

STRENGTHENING FAMILIES' ECONOMIC WELLBEING

LESSONS FROM CONNECTICUT'S OUTCOMES RATE CARD

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An earlier version of this chapter, authored by former Commissioner David Wilkinson, appeared in the first volume of Workforce Realigned in 2021.

Having a child is an immense responsibility. Every new parent could benefit from receiving help in raising a baby and becoming a good parent — and to provide economic stability for their families, parents need support so they may pursue work and education to their fullest extent. Yet most governments do not connect their programs in workforce development with those in early childhood support.

At the Connecticut Office of Early Childhood (OEC), we are dedicated to funding and overseeing programs that help families care for their children from birth until grade school. We oversee high-quality child care and offer preventative services to support families. We also offer home visiting programs, which foster healthy and happy families by delivering parenting support, early education, and referrals to resources for families during their pregnancies and for children ages 0–5. Families enroll in home visiting for help with wellness and infant care as well as other identified needs. These issues could be those that affect parents, such as maternal depression or substance use, or those that affect children, such as early behavior or developmental concerns. Home visiting is voluntary and free of charge and can span several

years, depending on the program. Visits take place in the family's home, in a community space, or virtually when needed — all to ensure that families get the support they need.

As the commissioner of the OEC, I ask myself: How can the OEC best set up families for success? And how do we know whether success for families has been achieved? To answer these questions, in 2018 former OEC Commissioner Dave Wilkinson launched one of the country's earliest outcomes rate cards. A rate card is a set of metrics describing desired outcomes and specifying how providers can earn a payment for each achievement. Since then, the OEC has used the rate card as a tool to predefine operational and performance priorities and paired it with monetary incentives to reward strong provider performance. Rate cards can include any number of outcomes depending on the context: an unemployed individual obtaining a quality job, a person experiencing homelessness attaining stable housing, or a new mother having a healthy birthing experience.

The Connecticut home visiting system was an ideal place to pilot a rate card approach. First, home visiting providers offer programs that the U.S. Department of Health and Human Services deems “evidence based” given the measurable impacts of these services on positive outcomes ranging from improved child development to better maternal health.²¹² Second, many providers delivering home visiting services in Connecticut are funded by the Maternal, Infant, and Early Childhood Home Visiting Program, a federally funded program that requires providers to report on metrics, including preterm birth, postpartum care, and intimate partner violence screening.^{213,214} As a result, even prior to the rate card implementation, Connecticut providers — from community-based organizations to hospitals — had experience in delivering high-quality services and reporting on meaningful outcomes.

The OEC launched the first outcomes rate card in January 2018, followed by a subsequent rate card in July 2018. In January 2019, Governor Ned Lamont appointed me as the commissioner of the Connecticut Office of Early Childhood, and in 2019 and 2020, I oversaw three additional rate cards that built on the knowledge acquired from the prior initiatives, including improved processes to design and implement them.

212 U.S. Department of Health and Human Services, “Models Eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Funding,” <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>.

213 Health Resources and Services Administration, “Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program,” <https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program>.

214 Health Resources and Services Administration, “Maternal, Infant, and Early Childhood Home Visiting Program,” <https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf>.

/ FIGURE 1 /
RATE CARD DESIGN SINCE JULY 1, 2021

Metric	Definition	Price Per Achievement
Key Population Enrollment	Enroll any mother, father, or other caregiver who identifies as Black/African American, Puerto Rican, and/or Native American and/or less than 20 years of age at enrollment.	\$320
Prenatal Enrollment	Enroll any caregiver prenatally before 32 gestation weeks.	\$640
Caregiver Education/ Training or Employment	Each quarter, the caregiver: <ul style="list-style-type: none">• Enrolls or maintains enrollment in an education and training program (e.g., high school, job training, or English as a second language), or• Attains or is retained in employment working at least 20 hours a week, or• Graduates from an education and training program.	\$160
Prenatal and Postpartum Care	For any mother, father, or other caregiver enrolled before 32 gestation weeks, completion of at least three prenatal visits with any health care provider after enrollment and at least one postpartum visit and one well-child visit within eight weeks after delivery.	\$730

