Appropriations Committee Questions – OEC Responses
Tuesday, March 7, 1:30 – 2:30 p.m. via Zoom

1) **How many state positions and federal positions does OEC have? How many full-time positions and part-time positions? How many are filled and unfilled?**

   Our General Fund position count is 118. We have 80 General Fund positions filled. We have 4 Temporary Worker Retirees (TWR), 3 of which are General Fund positions. We have an additional 37 federally funded positions filled; 1 of those is a TWR. Except for the 4 TWRs, all are full time positions. We have 35 vacancies in our position count (38 if you do not include the TWRs).

2) **What statutory language is necessary to makes Birth to Three providers eligible for private provider COLA?**

   We are happy to review any proposed language drafted by LCO and put forth by the Committee related to Birth to Three providers. If needed, we will bring OPM into the conversations as they guide agencies about what providers were eligible based on statutory language.

3) **Follow up with details on the increase for Care4Kids rates. How does this impact provider rates and access (the number of children being served)?**

   The governor's budget provides sufficient funding to support rate increases in the Care 4 Kids program by 10% in FY 24 and FY 25 for licensed providers and 5% annually for unlicensed providers. Additionally, $35 million in SFRF ARPA is provided to support enrollment in Care 4 Kids above the 17,000 level. This will bring our state closer to the Federal Administration of Children and Families' (ACF) guidance for setting rates at the 75th percentile of the market rate. The rate increase will inject more money into the child care system, allowing providers to raise wages for workers, thereby helping Connecticut to attract and retain more early care and education teachers, a critical workforce shortage area. It also opens options for families on Care 4 Kids because more programs will accept the higher rate of payment resulting from the rate increases supported in the Governor's Budget. Also, the increased rates will reduce the difference between the subsidy provided through Care 4 Kids and the full cost tuition charged by providers, thereby providing financial relief to participating families, who have to make up this gap. Increased rates in the Care 4 Kids system will be balanced by the implementation of an enrollment management system. This will allow the state to provide more competitive rates in the child care market, while gradually reducing enrollment to a manageable level.

   It is important to note that most states operate some type of "enrollment management system" in order to manage costs and ensure that the neediest families get care first. If

Care 4 Kids continued to operate without some type of lever for enrollment management, caseload would likely exceed 20,000 children for the foreseeable future. The table below compares the total cost of the Care 4 Kids system in FY 24 and FY 25 at 17,000 children, the target enrollment level of the enrollment management system, and at 20,000 children, a conservative estimate of where enrollment would likely be without an enrollment management. Please note, Care 4 Kids is funded on an ongoing basis by federal CCDF funds, and the gap between the costs reflected below and the appropriation for Care 4 Kids in the Governor's Budget are anticipated to be met by those funds. Finally, please note that the $35 million in ARPA proposed by the Governor to support enrollment above 17,000 is not reflected in the table below.

Table 1: Cost of Care in the Care 4 Kids system With and Without and Enrollment Management Strategy

Total Cost of Care 4 Kids System		
	FY 24	**FY 25**
Enrollment Management Strategy	167,700,000	183,300,000
No Enrollment Management Strategy	197,263,000	215,613,047
Additional Cost	29,563,000	32,313,047

As demonstrated above, increasing rates in the Care 4 Kids System without managing enrollment would require an estimated additional $29.6 million and $32.3 million in FY 24 and FY 25 respectively above what is included in the Governor's Budget. In short, an enrollment management system allows us to raise rates and prioritize the most in need of child care, while inviting families off the waitlist as funding for spaces allows.

The Care 4 Kids caseload reduction will happen over two years. By the end of February, there were 20,670 active children enrolled. By December 2023, the annual caseload will be 19,500 and by June 2024 the annual average will be 18,500. This reduction rate will be slow and will mitigate a negative impact on children and families. The $35 million ARPA allocation for Care 4 Kids in the Governor's Budget makes this gradual rate of reduction possible while ensuring access to critical child care subsidies.

For some context, current subsidy rates are based on the Market Rate Survey (MRS) that was conducted in 2021. These will be increased in FY 24 and FY 25 by 10% for licensed providers and 5% for unlicensed providers.

