 24,647 Median household income: \$40,983	44	182	2,358	5,130	Not listed on DCF town pages	Ashford Rural communities Population: 4,337/ 1730 Median household income: \$68,199/70,000	1	20	154	122	Not listed on DCF town pages
						Mansfield Rural community Population: 23,531 Median household income: \$71,017	5	29	306	2,593	Not listed on DCF town pages

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PAT and Child First sites Torrington Suburban community Population: 35,973 Median household income: \$49,614	28	199	395	896	77	Torrington <i>Expansion state funded PAT</i>	28	199	395	896	77
	Winchester: Rural community with a population of 10,783. Median household income of \$53,233	11	59	395	274		Not listed on DCF town pages	New Hartford <i>Expansion PAT catchment area</i> Rural community Population: 6,297 Median household income: \$89,456	1	9	35
						Hartford Urban community Population: 121,599 Median household income: \$26,055 <i>Child First Expansion</i>	306	1,537	18,947	14,731	436
						New Haven Urban community Population: 127,124 Median household income: <i>Child First Expansion</i>	220	1,990	14,180	9,784	446

Attachment 1: Table 4 Needs Assessment-Communities To Be Served

						New London Suburban community Population: 26,269 Median Household 40,624 <i>Expansion</i> <i>State Funded</i> <i>PAT program</i>	38	218	2,586	3,991	91
						Putnam: Rural community Population: 9,500 Median household Income: 53,362 <i>Expansion</i> <i>State Funded</i> <i>PAT program</i>	8	44	732	1,292	30
						Waterbury Urban community Population : 107,460 Median household income: \$38,714 <i>Expansion</i> <i>Child First and</i> <i>2 state funded</i> <i>PAT programs</i>	184	1,035	14,123	22,253	241

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Attachment 1: Graph 1-Enrollment and Home Visiting Data

Figure 1. Enrollment at Formula LIA's

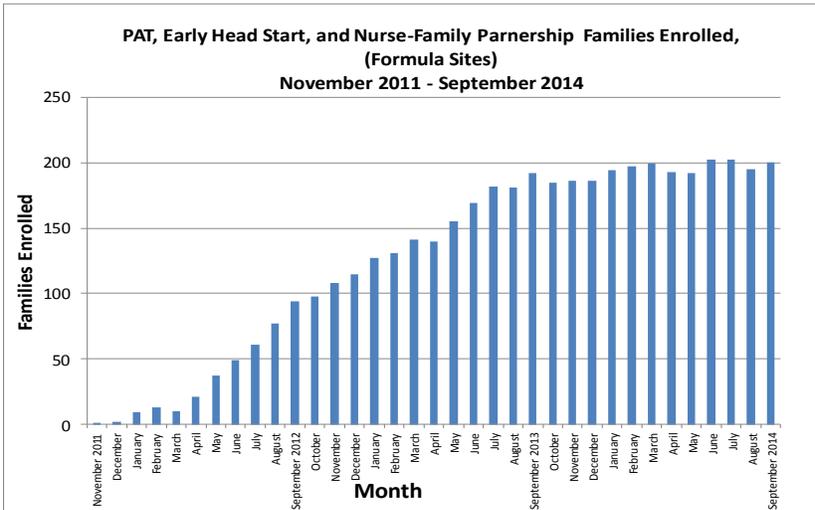


Figure 1 shows the increasing enrollment of the four formula LIA's from November 2011 through September 2014. The formula LIA's include 2 PAT programs, one Early Head Start, and one Nurse-Family Partnership.

Figure 2. Enrollment at Competitive LIA's

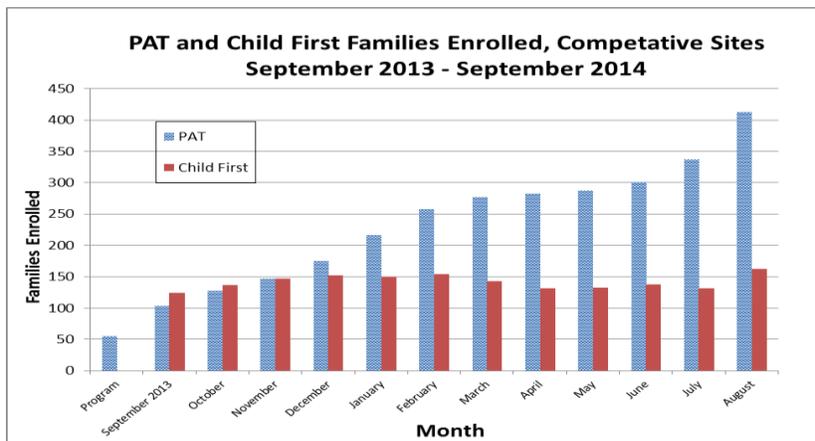


Figure 2 shows the enrollment increases at the 22 LIA's funded with the competitive grant (14 PAT sites and 8 Child First sites.) Similar to figure 1, figure 2 shows the steady increase in enrollment among PAT sites.

