

Children's Trust Fund

Year End Report 2006-2007

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Children's Trust Fund Year End Report

The year end report provides information on:

- The purpose of the Children's Trust Fund
 - Its programs and activities
 - Income and expenditures

For more information about the Children's Trust Fund and its programs please contact its office at 860-418-8765 or visit its web site; www.ct.gov/ctf

What is the Children's Trust Fund?

Recognizing a need to establish coordinated efforts and funding for programs designed to prevent child abuse and neglect, the State of Connecticut General Assembly created the Children's Trust Fund in 1983. This proactive initiative was part of a national movement to establish such Funds in all 50 states.

Since 1997, when the Trust Fund became an independent state agency, the Trust Fund has developed or funded more than 250 family service programs and initiatives statewide.

Mission

The mission of the Children's Trust Fund is to prevent child abuse and neglect, and to establish resources in communities statewide that support and strengthen families. We are responsible for supporting local efforts that help families and communities to be responsive to children and to ensure their positive growth and development.

Why it's Important

Child abuse and neglect is among the most serious issues facing Connecticut and the nation. Approximately 40,000 cases of maltreatment are reported in Connecticut each year.

Research has shown that the effects of abuse and neglect are often devastating to a child. Not only can maltreatment cause developmental delays, serious injury or psychological problems, it also can contribute to high dropout rates, involvement in crime and poverty. Children with a history of abuse or neglect often end up on the caseloads of the Departments of Mental Health and Substance Abuse, Corrections and Social Services as adults.

How the Children's Trust Fund Operates

A 16-member interdisciplinary board known as the Children's Trust Fund Council governs the Children's Trust Fund. The council includes the Commissioners from the Departments of Children and Families, Public Health, Social Services and Education, as well as legislatively appointed individuals from the business community, the child abuse field, parents and a pediatrician.

Federal and state dollars, as well as private funding, sustain the Children's Trust Fund. The Trust Fund has maximized Connecticut's investment in prevention as Connecticut's lead agency for the U.S. Department of Health and Human Services, Administration for Children and Families' Community-Based Grants for the Prevention of Child Abuse and Neglect program.

The Work of the Children's Trust Fund

Well-planned community-based programs have been shown to play an essential role in preventing child abuse and neglect. Children's Trust Fund programs:

- Are designed to engage families and others at risk for child abuse or neglect before a crisis occurs.
- Enlist new partners in community efforts to ensure the safety and protection of children.
- Reach "at risk" parents: teen parents and those involved in domestic violence and substance abuse; addressing mental health issues; raising children with disabilities; living in extreme poverty and social isolation; and those with a history of abuse.
- Are located in hospitals, clinics, shelters, prisons, housing projects and schools.
- Focus on fostering strong bonds and healthy relationships between parents and their children
- while addressing other parental needs
- Bolster the chances that children will experience a safe and healthy home, have a positive relationship with their parents and a stable family life, leading to success in school and healthy development through maturity.

Framework

Children's Trust Fund programming is based on a five-tier framework to prevent child abuse and neglect:

1. Direct services
2. Systems-oriented collaborations
3. Training and development
4. Public awareness and education
5. Research and evaluation

Research

The Trust Fund's major programs are researched and evaluated by the University of Hartford's Center for Social research. This research is a vital ingredient in the development of the Trust Fund programs.

Role of the Children's Trust Fund Council

The Children's Trust Fund is led by a diverse council of state agency leaders, parents, and health and human services professionals. Members of the Council are public officials. The Council's enabling statute specifies that each appointed member must demonstrate a particular expertise.

The Council's main role is to solicit funds and make grants to programs aimed at preventing child abuse and neglect and providing resources for families.

In addition, the Council offers its leadership and advocacy skills to the Trust Fund and oversees its work to ensure the fulfillment of its mission and mandates.

The Council is actively involved in legislative, fundraising and communications activities.

Connecticut State Statute

The Children's Trust Fund is an agency of the executive branch of the state government and is responsible to the Governor and the Connecticut General Assembly.