4) **Provide racial demographic data and selection process of the OEC Parent Cabinet.**

See document, entitled **OEC Parent Cabinet.**

5) **Provide specifics on the increase in School Readiness and Child Day Care full-day preschool rates. How many slots does this impact?**

The Governor's budget increases the full-day preschool rate per child for the School Readiness and Child Day Care program from $8,924 to $10,500 (17.6% increase).

- FY23 Child Day Care Preschool full day/full year = 2,046 spaces
- FY 23 School Readiness full day/full year = 7,740 spaces
    - Priority School Readiness = 7,075 spaces
    - Competitive School Readiness = 665 spaces

6) **Please provide a breakdown of what is funded under the Early Care in Education line item. Why is there an increase in that line item and what is it paying for?**

Funded under the Early Care and Education line item is Child Day Care, Competitive School Readiness, Priority School Readiness, and School Readiness Quality Enhancement. The Governor's budget increases this line item by about $15 million to increase the School Readiness and Child Day Care program full-day preschool rates from $8,924 to $10,500. An additional $14.3 million is provided to annualize COLAs for School Readiness and Child Day Care programs provided in the previous biennium.

7) **Please provide a geographic breakdown of child care deserts.**

Please see excel document about **child care deserts.** This document is based on research, which used existing, public secondary data along with replicable geographical techniques. CAATI is a composite index developed upon the methods used by the Center for Disease Control Social Vulnerability Index, with areas (BGs) within the state ranked along 12 metrics within 4 dimensions. These dimensions are: supply characteristics; physical accessibility; type of demand; affordability. The score ranges between 1 to 11, with the highest reached value in the data used of 9. Any index >5 is considered as 'desertified'. Each metric has an independent score, and all scores were linearly summed.

8) **Please provide demographic information of the child care providers (race, gender, etc.)**

See document – **Early Care and Education Workforce Demographics**

9) **Provide details of funding for Birth to Three in FY 24 and FY 25 (reduction in $5M in GAP payment funding FY 25).**

The line-item change of $5.5 million directly results from the General Administrative Payment (GAP) reverting from $200 to $100 per child during FY25. The 2022 legislation temporarily increased the GAP from $100 to $200 to stabilize the Birth to Three

programs and provide the OEC time to conduct a rate study which will provide valuable information on the cost of early intervention and recommend Medicaid rates for services.

10) Which programs include a federal match and maintenance of effort requirements?
Please see chart below.

SID	Federal SID Name	MATCH $	MATCH SID	MOE $	MOE SID
20513	Infant & Toddlers-Disabilities			$ 3,110,247	12192
22683	MIECHV Grant			$ 10,217,642	12683
22973	CCDF - MANDATORY (CCDF)*			$ 18,738,358	16147
22974	CCDF - MATCHING (CCDM)*	$ 16,802,949	16147		
23003	PDG B-5 Renewal	$ 4,803,497	16274		
		$ 21,606,446.00		$ 32,066,247.00	
	Total Match and MOE			$ 53,672,693.00	

*CCDF Match and MOE reflected in a singular SID
** Only showing FFY23 amounts
*** PDG Planning amounts unknown at this time

11) How does OEC monitor quality assurance/evaluate programs?

Birth to Three: Birth to Three is held to standards required by the Office of Special Education Programs (OSEP), including indicators such as child outcome summaries, family survey results and summaries, and timeline indicators to account for compliance with Part C of the Individuals with Disabilities Education Act (IDEA). Additionally, the Birth to Three system in Connecticut monitors programs through a Priority Rubric that assesses program quality and the IDEA Compliance Self-Assessment (ICSA).

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

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

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

- Performance Evaluations: Additionally, Home Visiting conducts performance evaluations on each lead contractor at 9, 15, and 21 months. These evaluations include in depth reviews of benchmark completions, Rate Card achievements, Staffing, Salaries, Model fidelity, Caseloads, programmatic innovation, ACM meeting attendance, contractual obligations (report submissions), Sparkler usage and Corrective Action Plans.

State Funded Early Care and Education Programs: All state funded programs are required to meet quality assurance requirements detailed in OEC General Policies. State funded programs are monitored through desk reviews of compliance documentation (Registry information accurate and up to date, NAEYC accreditation, Qualified Staff Member, etc.), fiscal review of family fees determined and collected, child attendance data, as well as on-site classroom/program observations.