Figure 3. PAT Home Visits

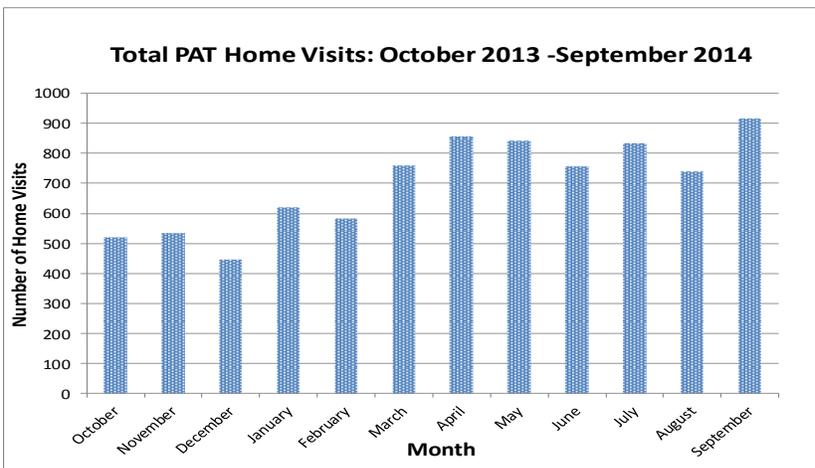
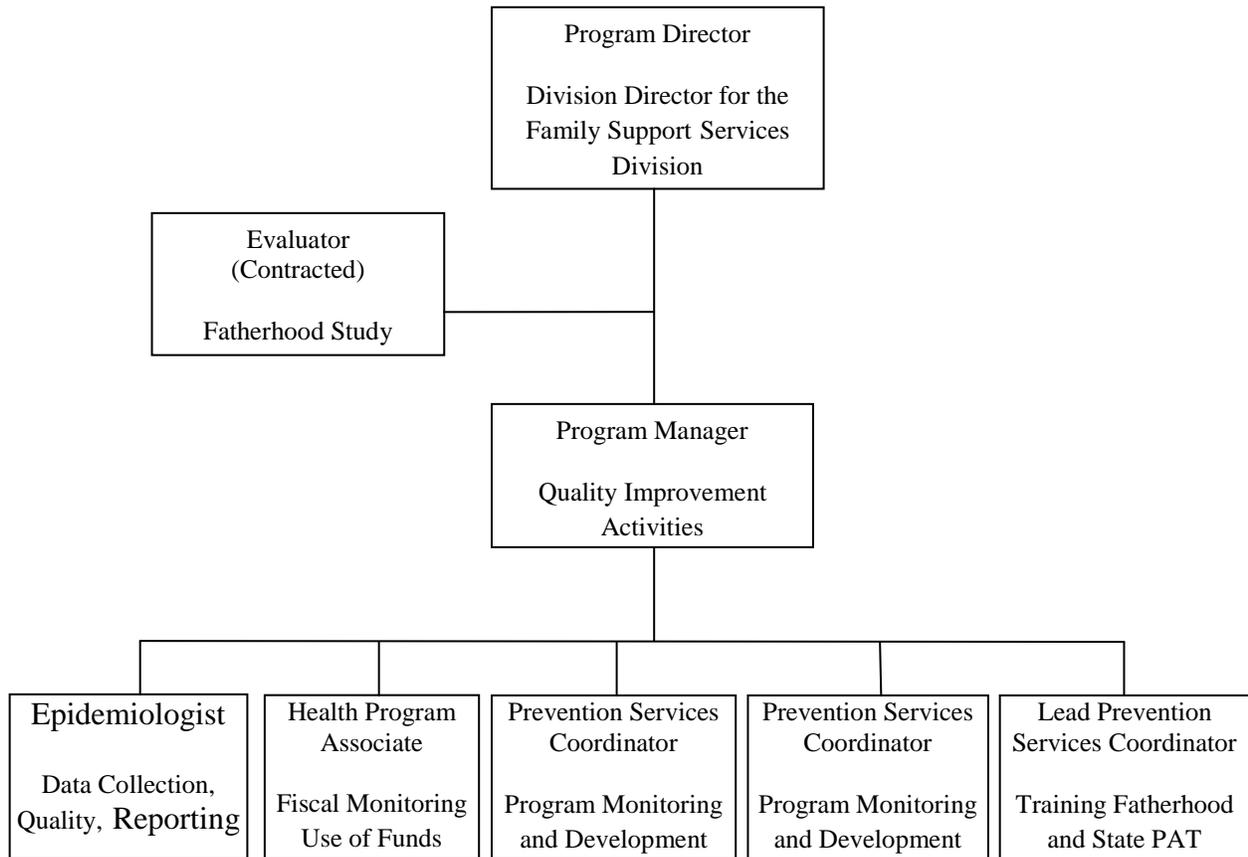


Figure 3 shows the total number of home visits for all PAT sites combined. There are small dips around the holidays and over the summer, but otherwise the trend shows a steady increase.

Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

The Staffing plan includes seven professional staff that will function as a team within the OEC Family Support Services (FSS) division. The team includes a program director (Division Director) responsible for the over-sight and day-to-day management of the program, a program manager responsible for quality improvement activities, two staff responsible for programmatic monitoring activities, one staff responsible for training, the fatherhood programmatic area of emphasis, and coordinating the MIECHV program within the state funded PAT sites, one staff responsible for fiscal monitoring, and one staff responsible for data collection, quality and reporting. All staff will report directly to the program manager. Five staff on this team of staff will integrate their efforts on this grant into the work they are now performing for the state’s MIECHV formula and expansion grants in order to maximize productivity and avoid duplication of effort. Since this is an expansion of existing programs there will be no new contracts for services – just amendments of existing contracts to add funding for additional home visiting staff. The contracts will be managed as they are now and the new staff will be integrated into the ongoing training and technical assistance efforts already underway. The program director, who also directs the work of the FSS, will ensure that efforts to expand the MIECHV program to its state funded PAT sites is well coordinated, integrated into their work and meets all of the federal programmatic and fiscal requirements. The seventh staff on this team will coordinate and staff that effort. Child First, Inc., the contractor for the Child First local programs will also integrate their expansion staff within ongoing efforts. A chart of the staffing plan follows.



Attachment 2: Staffing Plan and Job Descriptions for Key Personnel

Program Director, .20 FTE: (Karen Foley-Schain) Primary Role: Oversight and day-to-day management of the MIECHV program. Plans and manages program development and implementation activities. Oversees program administration and budgeting, directs and supervises MIECHV staff, maintains contacts with key individuals relevant to the implementation of the program, ensures consistency and quality of services, monitors program activities. Qualifications include a bachelor degree and ten (10) years of state level program administration. Salary paid through State of Connecticut.

Program Manager, .20 FTE: (Vacant) Coordinates of quality assurance activities. Responsibilities include supervision and coordination of MIECHV program and fiscal staff, data collection, continuous quality improvement, technical assistance and training. Coordinates and tracks progress state implementation plan and timeline, monitoring subcontractor performance through site visits, review of program reports, participates in state, regional and federal MIECHV meetings and other duties as outlined in the job description. Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field, a three (3) years of experience as a program manager. Salary paid through State of Connecticut.

Lead Primary Prevention Services Coordinator (PPSC), .20 FTE: (Catherine Lenihan) Primary role: Responsible for training, the fatherhood programmatic area of emphasis, and coordination of the MIECHV program within the state funded PAT sites. Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field, a three (3) years of experience as a PPSC working in the field of home visiting or related field. Salary paid through State of Connecticut.

2 Primary Prevention Services Coordinators, .40 FTE:(Jennifer Jackson-Wilder and Ashley Murphy)Primary Role: Monitoring programmatic activities and use of funds at the state level. Responsibilities include sub-recipient monitoring to ensure compliance with programmatic requirements and expectations, conducting site visits, receiving and reviewing subcontractor quarterly programmatic and financial reports and model fidelity. Qualifications include a bachelor's degree, seven (7) years of professional employment in the health and/or human services field. Salary paid through State of Connecticut.

Health Program Associate, .20 FTE: (Douglas Yeager)Primary Role: Monitoring the use of funds. Assumes overall responsibility for monitoring the financial aspects of the MIECHV program with a primary focus on sub-recipient contractors, receives and reviews contractor quarterly financial reports, develops budgets and contracts, and provides technical assistance related to financial reports and budgets. Qualifications include a bachelor degree and five (5) years of experience performing similar contract and fiscal duties. Salary paid through State of Connecticut.

Epidemiologist 2, .20 FTE (Connie Heye) Role: Responsible for data collection, quality and reporting. Responsibilities include data collection, analysis, tracking and reporting, dissemination of data, recommendations for continuous quality improvement, coordination and support for CQI plan at the state and local level. Develops data systems, provides data and benchmarks training, collect benchmark data, and data sharing with evaluator, local implementing agencies, and serves as liaison with national MIECHV data efforts. Qualifications include a bachelor degree and five years (5) of experience performing related duties. Salary paid through State of Connecticut.