Each of the rate cards had a combination of the following metrics: safe children, caregiver employment, full-term birth, family stability, parent-child wellness, and caseload maintenance. For new contracts starting on July 1, 2021, we implemented the version of the rate card that is still in effect today. This rate card has four metrics: Key Population Enrollment, Prenatal Enrollment, Caregiver Education/Training or Employment, and Prenatal and Postpartum Care (see Figure 1).

Several years later, we can assess the current rate card’s progress by reflecting on the goals that we developed when the first outcomes rate card launched in 2018: (1) fund outcomes, not inputs; (2) listen to providers’ feedback and center goals on families’ needs; and (3) use rate card data to improve performance.

We will focus on the Caregiver Education/Training or Employment metric, as the inclusion of this metric is significant to our mandate, which is inclusive of supporting families' economic stability, defined as educational attainment and full-time employment in quality jobs. Ultimately, the OEC's investment in home visiting is an investment in Connecticut's economic future: Only with a robust family support system can families pursue work and education to their fullest extent. With economic stability, children can lead healthy and happy lives.

FUND OUTCOMES, NOT INPUTS.

Rate cards began as an effort to address a challenge with traditional government contracts: They distribute funding based on services rendered rather than results achieved. Before we implemented rate cards, the OEC paid home visiting providers based on the number of staff hired to serve families, as opposed to whether those families completed their home visiting programs, met their near-term goals, and/or achieved long-term outcomes after receiving services.

A rate card addresses this problem by linking funding to results; a government agency pays providers for each metric achieved. In the OEC's current rate card, providers earn up to 4% of their contract amount in bonus payments added to existing contracts if they achieve metric targets (see Table 1). By funding outcomes achieved, the rate card tool creates incentives for home visiting providers to focus their efforts on activities that improve those outcomes.

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Making the transition to funding outcomes instead of inputs raises operational considerations for providers. For instance, the Caregiver Education/Training or Employment metric elevates several questions: Will providers be tempted to enroll families who are already employed or enrolled in an educational program, rather than serving families with higher needs, such as those with disabilities or diagnoses that prevent them from working full-time? Should providers encourage families to work, even if those families hold cultural beliefs that prioritize bonding with their babies? How should providers weigh the OEC's policy priorities against the preferences of parents who may want to stay at home with their children?

These considerations are not hypothetical. They are real and valid concerns from several home visiting providers who find the Caregiver Education/Training or Employment metric to be both challenging to achieve — for instance, if the metric is at odds with a family’s goals — and beyond their scope of work, which is more focused on strengthening parent-child interactions than connecting families to jobs. Other providers have not offered significant negative feedback on the Caregiver Education/Training or Employment metric, as they recognize the link between family economic well-being and flourishing children. Regardless, at the OEC, we understand that tying funding to outcomes may lead to operational questions from providers.

We should also take care to avoid equating correlation with causation: Funding outcomes does not mean attributing outcomes achievements to the actions of providers alone. Home visiting providers’ effort is but one component of whether an outcome is achieved for a given family. Families may reside in towns with few job openings that align with their interests, they could be interested in participating in a job training program but cannot afford to forgo wages during training, or they may be unable to afford child care (a cost burden that many families find challenging). Home visiting providers may also simply not receive enough funding, from the OEC or their other funders, to invest in the staff and resources needed to identify employment opportunities for the families in their care.

By including the Caregiver Education/Training or Employment metric in our rate card, we created a structure to answer these questions. The metric has also facilitated conversations with home visiting providers on how to improve education and employment outcomes for families. And, to the extent that providers achieve this outcome, we leverage our role as a funder to reward strong service delivery by disbursing bonus payments to home visiting providers. In tracking this outcome’s performance and offering bonus payments for outcomes achievements, the rate card serves as an accountability mechanism for the OEC’s policy priorities.

