

2016 Program Report Card: Nurturing Families Network (Office of Early Childhood)

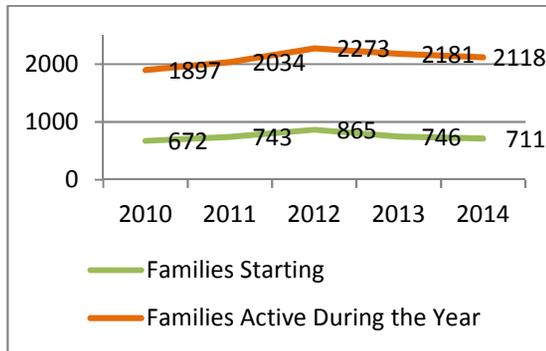
Quality of Life Result: Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

Contribution to the Result: Improve parenting skills and prevent rates of abuse and neglect.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 15				
Estimated FY 16				

Partners: Nurturing Families Network infrastructure includes 38 sites operating within all birthing hospitals, and partners with dozens of public and private service centers.

How Much Did We Do? NFN Participation Rates: (2010 – 2014)



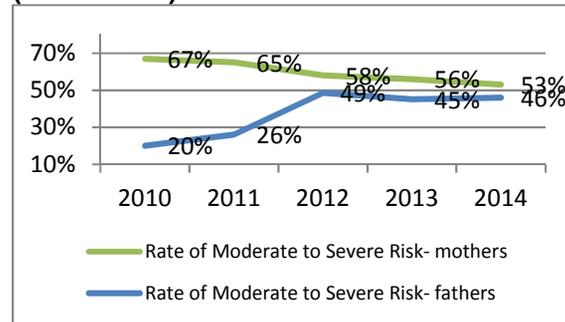
Story behind the baseline: This performance measure examines the volume of families enrolling and the number of families served in Nurturing Families Network PAT home visiting services each year. The annual number of families enrolling in home visiting services has increased from 672 in 2010 to 711 families in 2014, a 6% increase. Additionally, the number of families served in NFN home visitation per year rose approximately 11.9% from 2010 to 2014, with 1,897 participants in 2010 to 2,118 participants in 2014. Furthermore, 299 fathers enrolled in NFN since father home visiting in 2009.

The slight decrease of families enrolling in the program from 2012 to 2014 is in part is likely due to retention of families in the program.

Trend:

Trend Going in Right Direction? Yes;

How Well Did We Do It? Rates of Moderate to Severe Family Stress (2010 – 2014)

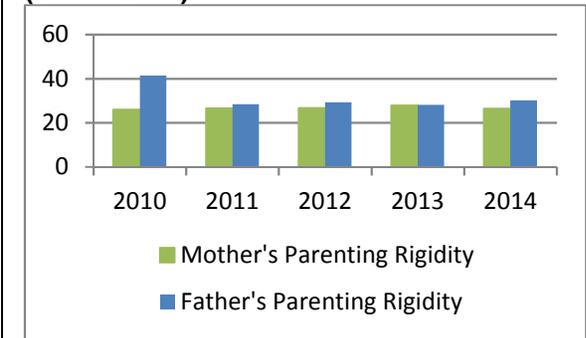


Story behind the baseline: Rates of moderate to severe family stress, as measured by the Kempe Family Stress Checklist, are presented. These data show that over 53% of mothers score between the moderate to severe range in areas of multiple sources of stress including childhood history of abuse and neglect, social isolation, depression, and history of crime and substance abuse. Additionally, as more fathers enter in the father home visiting program each year, scores ranging from moderate to severe stressors and risk are increasing from 20% in 2010 to 46% in 2014, in areas of multiple stressors, history of crime, substance abuse, and mental illness. This proxy denotes that screening for NFN program eligibility continues to be successful in reaching its target population.

Trend:

Trend Going in Right Direction? No; Flat/ No Trend

How Well Did We Do It? Parenting Rigidity: Mothers and Fathers (2010 – 2014)



Story behind the baseline: One of many measures NFN employs at program entry, 6 months, and each consecutive year of involvement is the Child Abuse Potential Rigidity (CAPI-R) subscale. CAPI-R subscale scores indicate the level of rigid parenting attitudes, which is positively correlated with risk for maltreating children. The average score for a normative population on the CAPI-R is 10.1. The average scores demonstrate that NFN home visiting services are enrolling families in need of support for parent education and case management. Over the course of four years entering NFN participating mothers scored an average between 25.9 to 27.8, and, since father home visiting service inception and refining recruitment efforts, fathers score an average of 41.4 to 28.1 at program entry.