Attachment 3: Biographical Sketches of Key Personnel

Karen Foley-Schain, M.A., M.Ed., LPC is the director of the Family Support Services (FSS) division at the OEC where she leads, manages and directs several major programs dedicated to the prevention of child abuse and neglect and ensuring the positive growth and development of children. Responsibilities include strategic planning, fundraising, program development, training, contracting, quality assurance, budgeting, and fiscal oversight for roughly seventy-five programs, employing 450 contracted staff serving 16,000 families and children each year. Major programs include the state funded evidenced based Parents as Teachers program, the federal Community-Based Child Abuse Prevention grant, and the Connecticut MIECHV formula and expansion grants. As Director of FSS, Karen is responsible for managing a staff of 12 and a \$27 million program budget. Prior to this she served as the executive director of the Connecticut Children's Trust Fund from 1997 to 2013. She is a Licensed Professional Counselor and worked as a psychotherapist in private practice and clinical settings before joining the Trust Fund. Karen holds master degrees from Trinity College and Antioch University. She has taught human services and psychology as adjunct faculty at Springfield College and within Connecticut's community college system.

Catherine Lenihan, B.A. is a Primary Prevention Services Coordinator (PPSC) in the FSS division of the OEC where she has provided technical assistance and support to state funded PAT home visiting programs since 2007. She is a PAT certified parent educator and the Affiliate Administrator for the New Haven, Connecticut PAT affiliate. Since 2011, she has served as the training coordinator for the FSS division. She is the lead trainer for the Touchpoints Affiliate at OEC through the National Brazelton Touchpoints Center. She serves on the Advisory Council for Connecticut Parents with Cognitive Limitations and is a facilitator for the interagency training, Identifying and Working with Parents with Cognitive Limitations. For three years, from 2008-2011, she served as the chair for the state funded PAT Continuous Quality Improvement team that incorporates research into policy and practice. Since 2010, she has served on the Connecticut Fatherhood Initiative Council and as the lead for the state funded PAT fathering home visiting component. She has presented on this work at the National Fathers and Families Conference, the National Children's Bureau Child Abuse Prevention Conference and locally at the New England Fathering Conference. Prior to joining OEC she was the Program Director of the Therapeutic Child Center at Family Services of Waterbury. She has a bachelor degree from Fairfield University.

Ashley Murphy, MPH, CPP is a PPSC in the FSS division of the OEC where she serves as a program liaison for the MIECHV grant program. Since 2013, she has assisted the contracted sites with program implementation, recruitment and engagement efforts, model fidelity and budget matters. Ashley has also assisted with the planning and development of trainings for the home visitors, the statewide annual conference and special projects. Prior to this, Ashley was a program manager at ERASE for 3 years, where she oversaw several state and federally funded prevention grants. From 2008-2010, Ashley was a Substance Abuse & Mental Health Services Administration (SAMHSA) - Center for Substance Abuse Prevention (CSAP) Prevention Fellow at DMHAS. During her tenure as a Fellow, Ashley became a Certified Prevention Professional (CPP). Additionally, Ashley is an adjunct faculty member at Southern Connecticut State University's Department of Public Health. Ashley received her bachelor degree in Public Health 2008 and her Master of Public Health degree in May 2013, both from Southern Connecticut State

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University. She has been a Certified Prevention Professional in both Connecticut and Pennsylvania since 2009.

Jennifer Wilder-Jackson, MSW is a PPSC within the FSS division of the OEC where she serves as a program liaison for the MIECHV grant. Since 2013, she has assisted the contracted sites with program implementation, recruitment and engagement efforts, model fidelity and budget matters. Jennifer has also assisted with the planning and development of trainings for the home visitors, the statewide annual conference and special projects. She received a Bachelor of Science degree from the University of Connecticut, School of Business in marketing and a Master of Social Work degree in administration from the University of Connecticut School Of Social Work. Prior to this, Wilder-Jackson worked at youth and family focused social service agencies in the city of Hartford providing direction on policy development, fiscal management, human resources, professional development, grant compliance, technology maintenance, and facilities management.

Constance Heye, MPH serves as an epidemiologist in the FSS division of the OEC. Since 2013 she has served to develop data systems for documenting program efforts including benchmark and site data for the MIECHV grant. She has been responsible for compiling, analyzing and reporting on the data, and providing technical assistance on data requirements to the local agencies. Connie has a master degree in public health with specialties in epidemiology and biostatistics. She has significant experience in data collection, data analysis, and evaluation in her studies and prior role at Yale University, University of California at San Francisco, University of California at Los Angeles, supervising developing study protocol and instruments, and data collection systems, as well as providing consulting services to numerous organizations on a wide range of issues concerning the collection, analysis, and dissemination of health data. Connie received a Bachelor of Arts degree in Third World Development from Biostatistics, University of California at Berkeley, School of Public Health May 198 BA, and a Master of Public Health degree in Third World Development, from Brown University.

Douglas G. Yeager, BA is a public health associate in the FSS division of the OEC where he is responsible for fiscal monitoring and oversight of the MIECHV grant and sub-recipients contracts. This responsibility includes assuring that state and federal fiscal requirements are met. It involves reviewing expenditure reports, budget revisions and cash needs statements, and closely checking all fiscal documents to assure accuracy and compliance with contractual requirements. Douglas works on a collaborative basis with both OEC MIECHV Program staff that is responsible for the programmatic management of assigned contracts and the OEC Fiscal Section staff. Prior to this position in 2013, Douglas was responsible for contract management at Department of Public Health (DPH). His efforts included contracting with statewide Local Health Departments involved in conducting health promotion initiatives, immunizations programs, emerging infections programs and regional asthma awareness programs. He assured contracts were meeting their programmatic/fiscal requirements by reviewing and approving submitted fiscal and progress reports.

Attachment 4: Descriptions

Community	Contractor Descriptions and Addresses	Current Contract Amount	Current Annual Budget Period	Proposed Expansion Amount	Total Amount of Expansion (2.7 years)	Term of Expansion
Parents as Teachers	Connecticut will expand its PAT program by providing grant funds to 19 local implementing agencies that are currently using the PAT model. Of these, seven are receiving state funds and 12 are receiving MIECHV funds (five of the MIECHV funded agencies also receive state funds for PAT). The grant funds will be used to hire twenty-five new home visitors, 19 traditional and 6 focused on fathers and men. The home visitors will engage high-risk families while the mother is pregnant or shortly after the baby is born and continue services through the first five years of a child's life. **Denotes LIA will have traditional and fathering home visitor					
Bloomfield	<p>The Village for Families and Children: The agency provides services that promote healthy development of young children and families and include mental health assessment and treatment services, case management, school-readiness programming, as well as parent training and leadership. <u>Headquarters:</u> 1680 Albany Avenue Hartford, CT 06105 <u>Bloomfield Office:</u> Wintonbury Early Childhood Magnet School 44 Brown Street Bloomfield, CT 06002</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
Bridgeport	<p>Bridgeport Hospital Foundation: The Hospital offers many services and resources to the community for health, wellness and education. In addition to MIECHV, programs and services include health assessments and screenings, educational classes, and support groups. 267 Grant Street, Bridgeport, CT 06110</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
	<p>City of Bridgeport - Board of Education: The Teen Parenthood Program uses Parents as Teachers program to provide home visits to teen parents, offer support and connect them to resources within the community. 45 Lyon Terrace, Bridgeport, CT 06604</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017