Despite these challenges, one thing remains clear: The rate card’s ability to fund outcomes holds us accountable to our policy priorities. We are interested in improving families’ economic conditions through home visiting, and we seek to track improvements over time. The last formal articulation of the OEC’s home visiting strategy was in our 2020 Request for Proposals (RFP),²¹⁵ which stated that the “OEC seeks to cultivate the physical, social, emotional, psychological, and economic conditions that promote family wellbeing.”

215 Office of Early Childhood, Request for Proposals (RFP) for Home Visiting Programs,” RFP Name: OEC-21-CT Home Visiting System, November 24, 2020, <https://www.ctoec.org/wp-content/uploads/2020/09/OEC-HV-RFP-November-24-Updated.pdf>.

LISTEN TO PROVIDERS' FEEDBACK AND CENTER GOALS ON THE NEEDS OF FAMILIES.

Families receiving home visiting services often struggle to meet even basic needs, such as accessing transportation, paying electricity bills, and buying diapers for their children — challenges that all stem from low income.²¹⁶ And yet home visiting providers have not traditionally focused on employment and education, despite this being a likely solution for families to meet these core needs.

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This is just one example of a common challenge across government programs: They often operate in siloes, addressing one concern at a time without necessarily coordinating with other publicly funded resources, such as those offered by pediatricians, preschools, and job training organizations. This coordination is critical since a parent is likely not to be present with their children if they endure, for instance, financial stress from being under- or unemployed.

The Caregiver Education/Training or Employment metric was included in the rate card to address the lack of cohesion between home visiting and other services supporting families' economic security. Since then, we have opened a new dialogue with providers regarding their strategies to support families' economic security. Some providers have actively worked with families to set goals regarding education and employment. Others have proactively referred families to educational programs, such as English as a second language (ESL) courses at public libraries, and employment programs through partners like AmeriCorps, Building One Community, Goodwill, and the Kennedy Collective. Others offer direct support to teenage parents to ensure they stay enrolled in high school, such as purchasing backpacks or arranging access to child care.²¹⁷ The metric has prompted real action from home visiting providers to support families' goals.

²¹⁶ Focus groups and interviews with caregivers in 2023.

²¹⁷ Conversations with home visiting providers.

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While the Caregiver Education/Training or Employment metric was selected with families' goals in mind, we could take it a step further. Currently, the metric is broadly defined to award bonus payments if families are employed or in an education program, regardless of whether these goals are sustained. The metric also does not include measures of job quality, such as retention, career advancement, or wage growth. Additionally, the achievement rate is calculated based on all families served in home visiting; we could refine eligibility to exclude families who may not be interested in pursuing education or employment, or who are unable to pursue these goals. In the future, we will likely incorporate home visiting providers' and families' feedback to further build upon this metric.

USE RATE CARD DATA TO IMPROVE PERFORMANCE.

While we at the OEC collect information about families served in home visiting, developing strategies based on this information can be challenging. Typical questions that we ask ourselves include: Which metrics should we prioritize? How is the system performing on those metrics? How has that performance changed over time?

The rate card provides us with a much better understanding of state-level performance on our systemwide priorities. Results from the rate card from July 1, 2021, through June 30, 2024, show some improvement (Figure 2). For the Caregiver Education/Training or Employment metric, we see that the achievement rate has largely stayed the same over time: 43%, 43%, and 41% in each of the three years. Unlike the other four metrics, for which providers are awarded bonus payments on a one-time basis for each caregiver who achieves the metric, the Caregiver Education/Training or Employment metric generates bonuses to providers for each quarter that it is achieved. The number of caregiver achievements increased: approximately 2,700, 3,230, and 3,580, totaling the number of quarterly achievements in each year. However, the number of caregivers eligible, totaling the number of caregivers eligible each quarter (i.e., double-counting caregivers enrolled in home visiting over multiple quarters), increased at a higher rate: approximately 6,340, 7,460, and 8,770. Similarly, the Key Population Enrollment and Prenatal Enrollment metrics' achievements stayed largely consistent over time, with an achievement rate of 57% in the third year.