Child Care and Youth Camp Licensing: The OEC Division of Licensing is responsible for the administration of the child care and youth camp licensing programs. OEC licenses more than 3,500 child care centers, group child care homes, family child care homes, and youth camps in Connecticut. Programs are required to be licensed pursuant to the following sets of regulations:

- 19a-87b-1 through 19a-87b-18 – Family Child Care Homes
- 19a-79-1a through 19a-79-13 – Child Care Centers and Group Child Care Homes
- 19a-428-1 through 19a-428-7 – Youth Camps

The child care licensing specialists and supervisors, nurses, health program staff, administrative and support staff are dedicated to assuring that all licensed programs operate at or above the required standards established by state statutes and regulations which protects the health, safety, and well-being of participating children. Licensing ensures accountability and oversight of these baseline standards in critical areas such as abuse and neglect, staff-child ratios, staff qualifications, health care, educational requirements, and physical plant safety. This is accomplished by providing technical assistance, application processing, facility monitoring, complaint investigation, and enforcement activities.

The process of evaluating programs begins with the application process. Programs/providers submit all required documentation to the OEC which is entered into the licensing data system. Support staff review each application to determine whether the Division of Licensing has had previous interaction with the applicant and inform a supervisor for guidance before continuing with the application process. Upon receipt of all application materials, once the application is reviewed by a supervisor it is subsequently assigned to staff member who schedules an initial inspection. During that inspection, all areas of the regulations are reviewed including how to complete a corrective action plan should violations be cited. The corrective action plan is a declaration by the program/provider of the changes made to correct a violation to ensure compliance. When an acceptable corrective action plan is received, a license is issued.

Once a program is licensed, to further evaluate programs, unannounced inspections of each licensed program are conducted at least once each year. Each inspection conducted measures a programs compliance with the regulations. Staff also monitor compliance with ongoing terms of a consent order or other disciplinary terms imposed on the setting and incorporate any areas of noncompliance on a Licensing Inspection Report.

The Complaint Investigation Unit responds to all complaints for both licensed and unlicensed facilities throughout the state that fall within our jurisdiction. Complaints are received from a variety of sources including parents, staff, neighbors, DCF, law enforcement officials, local health departments, and other providers. Complaints range from allegations pertaining to physical plant issues to allegations of abuse and neglect. Complaints alleging illegal operation of a program are also investigated by OEC, and we provide technical assistance on the regulations for those who choose to become licensed.

Each inspection/investigation includes a site visit during which the specialist/inspector makes observations throughout the facility, reviews records, and speaks to staff. If violations are cited, the inspector/investigator discusses the violations with the provider and leaves a corrective action plan form for the provider to complete within the required time frame. In addition to the site visit, a complaint investigation may also include interviews, parent reviews, facility observations, and a review of reports from medical facilities, police departments, DCF, and other agencies. Surveillance is also conducted during some complaint investigations.

When OEC has reason to believe a licensed facility has failed to substantially comply with the Regulations as the result of a complaint investigation or inspection, has a continuing pattern of noncompliance, or fails to correct substantial violations, a referral to our legal division for possible enforcement action is initiated. The outcome of such a referral might mean the program/provider submits an additional corrective action plan ("Negotiated Corrective Action Plan"), enters into a voluntary agreement with the OEC called a Consent Order, surrenders the license, or the OEC may issue a Statement of Charges proposing a licensure action which could include conditions such as a civil penalty or license revocation**.**

12) Please provide details about Child First funding and providers.

There are currently 7 agencies implementing the Child First model across 5 out of the 6 regions. Of the OEC's total $18.6M (state and federal) Home Visiting budget Child First receives approximately $2M. Across the state, there are 23.26 FTEs providing services to at least 96 families per year. The Child First model, according to the National Program Office, average length of enrollment is 6-9 months. Since July 1, 2021, Child First has provided services to 239 children throughout the state.

This model provides services to families through a teaming approach which include a Clinical Director, Clinician, and a Care Coordinator. The clinical director serves as the supervisor to a 2-person team (Clinician and Care Coord.) The team works in tandem to support a family by providing behavioral health/Child-Parent Psychotherapy (clinician) and case management (Care Coordinator). To maintain model fidelity there needs to be a clinical director/supervisor overseeing the clinician and care coordinator for services to take place. Currently all but 1 program are fully staffed with all 3 positions needed to make a team.