Attachment 4: Descriptions

	<p>Child and Family Guidance Center: The Center offers a wide range of outpatient mental health and substance abuse counseling services for children under the age of 18 as well as a variety of in-home supportive services to their families. 180 Fairfield Avenue, Bridgeport, CT 06604</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
	<p>Child and Family Guidance Center: (state-funded PAT)</p>	\$ 425,215.50	07/1/2014-6/30/2015			
	<p>Optimus Health Center: A Federally Qualified Health Care Center that's mission is to improve the overall health of families by providing preventive, primary and supplemental health care, as well as health education. 471 Barnum Avenue Bridgeport, CT 06812</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
Bristol*	<p>The Parent and Child Center at Bristol Hospital: (state-funded PAT) Primary focus is on the prevention of child abuse and neglect and family violence by providing support systems for families. Programs are designed to target areas crucial to developing strong and nurturing families 9 Prospect Street, Bristol, CT 06010</p>	\$ 196,595.00	7/01/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
Danbury*	<p>Families Network of Western CT: This program has various programs focused on providing parents the tools and support needed to be successful. Home visiting services through Nurturing Families Network is available to new parents facing multiple challenges and stresses. 5 Library Place, Danbury, CT 06810</p>	\$ 228,223.00	07/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
East Hartford	<p>First Choice Health Centers: First Choice provides comprehensive primary care and behavioral health services from newborn through adult and elderly services. The Center also provides school based health services in 32 schools. 94 Connecticut Blvd., East Hartford, CT 06108</p>	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017

Attachment 4: Descriptions

East Haven/ West Haven	East Shore District Health Department: A regional Health Department providing public health programs that promote wellness, prevent and control disease, and provide education about healthy lifestyles. 14 Business Park Drive, Branford, CT 06405	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015- 9/30/2017
Griswold/Norwich/Sprague	Madonna Place:The agency provides services which strengthen families, promote health, and help to prevent child abuse and neglect. 20 Main Street, Norwich, CT 06360	\$ 325,000.00	3/31/2014- 3/30/2015			
	State-funded PAT	\$ 201,676.50	07/1/2014- 6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015- 9/30/2017
Manchester/ Vernon	Manchester Memorial Hospital: The Family Development Center within the Hospital serves 19 communities in the eastern part of the state by offering an array of family centered programs, including home visiting services. <u>Hospital:</u> 71 Haynes Street Manchester, CT 06040 <u>Vernon Office:</u> Family Development Center 57 Hartford Turnpike, Vernon, CT	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015- 9/30/2017
	State-funded PAT	\$ 392,986.00	07/1/2014- 6/30/2015			
Meriden	Community Health Center, Inc.:A Federally Qualified Health Center that provides comprehensive primary care services in medicine, dentistry, and behavioral health. <u>Headquarters:</u> 635 Main Street, Middletown, CT 06457 <u>Meriden Office:</u> 134 State Street Meriden, CT 06450	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015- 9/30/2017
	State-funded PAT	\$ 209,680.00	7/1/2014- 6/30/2015			

Attachment 4: Descriptions

New Britain	The Hospital of Central Connecticut: The Hospital's Family Enrichment Center helps families achieve parenting goals through a blend of programs that emphasize family support, bonding and nurturing. 100 Grand Street, New Britain, CT 06050	\$ 450,000.00	10/1/2014-9/30/2015			
	State-funded PAT	\$ 216,943.00	7/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
New London	Lawrence and Memorial Hospital: The hospital has provided healthcare to New London and surrounding communities for 100 years. Services for families continue after the birth of a child with programs such as Nurturing Families Network that help with parenting skills and understanding developmental milestones of young children. 365 Montauk Avenue, New London, CT 06320	\$ 232,787.00	07/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920		
Putnam*	Day Kimball Hospital: The hospital provides integrated services in north eastern CT. Through programs such as Nurturing Families Network there is a goal to identify family strengths and provide knowledge and tools to promote healthy development. 320 Pomfret Street, Putnam, CT 06226	\$ 204,459.00	07/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920		
Torrington/ Winchester	Education Connection:One of Connecticut's 6 Regional Service Centers that promotes the success of school districts and their communities by offering comprehensive child development and family support services. 350 Main Street, Torrington, CT	\$ 325,000.00	3/31/2014 - 3/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017

Attachment 4: Descriptions

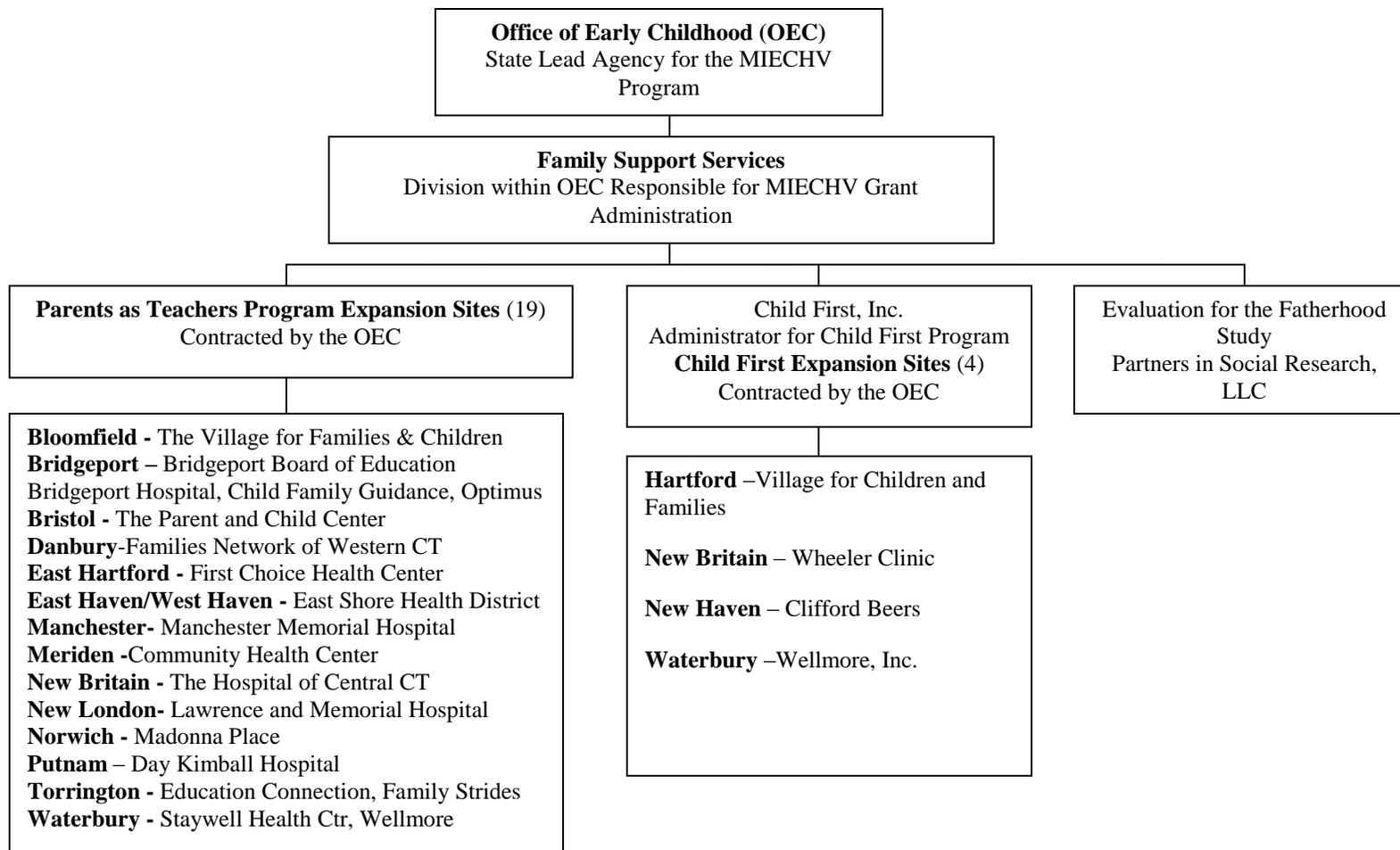
Torrington	Family Strides: (state-funded PAT) Partners with families and the communities to ensure healthy pregnancy outcomes and positive parenting practices. Nurturing Families Network program provides, education, support and resources to new parents. 350 Main Street Suite D, Torrington, CT 06790	\$ 391,810.00	07/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
Waterbury*	Staywell Health Care: (state-funded PAT) The agency is a comprehensive community health center providing education, advocacy, health care and social services to families. 80 Phoenix Avenue, Suite 306, Waterbury, CT 06702	\$ 214,159.00	7/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
	Wellmore Behavioral Health: (state-funded PAT) The agency serves a 49 town region spanning from Greater Waterbury to the lower Naugatuck Valley and northwest CT, and provides a continuum of prevention and intervention programs for children and families. 141 East Main Street, 3rd floor, Waterbury, CT 06704	\$ 354,676.00	7/1/2014-6/30/2015	Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
				Yr.1: \$65,000 Yr.2:\$65,000 Yr.3: \$37,920	\$ 167,920	3/1/2015-9/30/2017
Totals		\$7,914,477.00		\$4,198,000.00	\$4,198,000	
Child FIRST	Connecticut will expand its Child First home visiting program, concentrating on very high need urban areas – Hartford, New Haven, Waterbury and New Britain. Child First is an intensive, early childhood, home visiting intervention that decreases mental health, developmental, and learning problems, and prevents abuse and neglect. Informed by the research on the impact of “toxic stress” on the developing brain, Child First developed an intervention with a two-pronged approach, using two professionals working together as a team with a very high risk family in the home					
Community	Contractor Descriptions and Addresses	Current Contract Amount	Current Annual Budget Period	Proposed Annual Expansion Amount	Total Amount of Expansion (2.7 years)	Term of Expansion

