Yale DCF/NFN Child Abuse Study
The full presentation was deferred to the September meeting of the Prevention Partners. Laura shared the following information provided by Dr. Leventhal:

- The study analyzed outcomes for a population of 8,000 families over an 8-year period (January 2008 to December 2013) and is the largest outcome study to date for home visiting.
- The research design compared outcomes for families offered Nurturing Families Network (NFN) to families that declined or were never offered NFN.
- Families with at least one CPS investigated report occurred more frequently in NFN group which may reflect surveillance bias.
- NFN families were 21% less likely to have a substantiated CPS report – can conclude that enrollment in HV significantly reduced substantiations of child maltreatment in investigated CPS reports. The study results support continued efforts to bring HV to at-risk families.
- Additional sub-analysis is still underway to examine bias and an article is being written for submission to peer-review journals.

State Budget Update
The FY2017 budget enacted under law included cuts to the Office of Early Childhood from $297M to $294M which necessitated identifying approximately $1 million in cuts to Family Support Services. The impact of the final budget included the following:

- Elimination of state funding for Family School Connection and Family Empowerment Programs.
- Cuts to Healthy Start, Help Me Grow and the Early Literacy Pilot
- Preservation of Nurturing Families Network, School Readiness, Even Start, Quality Improvement, Birth to Three1 and 52 Community Plans

The Partnership asked about the status of Care for Kids, which is an economic lifeline for families who work and cannot afford child care. Maggie Adair shared that the Care for Kids Child Care Development Block Grant reauthorized in 2014 includes policy changes on quality and continuity of care for children but did not include any new federal dollars to meet the new requirements. In order to meet these requirements in Connecticut, the decision was made to allow current families enrolled in Care for Kids to stay in the program; however, the program will be closed to new Priority 4 applicants.2 The United Way will report on waiting lists for Care for Kids.

Federal Grant Applications Update

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1 It was noted that while, Birth to Three services are entitlement, the budget currently has deficiencies due to greater than projected needs for autism services. OEC is working on a plan to address.
2 Care for Kids Applicant Prioritization: Priority 1 - Under 19 years of age; Priority 2 - TANF recipients; Priority 3 - Income-level is 30% to 50% of the federal poverty line; Priority 4 - Income level is 100% of the federal poverty line.
In recent months, the OEC submitted several applications:

1. **Community Based Child Abuse Prevention (CBCAP) Reauthorization/Grant.** The OEC is the lead agency for the State of Connecticut for this grant and was able to claim state and private funds spent towards child abuse prevention in an amount no less than $23 million. Based on this level of state and private funding, the OEC requests $807,000 from CBCAP. The budget detail for spending the CBCAP grant award includes community based prevention services (including Home Visiting), evaluation, personnel costs, and public awareness campaigns among other line items.;

2. **Early Childhood Comprehensive Services (ECCS) Impact Grant.** If awarded this project will increase early identification of children at risk for not meeting developmental outcomes by age three and linking these families to community-based services.

3. **Maternal, Infant, and Early Childhood Home Visiting Program (MEICHV) – Quality Enhancements Grant.** The OEC submitted an application; if awarded the $2M for quality enhancements, the funds will be used to develop and retain a highly skilled MEICHV-funded home visiting workforce in partnership with community experts, higher education and professionals in early childhood development. The proposal calls for an innovative video-based instruction designed to address the challenges of working with complex, multi-need families. The outcomes will be evaluated and participants will receive CDE credits. The intent of Health Resources and Services Administration (HRSA) is to replicate evidence based quality enhancements.

**CT Prevent Child Abuse Chapter**

Members of the Prevention Partners (Laura Amenta, Faith Vos Winkel and John Leventhal) met with Krystal Rich, Executive Director of the Connecticut Children’s Alliance to determine the best collaborative structure to meet Connecticut’s needs for a PCA chapter. Laura and Krystal developed a proposal which was submitted to PCA America for approval. PCA America has responded. Pending slight modifications, the proposal will be submitted to the Commissioner of OEC for discussion.