Public Act 17a-50 established the Children's Trust Fund. The act stipulated that:

- State and federal funds as well as grants and gifts from private donors would be solicited and accepted.
- The funds would be used to prevent child abuse and neglect and provide resources for families.
- The Trust Fund would be within the Department of Children and Families "for administrative purposes only" which allows the Council to perform its policy making functions independently and without the approval of the department.
- The House and Senate majority and minority leaders would appoint the Children's Trust Fund Council members.
- The Council membership would include the commissioners of the Departments of Children and Families, Public Health, Social Services, and Education or their designees, as well as twelve others representing business, the child abuse prevention field, parents and pediatricians.

Public Act 17a-56 authorizes the Children's Trust Fund to establish the structure for a state-wide system for a Nurturing Families Network. The act describes the Trust Fund's authority and responsibility for the program.

The Children's Trust Fund Council, established under the General Statutes of Connecticut section 17a-50, functions within the Department of Children and Families for administrative purposes only and is therefore monitored by the same budgetary and auditing requirements.

Funding for the Trust Fund originates from the State of Connecticut, the Federal Government and private contributions. Both the Office of Fiscal Analysis and the Office of Policy and Management review the budget for the CTFC on a continuous basis based on the Governor's Annual Budget process. The Auditors of public Accounts perform financial and performance audits on an annual basis. The Office of the Comptroller/Accounts Payable Division randomly audits all accounts payable functions, including payments made to vendors and private providers. Contracts and Personal Service Agreements initiated by the Children's Trust Fund Council are reviewed and approved by the Attorney General's Office.

Federal Legislation - Child Abuse Prevention and Treatment Act

The Children's Trust Fund receives federal funding under Title II of the Child Abuse Prevention and Treatment Act (CAPTA).

This program provides funds for grants that support community-based efforts to develop, operate, expand and enhance initiatives to prevent child abuse and neglect. Programs and activities operated by the recipients of these funds seek to strengthen and support families and reduce the likelihood of child abuse. The Governor has designated the Children's Trust Fund as Connecticut's lead agency for the CAPTA Title II program since 1983.

As a grantee of this program the Children's Trust Fund is in a unique position of leadership as it assumes responsibility for direction, leading, and evaluating the network of public-private partnerships and the continuum of preventive services for children and families in Connecticut.

In keeping with the requirements of the CAPTA grant, the Children's Trust Fund maintains a strong commitment to parent leadership, including parents of children with disabilities, parents with disabilities, of racial and minority populations, and members of other underrepresented or underserved groups.

The Trust Fund funds programs that provide comprehensive support and direct service to high risk groups of parents and also supports primary prevention and community awareness activities.

The Trust Fund provides training for staff working in community programs on prevention strategies and approaches and supports other programs that teach personal safety to children and adolescents.

The Trust Fund is also involved in initiatives focused on changing systems to become more responsive to families and to ensure the positive growth and development of all children.

Children's Trust Fund Income and Expenditures FY 2006

INCOME	PRIVATE SECTOR	FEDERAL	STATE
	2006	2006	2006
State of Connecticut			
GENERAL FUND APPROPRIATION			\$10,340,647
Private Sector			
INTEREST	\$17,898		
PRIVATE CONTRIBUTIONS			
Commonwealth Fund	\$63,438		
Family Development Credentialing	\$27,270		
Family School Connection Foundation grants	\$13,600		
Junior League of Hartford	\$10,000		
Dept of Public Health consent decrees	\$11,150		
Donations/Fund raisers	\$18,859		
Hartford Foundation for Public Giving	\$114,000		
Federal (based on 10/01/05 - 09/30/06 FY)			
COMMUNITY-BASED FAMILY RESOURCE GRANT - Oct 2005		\$612,423	
TOTAL	\$276,215	\$612,423	\$10,340,647
EXPENSES	PRIVATE SECTOR	FEDERAL	STATE
	2006	2006	2006
PERSONNEL		\$327,094	\$710,592
PROGRAMS			
Nurturing Families Network	\$114,000		\$7,055,448
Family Empowerment Initiative			\$231,788
Kinship Fund			\$325,000
Grandparent's Respite Fund			\$500,000
Help Me Grow	\$31,079		\$248,893
Family School Connection	\$13,600		
Volunteer Services		\$19,485	
Parent Trust Fund			\$250,000
Makayla's House			\$0
Child Sexual Abuse Prevention		\$51,000	
Nurturing Families Network Incentive Grants		\$3,000	
Shaken Baby Syndrome Prevention Project	\$10,000		
EVALUATION/RESEARCH	\$10,000	\$13,600	\$350,991
OPERATING EXPENSES			
Training	\$32,359	\$15,000	\$6,000
Other operating expenses	\$5,000	\$183,244	\$57,333
PROGRAM DELAYS/Funds returned to State			\$604,602
TOTAL	\$216,038	\$612,423	\$10,340,647