Attachment 4: Descriptions

Hartford, Bloomfield	The Village for Families and Children: The agency provides services that promote healthy development of young children and families and include mental health assessment and treatment services, case management, school-readiness programming, as well as parent training and leadership. 331 Wethersfield Avenue, Hartford, CT 06114	\$0.00		Yr.1: \$ 417,781 Yr.2: \$417,153 Yr.3: \$ 243,467	\$1,078,400.00	3/1/15- 9/1/17
New Haven, West Haven, East Haven, North Haven	Clifford Beers: A mental health clinic serving children and families in the Greater New Haven area. The focus is on working with children who have experienced trauma, such as abuse, neglect, witnessing community violence, and loss of a loved one. 93 Edwards Street, New Haven, CT 06511	\$0.00		Yr.1: \$ 417,781 Yr.2: \$417,153 Yr.3: \$ 243,467	\$1,078,400.00	3/1/15- 9/1/17
Waterbury, Beacon Falls, Naugatuck	Wellmore Behavioral Health: The agency serves a 49 town region spanning from Greater Waterbury to the lower Naugatuck Valley and northwest CT, and provides a continuum of prevention and intervention programs for children and families. 141 East Main Street, 3rd floor, Waterbury, CT 06704	\$0.00		Yr.1: \$ 417,781 Yr.2: \$417,153 Yr.3: \$ 243,467	\$1,078,400.00	3/1/15- 9/1/17
New Britain, Bristol, Plainville	Wheeler Clinic: The agency provides a comprehensive continuum of mental health and substance abuse recovery services, primary care, special education, child welfare, early childhood, community justice, foster care, employee assistance, and prevention and wellness programs 91 Northwest Drive, Plainville, CT 06062	\$0.00		Yr.1: \$ 235,268 Yr.2: \$236,983 Yr.3: \$ 138,006	\$610,257.00	3/1/15- 9/1/17
					\$3,845,457.00	

CONNECTICUT MATERNAL, INFANT AND CHILDHOOD HOME VISITING PROGRAM

Project Organizational Chart



Attachment 6: Timeline

Goal: Connecticut will continue to make significant progress toward implementing a high-quality home visiting program as part of a comprehensive early childhood system that will improve the health and developmental outcomes for children residing in high-risk communities and the capacity of their parents to care for them.					
Objectives and Activities	Area of Implementation	Steps	Person Responsible	Start	Completion
Objective 1 Build on the momentum of existing MIECHV and state funded home visiting programs to rapidly increase capacity and program effectiveness.					
Activity 1: Assess and assure program effectiveness for each MIECHV and state funded PAT and Child First LIA	Contract monitoring	Assess capacity and review site data including enrollment, engagement and retention and staff retention	Program Coordinator	November 1, 2014	September 2017
Ongoing Activity: Site data including enrollment and retention will be reviewed and evaluated by OEC on a quarterly basis. All sites will provide staffing updates on a monthly basis.					
Activity 2: Enhance and expand existing effective MIECHV funded PAT and Child First home visiting programs by amending the LIA’s contracts under the new grant	Contract Management	Amend contracts to begin March 2015	Program Coordinator	January 2015 or as soon as notified of grant award	September 2017
Ongoing Activity: All MIECHV funded PAT and Child First LIA’s will be encouraged to will operate their programs fulfilling the requirements of the contracts.					
Activity 3: Work with local implementing agencies to identify appropriate new staff to be hired to provide expanded home visiting services as quickly as possible	Staffing and Subcontracting	Identify internal and external candidates for staff positions	Program Coordinator	January 2015 or as soon as notified of grant award	March 1, 2015
	Program Recruitment	Child First will use established national “resume bank to” recruit and hire staff			
Ongoing Activity: All MIECHV funded PAT and Child First LIA’s will be strongly encouraged and monitored to hire new staff within 30-60 days of receiving their contract. All LIA’s will recruit and maintain staffing fulfilling the requirements of the contracts.					
Objective 2: Rapidly increase enrollment in the current and new MIECHV home visiting programs by building integration of MIECHV into the early childhood system and reducing barriers.					
Activity 1: Establish formal and informal relationships between the MIECHV home visiting program and efforts administered by the OEC	State Administrative Structure	Amend state funded OEC contracts and establish formal referral processes with existing state programs.	Program Coordinator	February 1, 2015	March 1, 2015