**Triple- P Update**

In Connecticut, Triple- P Positive Parenting Program\(^3\) was piloted by two agencies (DCF and OEC) starting in 2012. The full Triple- P program operates at five levels with intensity of parental involvement and support rising for each level.\(^4\) Both the DCF and OEC pilots implemented primarily Levels 2-4. Level 5 training, for clinical professionals was not included in the pilot. The OEC pilot included a Level 1 Media/Communication program. The OEC pilot also included an evaluation from the University of Connecticut Center for the Study of Culture, Health and Human Development.

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\(^3\) Triple- P Positive Parenting Program is a public health prevention approach to prevent and treat behavioral and emotional problems in children, in the context of family, school and community. At the heart is an evidence-based parenting program which combines features of a cognitive-behavior approach and social learning theory. The program was initially developed at the University of Queensland (Australia) and expanded internationally. The approach has been the focus of dozens of research and evaluations and has proven outcomes for population-level reduction of child-abuse/maltreatment rates.

\(^4\) Triple P levels: Level 1 consists of media/communication strategy; Level 2 involves brief 20-minute consultations with parents dealing with common development issues such as bedtime or toilet-training; Level 3 and 4 focus on broader or more persistent behavior problems such as tantrums, fighting with siblings, or oppositional behavior and includes a range of in total from 1.5 hours (Level 3) to 10 or more hours (Level 4); Level 5 is intensive training for clinical professionals.
Lynn Johnson reported that the University of Connecticut Evaluation indicates that Triple P has been responsibly and effectively implemented by the OEC (142 professionals were trained in Level 2-4.) Trainees who were less likely to use the program found that they lacked their organization’s supervisor or logistical support. The evaluation recommendations include:

✓ more culturally competent video materials be available,
✓ greater attention be given to consultation with interested agencies before staff receive training to improve organizational support for program,
✓ practitioners encourage and provide clarity on acceptable program modifications to make the program more effective,
✓ greater attention be given to Level 1 Public Education.

Lynn also reported that the Institute for Child Success study on the feasibility of getting social impact bond financing to support future Triple P expansion in Connecticut is coming to an end. A webinar on preliminary study results is scheduled for today after 4:00 pm with draft PowerPoint materials. The five funding partners supporting the feasibility study include DSS, DCF, OEC, The Hartford Foundation and the Grossman Family Foundation. The funding partners expect a formal written report this fall to address questions such as what are the biggest program costs, where does Triple P save the state money, what are the costs to implement to scale, what would investors want, CBA and ROI analysis.

New/Other Business

Dr Mathew Grossman’s Neonatal Abstinence Syndrome work at Yale New Haven Children’s Hospital (YNHCH) recently received a Child Abuse Treatment Act (CAPTA) grant for intensive assistance for infant mental health targeting infants exposed to domestic violence, maltreatment, lack of nutrition or addictive drugs. Neonatal Abstinence Syndrome describes a host of problems that occur in a newborn who was exposed to addictive opiate drugs while in the mother’s womb. Dr. Grossman introduced practices that include having parents of the newborns room with their babies and swaddle, feed and soothe them on demand. These practices have reduced the length of stay for babies with NAS from 27.7 days in 2003 to 6.4 days in 2015. The number of babies on addiction medications dropped from 97 percent to less than 15 percent. The NAS program has been identified as saving millions of dollars in the care of these infants.

Child Fatality Review

Faith shared the Office of the Child Advocate’s Child Fatality Report (birth through 17 years of age) for the time period January 1, 2015 through December 31, 2015. The report lists 30 accidents, 12 suicides, 11 homicides, and 19 undetermined or Sudden Infant Death. A full fatality review is underway and will be shared in the future.

Next Meeting:
September 27, 2016 from 2:00-4:00 pm at the State Department of Education located at 25 Industrial Park Road, Middletown.