Children's Trust Fund Income and Expenditures Projected Budget FY 2007

INCOME	PRIVATE SECTOR	FEDERAL	STATE
	2007	2007	2007
State of Connecticut			
GENERAL FUND APPROPRIATION			\$12,132,857
Private Sector			
INTEREST - Estimated	\$22,000		
PRIVATE CONTRIBUTIONS (estimated)			
Family Development Credentialing	\$25,000		
Dept of Public Health consent decrees	\$10,000		
Donations/Fund raisers	\$20,000		
Hartford Foundation for Public Giving	\$114,000		
Federal (based on 10/01/06 - 09/30/07 FY)			
COMMUNITY-BASED FAMILY RESOURCE GRANT - Oct 2006		\$659,993	
TOTAL	\$191,000	\$659,993	\$12,132,857
PROJECTED EXPENSES	PRIVATE SECTOR	FEDERAL	STATE
	2007	2007	2007
PERSONNEL (17 employees)		\$364,000	\$890,000
PROGRAMS			
Nurturing Families Network	\$114,000		\$8,264,759
Nurturing Families Network - New Haven Expansion			\$532,106
Family Empowerment Initiative			\$205,322
Kinship Fund			\$325,000
Grandparents Respite Fund			\$500,000
Help Me Grow			\$252,718
Hartford Community Partnership			\$60,900
Family School Connection			\$30,392
Volunteer Services		\$60,000	
Parent Trust Fund			\$250,000
Safe Harbor Respite			\$200,000
Indigent children			\$150,000
Child Sexual Abuse Prevention		\$100,000	
Nurturing Families Network Incentive Grants		\$3,000	
Shaken Baby Syndrome Prevention Project		\$20,000	
EVALUATION/RESEARCH (all programs)		\$10,000	\$412,000
OTHER			
Training expenses	\$40,000	\$30,000	\$10,000
General operating expenses	\$37,000	\$72,993	\$49,660
TOTAL	\$191,000	\$659,993	\$12,132,857

**Nurturing Families Network- 2007
Annual Outcome Evaluation Report Summary**

This year's evaluation report provided descriptive and outcome information on families who received services in 2006, including 1,312 families from the Nurturing Connections program, 1,291 from the Nurturing Home Visiting program, and 400 from the Nurturing Parenting Groups. These programs, funded and managed by the Connecticut Children's Trust Fund, are components of the Nurturing Families Network (NFN), which is designed to provide a system of continuous care to promote positive parenting and reduce incidences of child maltreatment.

Nurturing Connections provides telephone support and referral services for first-time mothers screened as low-risk for child maltreatment. High-risk families are enrolled in the home visiting program, which provides weekly home visitation and case management services. The Nurturing Parenting Groups are community-based parenting education and support groups for families at various risk levels. There are currently thirty-three NFN program sites statewide, ten of which are located in Hartford.

Because of the large Hartford expansion that occurred in May 2005, we highlight our evaluation of Hartford NFN programs that began enrolling families in May 2005 as part of the Hartford expansion. We do so by separating Hartford sites from the 23 other statewide sites in our outcome analyses. We also report on a statewide NFN staff survey that we conducted at the end of 2006. The survey describes social-demographic characteristics of all NFN program staff as well as their assessments of a wide range of program-related matters.