Attachment 6: Timeline

1. a. Connections	State Administrative Structure	Amend OEC contracts with Connections programs to include screening and referral the MIECHV programs.	Program Coordinator	February 1, 2015	March 1, 2015
Ongoing Activity beyond completion date: Connection programs will screen and refer families to local MIECHV LIA's. MIECHV LIA's will send the Connection programs regular communication on referral outcomes as outlined in the contract. Connection programs will provide OEC with monthly updates on referrals and outcomes.					
1. b. Help Me Grow	State Administrative Structure	Establish formal referral process with staff within the Help Me Grow Child Development Info-Line	Program Coordinator	February 1, 2015	March 1, 2015
Ongoing Activity beyond completion date: Help Me Grow Child Development Info-Line staff will be knowledgeable about MIECHV LIA's in each CT Community. MIECHV programs will regularly communicate with HMG/CDI about site capacity.					
1. c. Healthy Start	State Administrative Structure	Add referral process to MIECHV from the Healthy Start program	Project Director	January 2015	July 1, 2015
Ongoing Activity beyond completion date: Healthy Start program staff will be knowledgeable about MIECHV LIA's in their communities and provide referrals to MIECHV programs on an ongoing basis.					
Activity 2: Require as a part of the contract that all LIA's have clear recruitment plans that include formal relationships with referral resources within and outside of their agencies.	Community Engagement Program Recruitment	Provide technical assistance and convene meetings with stakeholders to support the development of the plans and agreements with referral sources	Project Director	November 1, 2014	March 1, 2015
Ongoing Activity beyond completion date: MIECHV LIA's will review, evaluate and modify when necessary referral plans and agreements with outside agencies. MIECHV LIA's will maintain ongoing relationships with outside referral sources through attendance at community meetings and events.					
Activity 3: Apply lessons learned to all implementation policies and practice guidelines to reduce unintentional barriers to capacity, recruitment and enrollment, and clearly inform the LIA's of the changes to policy and practice guidelines.	Continuous Quality Improvement	Hold meeting with LIA's to review progress, barriers and solutions, review procedures and protocols accordingly, make and communicate changes, revisit in six months	Project Director	November 1, 2014	March 1, 2015
Ongoing Activity beyond completion date: OEC staff will schedule and conduct site visits with all MIECHV LIA's to continually review and assess barriers to					

Attachment 6: Timeline

capacity, recruitment and enrollment as well as assist sites with policy and practice questions and support.					
Activity 4: Have new hires working with families quickly by offering the training the model developers require before they can start making home visits at frequent and regular intervals. Coordinate the training with others to maximize offerings and utilization.	Training Model Fidelity	Assess how many new staff need PAT and Child First training, arrange for training, coordinate with other state PAT programs (Early Head Start and Family Resource Centers) Child First will offer a Learning Collaborative cohort in May 2015	Primary Prevention Services Coordinators	April 1, 2015	June 1, 2015
Ongoing Activity beyond completion date: OEC staff will continually assess staff vacancies, new hires and monitor the need for model developer training. OEC will help coordinate ongoing and frequent model developers training.					
Activity 5: Partner with state agencies on safe sleep and infant safety campaign	Coordination with other entities and programs	Support development of materials, provide information to all OEC home visiting programs, use to educate communities about importance of MIECHV programs	Program Director	January 2015	September 2017
Ongoing Activity: All MIECHV LIA's will be knowledgeable about Safe Sleep and Infant Safety campaigns. OEC staff will support collaborative efforts between state agencies and MIECHV programs.					
Activity 6: Parents will be familiar with schools and other institutions in their communities Parents will become effective advocates for themselves and their children, and they will build the skills and confidence schools or other community organizations	Community Engagement	MIECHV LIA's will help interested parents enroll in any one the four parent leadership training courses offered for free by the State and with a grant from W.K. Kellogg Foundation.	Program Coordinator	January 2015	September 2017
Ongoing Activity: All MIECHV LIA's will be aware of community trainings that will develop and foster parent engagement and advocacy.					

Attachment 6: Timeline

Objective 3: Improve retention by developing the expertise and competency of home visiting program staff by enhancing their training					
Activity 1: Provide comprehensive training program to all home visiting staff.	Training and Professional Development	Plan, schedule and organize trainers for comprehensive training for all MIECHV PAT sites. Incorporate MIECHV programs into ongoing annually scheduled training for state funded PAT sites. Child First will provide onsite training complimented by online learning modules.	Program Coordinator Clinical Director	January 2015 to March 2015	Hold training starting on May 2015 With offerings through September 2017
Ongoing Activity: An initial comprehensive training series will be scheduled for all MIECHV PAT LIA's. On an ongoing basis all new MIECHV PAT staff will receive comprehensive training with state funded PAT LIA's. MIECHV PAT LIA's will attend additional trainings organized by OEC that further develop their knowledge and skills related to working with high-risk families.					
Activity 2: Enhance training for fathering home visitors	Training and Professional Development	Assess needs of MIECHV fathering home visitors. Plan comprehensive training. Incorporate MIECHV LIA's into scheduled training for state funded PAT sites.	Program Coordinator	November to January 2015	Hold father focused training starting in May 2015
Ongoing Activity beyond completion date: An initial father-focused training series will be scheduled for all MIECHV PAT LIA's. Additional trainings for fathering home visitors will be scheduled to meet the needs and challenges identified by OEC, program staff and fathering home visitors.					
Activity 3: Provide coaching, ongoing support including opportunities for peer learning	Contract Management Technical Assistance	Plan and begin bi-monthly network meetings by role, and region for the MIECHV PAT sites. Child First program will review and analyze metrics and case studies to improve practice.	Program Coordinator	First meetings December 2014	September 2017
Ongoing Activity: OEC staff will facilitate bi-monthly meetings that provide opportunities for MIECHV staff to discuss policies, practice and program implementation (both successes and challenges).					

Attachment 6: Timeline

Objective 4: Assure quality services, continuous quality improvement, model fidelity					
Activity 1: The state MIECHV program staff working at the state level are prepared and fully engaged in working with LIA's to provide training, technical assistance and problem solving support.	Contract Management	Staff hired on the project will attend model training, comprehensive and father-focused training, will be familiar with the implementation literature on home visiting, and have the skills to offer technical assistance and coaching to sites and individual staff.	Program Director	November 2014	September 2017
	Technical Assistance				
	Model Fidelity				
Ongoing Activity: OEC staff will participate in ongoing individual and group supervision during which professional development needs and supports are identified. OEC staff will be supported to increase their knowledge and skills to ensure competent facilitation of trainings, meetings, and technical assistance.					
Activity 2: Provide a structure for quality assurance at the site level	Data Collection on mandated benchmarks	Structure process for data review, technical assistance, Individual Program Planning (IPP)	Program Director	November 2014	March 1, 2015
	Contract Management				
Ongoing Activity beyond completion date: OEC staff will review and assess each LIA's data, quarterly program reports, bi-annual benchmark reports and provide programmatic and individual technical assistance. MIECHV LIA's with assistance from OEC staff will develop annual Individualized Program Plans (IPP). Progress on IPP's will be monitored on a quarterly basis.					
Activity 3: Support the Continuous Quality Improvement (CQI) plan for Connecticut by providing data, research, and strategies for best practice to the CQI teams. Technical assistance staff will have regular meetings with the team to discuss implementation plans, solve problems and improve services.	Continuous Quality Improvement	Develop communication and feedback system for data to and from the CQI teams, the TA staff, and LIA staff	Epidemiologist	November 2014	March 1, 2015
Ongoing activity beyond completion date: A CQI process that informs policy and best practice will be supported and maintained by OEC staff.					