Program	Region	Funding Source	Funding Amount	Staffing FTE	Currently Fully Staffed? Y or N	Capacity
Child Guidance of Southern CT	1	STATE	$177,825	1.7	yes	6
Clifford Beers	2	STATE	$475,625	4.78	yes	18
The Village	4	MIECHV	$176,790	2.5	yes	12
Charlotte Hungerford	5	MIECHV	$257,045	3	no	12
Family and Children's Aid	5	STATE	$214,324	4	yes	12
Wheeler	6	MIECHV	$510,000	4.78	yes	24
Child Guidance Clinic for Central CT	6	MIECHV	$195,000	2.5	yes	12
Total Funding/year			$2,006,609	23.26	5/6	96

13) Please bring details of the Home Visiting Rate Card.

The OEC Rate Card provides incentive payments to providers for the achievement of outcomes that 1.) generate significant value to families, communities, and government, 2.) are measurable and can be linked to administrative data systems, 3.) focus on two-generational impacts, and 4.) offer all providers an equal and fair opportunity to earn incentive/bonus payments. Our (4) outcome metrics are reflective of our home visiting system goals and impact family health and well-being. Contractors can earn up to 4% of their contract value in rate card payments.

The following rate card metrics are in the current contracts:

1. **Key population enrollment ($320):** Enrollment of any caregiver who identified as Black/African-American, Puerto Rican and/or Native American and/or less than 20 years of age at enrollment
    - As shown in the table below for state fiscal year (SFY) 2022 there were 1,238 new enrollments with 57% of those enrollments meeting the key population definition and for the first half of fiscal year 2023, 56% of the 667 newly enrolled families met the key population definition. In total from the start of the contract through December 21, 2022 of the 1.900 new enrollments across the system 1,082 or 57% of them met the above key priority population definition and were provided evidence-based home visiting services.

2. **Prenatal enrollment ($640):** Enrollment of any caregiver prenatally before 32 gestation weeks
    - In state fiscal year 2022 57% of newly enrolled families were enrolled before 32 weeks' gestation and in the first half of SFY 2023 of the 667 newly

enrolled families 371 were enrolled before 32 weeks' gestation. The system overall since July 1, 2021, has enrolled 1,905 families and 31% of those families were enrolled before 32 weeks' gestations.

3. **Caregiver education & training or employment ($160):** Supporting or assisting caregivers each quarter to enroll or maintain enrollment in an education/training program (such as high school, job training or ESL classes) OR attaining or retaining employment working at least 20 hours/week OR graduating from an education/training program.

- Overall, since July 1, 2021, the Home Visiting system has supported 43% of our enrolled families to enroll or maintain enrollment in an education/training program or attaining or retaining employment working at least 20 hours/week or graduating from an education/training program. As enrollment grew over the course of time the education and training or employment rates remained steady from SFY 22 at 42% and quarters 1 and 2 of SFY23 at 43%.

4. **Prenatal & postpartum care ($730):** Supporting or assisting caregivers enrolled before 32 gestation weeks to complete at least 3 prenatal visits with any healthcare provider after enrollment and at least 1 postpartum visit and 1 well-child visit within 8 weeks after delivery.

- Throughout SFY22 of the 163 newly enrolled prenatal families 70 or 43% enrolled prior to 32 weeks' gestation and attended each of the prenatal, postpartum and well child visits. Overall, since July 1, 2021, there were 301 newly enrolled prenatal families and of those families a total of 139 or 46% met the above metric and enrolled prior to 32 weeks' gestation, attended 3 prenatal, 1 postpartum and 1 well child visit within 8 weeks of delivery.

Rate Card Outcome	State Fiscal Year 2022	First half of State Fiscal Year 2023	Total from July 1, 2021 – December 31, 2022
Outcome 1. Key population Enrollment	711/1,238(57%)	371/667 (56%)	1,082/1,905 (57%)
Outcome 2. Prenatal Enrollment	364/1,238 (29%)	224/667 (34%)	588/1,905 (31%)
Outcome 3. Caregiver Education and Employment	2,793/6,596 (42%)	1,568/3,610 (43%)	4,361/10,239 (43%)
Outcome 4. Prenatal and Postpartum Care	70/163 (43%)	69/138 (50%)	139/301 (46%)