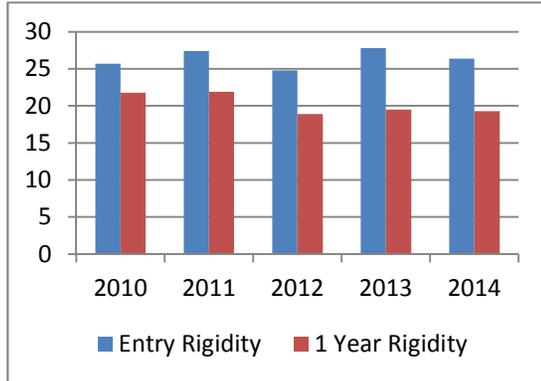
Trend:

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Quality of Life Result: Young children in Connecticut will have quality parental care that meet their needs and will be healthy, developmentally on track, and ready to learn.

Is Anyone Better Off?

Parenting Rigidity Outcomes after 1 Year of NFN Program Participation



Story behind the baseline: Families participating in NFN home visiting show significant reductions on the rigidity subscale of the Child Abuse Potential Inventory-Rigidity (CAPI-R).

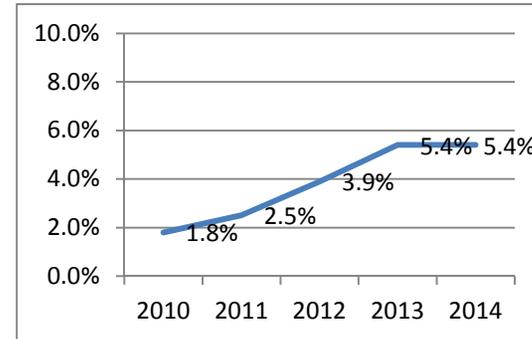
As part of measuring program effectiveness, the CAPI-R is used to identify parent attitudes toward the behaviors and appearances of children on a continuum of rigidity. A score of 30 or more is considered an indication of higher risk, and is generally exemplified by expecting children to rigidly fit into a mold. While only 5% of the general population score above a 30, nearly half of NFN parents that enroll in the program possesses a higher than average level of rigid parenting attitudes compared to the general public (not shown in table). Despite these initial high scores, a statistically significant decreases was found after one year of participation in NFN, parents' scores, indicating progress in their development of (reduced rigidity and thus, risks for maltreatment) expectations of their children.

Trend:

Trend Going in Right Direction? Yes;

Is Anyone Better Off?

Early Identification of NFN Children with a Potential Delay on the Ages and Stages Questionnaire



Story behind the baseline: According to the CDC, approximately 13% of children are diagnosed with a developmental disability nationwide. The NFN program completes child developmental screens for all participating children using the Ages and Stages Questionnaire. Experts agree that early detection of at-risk children offers the best hope for early intervention and better trajectories of well-being; preventing cumulative costs related to education, mental health, and juvenile justice systems.

The figure displays the increase in the rate of children identified with a potential delay on the ASQ screen in all children served in NFN. In 2014, families and home visitors completed 3,736 screens using the Ages and Stages Developmental Monitoring Measure. Each year only a small percentage of the children show a "red flag" for a developmental delay. The rates for the past 5 years have ranged from 1.8% to 5.4%. Following the result of the screen, NFN home visitors and clinical supervisors offer to facilitate customized support and connections to referrals such as Birth to Three or other provider services.

Trend:

No; Flat/ No Trend

Proposed Actions to Turn the Curve:

The Continuous Quality Improvement team, which includes elected representatives of program staff, OEC leaders, and evaluators, is instituted to provide a forum to discuss program needs, improve standards, and integrate research-informed program practices. To further enhance program operations, network meetings are incorporated as part of CQI process in which the elected representatives, by program peers, assist as conductors of information to and from CQI.

The NFN program leaders commission several special projects, which provide insight on best practices in delivering services that capitalize on home visiting efforts for mothers, fathers, and children. These special projects include a study on child outcomes, and an expansion of In-Home Cognitive Behavior Therapy model offered by licensed mental health

Family Support Service Division of the OEC continues to expand capacity for home visiting through federal and state (Nurturing Families Network) funding in which OEC is leading efforts in expanding access and opportunities for CT families toward connection services: Child First; Early Head Start; Nurse Family Partnership; and PAT Nurturing Families Network services.

Data Development Agenda:

The implementation of a web-based data system began in 2012. Program leaders provides technical assistance, and support, to funded NFN programs. Ongoing training on the utility of the web-based system continues for improvements and continuation of uniform documentation in monitoring service delivery and program outcomes.