Parents as Teachers[™]



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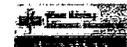
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October 13, 2014

Kathleen Kilbane, RN, MS, FNP
Division of Home Visiting and Early Childhood Systems
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane, Room 10-64
Rockville, MD 20857

Dear Ms. Kilbane,

This letter serves as the final approval to the Connecticut state plan for the implementation of Parents as Teachers under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) initiative's competitive funding opportunity for Fiscal Year 2015.

We appreciate receiving the comprehensive plan for this competitive grant opportunity which continues implementation of the Parents as Teachers model in the selected communities.

We are especially pleased with the attention to fidelity, professional development and continuous quality assurance. As the model developer, we stand ready to assist the state office, the Home Visiting Coordinator, affiliates and program staff with training needs and technical assistance, which are critical to yielding good outcomes. Compliance with Essential Requirements is important. Pam Langer, the Parents as Teachers state leader will continue her fine work with you and can assist with local questions and concerns.

As indicated before, we look forward to a long and rich relationship with the State of Massachusetts. Please feel free to engage us in any meetings or discussions related to the MIECHV and Parents as Teachers. This is a true partnership indeed on behalf of all the children and families that will be served by this effort. Again, thank you.

Sincerely,

Cheryle F. Dyle-Palmer, M.A.
Executive Vice President and Chief Operating Officer

Our Vision: All children will learn, grow and develop to realize their full potential.
2228 Ball Drive Saint Louis, Missouri 63146 p 314.432.4330 f 314.432.8963 www.ParentsAsTeachers.org



October 11, 2014

Myra Jones-Taylor, Commissioner
Connecticut Office of Early Childhood
165 Capitol Avenue, Room G29
Hartford, Connecticut 06106

Dear Commissioner:

The Child First National Program Office has reviewed the competitive expansion proposal for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) that the Connecticut Office of Early Childhood is submitting on behalf of the State of Connecticut as regards the proposed expansion of the Child First model in Connecticut. We approve and support the proposal of the Office of Early Childhood (OEC) with the following stipulations:

- 1) OEC will follow the Child First implementation plan as discussed with the Child First National Program Office (NPO). No changes will be made without prior consultation and approval by the Child First NPO.
- 2) The current plan is to expand implementation with seven home visiting teams in high need areas, which have demonstrated consistently strong outcomes and have waiting lists, and to expand the geographic areas covered to include neighboring towns with significant need.
- 3) All Child First sites will participate in the national evaluation and any other HHS efforts to coordinate evaluation and programmatic technical assistance.
- 4) All MIECHV funded Child First sites must meet Child First benchmarks and accreditation standards, including data collection and submission, reflective supervision, capacity requirements, and timely payment of fees. In the event that a site does not meet these standards, Child First NPO reserves the right to transfer MIECHV funding to a site that meets all fidelity requirements, in collaboration with the OEC.
- 5) The OEC will support Child First efforts to insure fidelity to the Child First model.

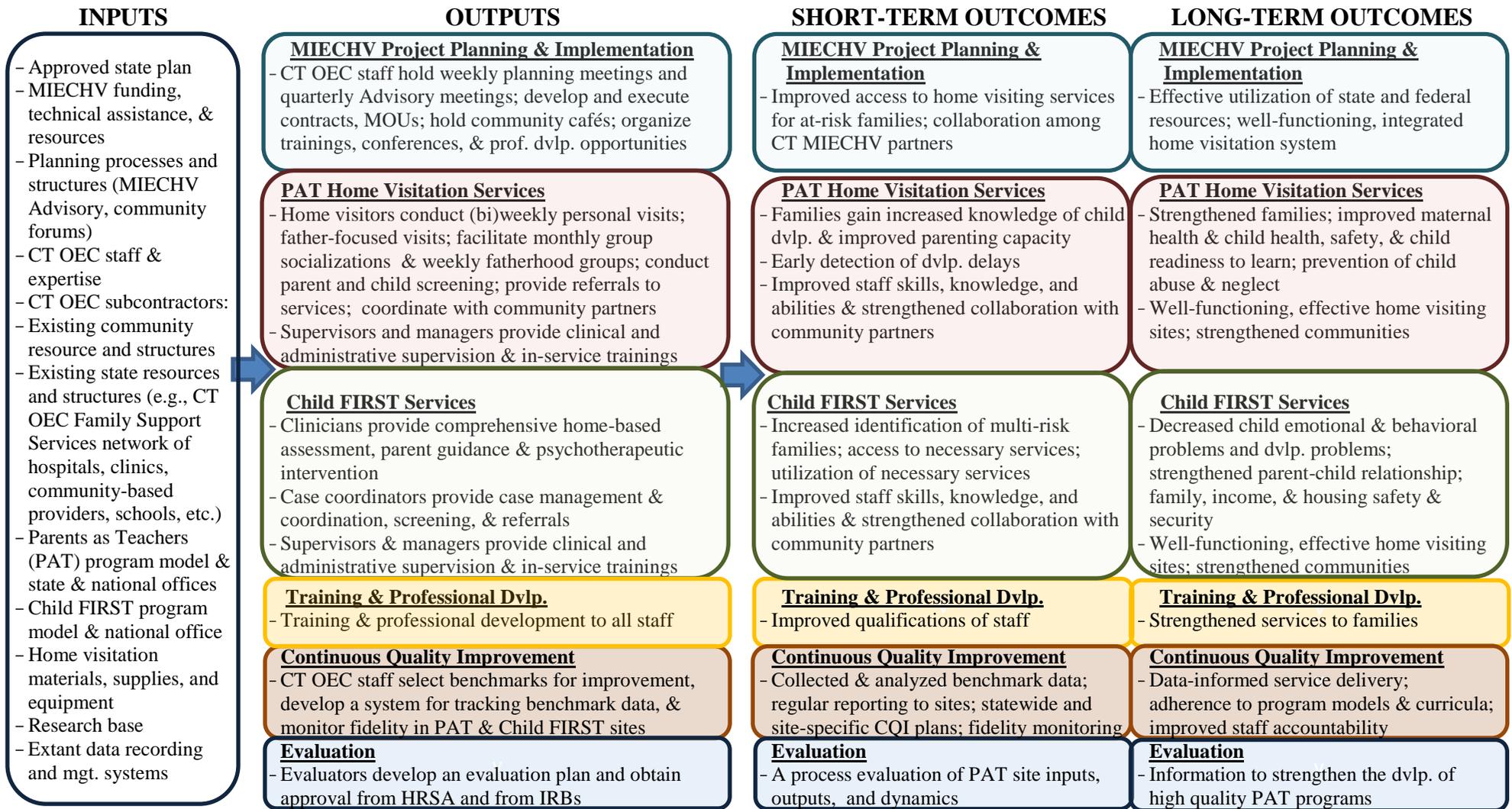
The Child First National Program Office looks forward to working closely with the OEC as a collaborative partner to further the excellent work of the MIECHV program.