/ **FIGURE 2** /

**RATE CARD ACHIEVEMENT RATES FROM JULY 1, 2021
THROUGH JUNE 30, 2024**

Metric	July 1, 2021 – June 30, 2022	July 1, 2022 – June 30, 2023	July 1, 2023 – June 30, 2024
Key Population Enrollment	58% 710 achievements out of 1,230 eligible	55% 730 out of 1,320	54% 750 out of 1,390
Prenatal Enrollment	32% 390 out of 1,240	38% 500 out of 1,330	34% 470 out of 1,400
Caregiver Education/ Training or Employment	43% 2,700 out of 6,340	43% 3,230 out of 7,460	41% 3,580 out of 8,770
Prenatal and Postpartum Care	39% 60 out of 160	51% 180 out of 340	57% 220 out of 400

Access to the data has also prompted additional analyses that have informed our understanding of the system. For instance, we were interested in understanding the relationship between employment status and retention in home visiting services. After conducting this analysis, we found that families who are unemployed exit home visiting services at a higher rate than caregivers who are employed. While we intuitively understand that families who are unemployed are likely families with higher needs who may be more challenging to engage in services, we were only able to validate this understanding through data collected for the Caregiver Education/Training or Employment metric.

Reviewing the data is helpful, but the knowledge gained and insights generated through the process of discussing the results with home visiting providers are perhaps even more valuable. At the OEC, we meet monthly with home visiting providers to discuss their successes and challenges and have convened meetings over the years to review rate card results. These conversations have elevated the varying needs of families served by home visiting; some are actively seeking employment or education, whereas others have higher needs and cannot focus on those activities yet.

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Ultimately, the limited improvement in the Caregiver Education/Training or Employment metric at the statewide level indicates that improving families' economic security requires a coordinated effort by Connecticut agencies, beyond the actions of home visiting providers alone. For instance, we could better market the Connecticut Department of Labor workforce development programs to families enrolled in home visiting. We could partner with the Connecticut State Department of Education to ensure that all teenage parents are enrolled in home visiting. We could strengthen the coordination with the Connecticut Department of Social Services and the Department of Public Health to ensure that families receive government assistance that they are eligible for, such as Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children, and Temporary Assistance for Needy Families. Ultimately, we can leverage the rate card to improve the home visiting system — ensuring healthy and happy families across Connecticut.

Over the past six years, we have learned much about the home visiting system through the rate card. These lessons include the necessary resources and time needed to execute an initiative that ties payment to performance — from design to implementation to action.

At the design stage, developing metrics based on home visiting providers' and families' goals is critical. Going forward, we expect to engage community participants — through surveys, focus groups, or interviews — to better understand the priorities of families served and ensure that our policies reflect those needs. At the implementation stage, we understand the need to accompany each metric with a performance standard, such as an achievement rate that the system should aim toward, which will target our efforts. Additionally, rate card implementation requires sufficient staff support across programmatic, fiscal, data, grants and contracts, and legal teams. For other jurisdictions interested in piloting similar initiatives, we recommend aligning with internal teams and establishing corresponding accountability mechanisms.

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Lastly, we recommend that rate card insights be used to prompt action, not only for providers offering services but also at the funder level. We plan to use results from the rate card to inform broader policy decisions for home visiting, such as in our next home visiting RFP. We look forward to implementing this rate card in the years to come and leveraging its lessons learned for other outcomes-based initiatives that we implement at the OEC.

Beth Bye was appointed as Commissioner for the Connecticut Office of Early Childhood (OEC) by Governor Ned Lamont in January 2019.