Warm regards,

A handwritten signature in black ink that reads "Darcy Lowell, M.D." in a cursive script.

Darcy Lowell, MD
Founder and CEO
Child First, Inc.

Attachment 8: Logic Model



Attachment 9: Maintenance of Effort Chart

NON-FEDERAL EXPENDITURES

FY Prior to Application (Actual)	Current FY of Application (Estimated)
<p>Actual prior FY non-Federal funds, including in-kind, expended for activities proposed in this application. If proposed activities are not currently funded by the institution, enter \$0.</p> <p>Amount: __ \$ 0.00_____</p>	<p>Estimated current FY non-Federal funds, including in-kind, designated for activities proposed in this application.</p> <p>Amount: __ \$100,000._____</p>

Attachment 10: Letters of Support

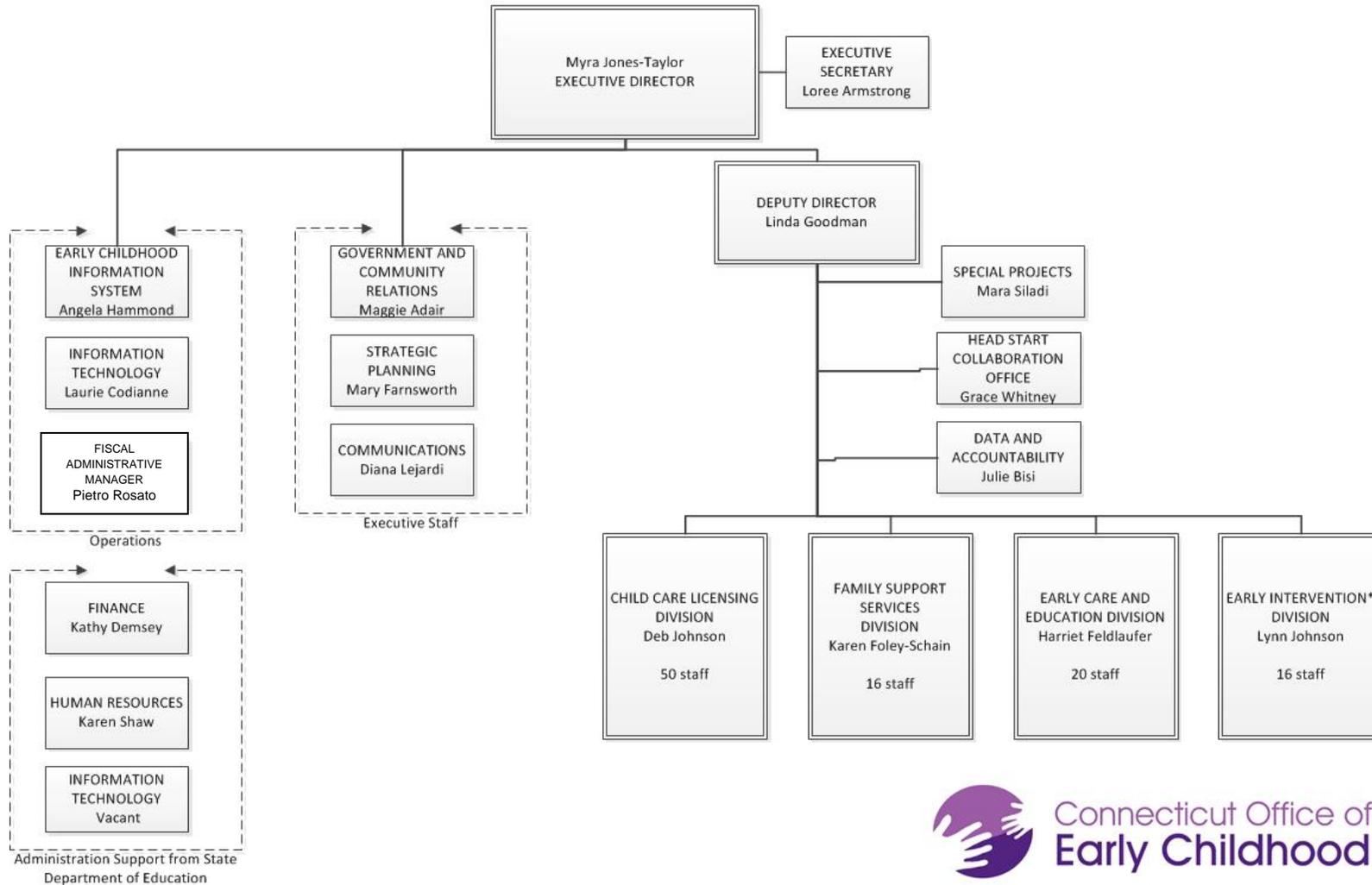
Governor Dannel P. Malloy's designation letter of OEC as the designated lead agency for the MIECHV programs in the State of Connecticut signed 10/7/2014.

The following agencies and organizations have agreed to the following terms of collaboration and partnership:

On behalf of the agencies and programs we represent, we will be involved in project planning, implementation and evaluation through our support and collaboration with the OEC in its efforts to continue to implement a high quality home visiting program in Connecticut. We offer our consensus and willingness to coordinate with the OEC in maintaining, improving and expanding evidenced based early childhood services through the Maternal Infant Early Childhood Home Visiting program.

Agency/Organization Name	Committed Programs by Name	Agency Head Title	Date Signed
Office of Early Childhood	<ul style="list-style-type: none"> State Advisory Council on Early Childhood Education and Care authorized by 642B(b)(1)(A)(i) of the Head Start Act CAPTA Title II State Child Care and Development Fund (CCDF) Administrator 	Commissioner	10/1/2014
Office of Early Childhood	<ul style="list-style-type: none"> State Head Start Collaboration Office 	Director	10/1/2014
Connecticut State Department of Education	<ul style="list-style-type: none"> IDEA Part B Elementary and Secondary Education Act Title I 	Commissioner	10/1/2014
Department of Social Services	<ul style="list-style-type: none"> Medicaid/Children's Health Insurance Program Temporary Assistance to Needy Families Supplemental Nutrition Assistance Program 	Commissioner	9/25/2014
Department of Children and Families	<ul style="list-style-type: none"> State child welfare agency 	Commissioner	10/1/2014
Department of Mental Health and Addiction Services	<ul style="list-style-type: none"> State agency for substance abuse services State mental health agency 	Commissioner	9/24/2014
Department of Developmental Services	<ul style="list-style-type: none"> IDEA Part C 	Commissioner	9/24/2014
Department of Public Health	<ul style="list-style-type: none"> State Title V Agency Injury prevention 	Commissioner	10/8/2014
Office of Policy and Management	<ul style="list-style-type: none"> State crime reduction initiatives 	Secretary	10/9/2014
Connecticut Coalition Against Domestic Violence	<ul style="list-style-type: none"> State Domestic Violence Coalition 	Chief Executive Director	10/1/2014

EXECUTIVE LEVEL ORGANIZATION CHART STATE OF CONNECTICUT OFFICE OF EARLY CHILDHOOD



*The Birth to Three Program of Early Intervention Division is proposed to be part of the office July of 2015

9/23/14

Attachment 12: Footnotes

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