Nurturing Connections

Screening

- Since 1999, 26,192 first-time mothers have been screened through the Nurturing Connections (NC) program.
- Of the 5,472 Revised Early Identification Screen (REID) screens completed in 2006, 66 percent of all first-time mothers screened negatively (low-risk) and were eligible for NC services.
- Of those that screened negatively on the REID, 79 percent were offered Nurturing Connections services and 65 percent accepted.
- For mothers who screened positively (high-risk), 78 percent were offered a more intensive assessment (the Kempe Family Stress Checklist) – an increase over last year's rate of 65 percent. Of the 78 percent of mothers offered the Kempe, 52 percent agreed. Ninety-five percent of families offered home visiting initiated services.

Nurturing Connections Services

- NC Coordinators and volunteers averaged six phone call attempts to families, four of which were completed.
- Families, on average, stayed in the NC program for two months.
- In 2006, Nurturing Connections Coordinators/Volunteers made 614 referrals to families, 62 percent of which were followed-up. The majority of referrals were made to Infoline and WIC.

NFN Home Visiting: Statewide

- Since the statewide NFN program's inception in 1995, a total of 4,078 families have received intensive home visiting services.
- The average amount of time families stayed in the program was 18 months. Specifically, 82 percent are left in the program after three months, 65 percent after six months, 44 percent after one year, 25 percent after two years, 15 percent after three years, and 10 percent after four years.
- Nearly one-half of all program exits were due to families moving out of the service area or to home visitors being unable to locate the mother, usually because she is not home during visits, has changed her phone number without notification, and/or changed residences.

Social-Demographic Data

- At program entry, 84 percent of mothers had never married, while 49 percent were under the age of twenty when their child was born. NFN mothers are racially diverse with Hispanic families representing the largest racial/ethnic group (43%), followed by Whites (32%) and African-Americans (18%).
- A little more than one-third of fathers were living in the household with the mother at program entry, and 70 percent were at least somewhat involved with their children.
- Seventy-seven percent of the young mothers (age 19 and younger) had less than a high school education at program entry and 46 percent were still enrolled in some type of school (mostly high school or a GED program). A little less than one-third of the younger cohort had been employed prior to the pregnancy; only one-eighth remained employed around the time of birth.
- Twenty-nine percent of the older mothers (age 20 and older) had not completed high school. For the older cohort, two-thirds had been employed before pregnancy, which dropped to a little more than one-fourth at program entry.

Home Visiting Services

Families received an average of 2 visits per month.

Program Outcomes

- Mothers made statistically significant improvements on the overall Child Abuse Potential Inventory (CAPI) Abuse scale as well as three of the six subscales -- Distress, Rigidity, and Problems from Others -- at both the one year and five year data points.
- After one year in the program, mothers show an increased awareness and use of resources in their community, as measured by the Community Life Skills Scale (CLS). These outcomes suggest that families in the program increased their awareness of and access to community services, and that parents were likely to budget their money more carefully and to have more social contacts with friends, family, and community organizations.
- We examined mothers' employment and educational data by age cohort, analyzing data for mothers who were 19 or younger when they had their child and those who were 20 and older. After one year in the program, 49 percent of young mothers who were in high school or a GED program at program entry had weathered their first year of motherhood and were still in school. Another 28 percent of them completed their degree, while 23 percent dropped out.
- At one year, fifty-one mothers from the older cohort were enrolled in school that were not in school at program entry. Nine had returned to finish high school or attain a GED, 15 were enrolled in college, and 27 in either a vocational program or some other type of school.
- Among the younger cohort, employment rates increased from 13 to 37 percent at one year, with 12 percent working full-time. For the older cohort, employment rates increased from 24 to 49 percent, with 34 percent of mothers working full-time at one year.
- Home visitors' perceived social isolation of mothers significantly decreased at both one year and five years. Perceived financial difficulties significantly decreased after one year, even though the percentage of mothers with financial difficulties remained high. There was no significant difference at 5 years.
- While there was a significant change in the proportion of mothers living independently of family at both one and five years, continued use of means tested governmental resources suggest that financial conditions remained difficult.
- Father involvement decreased significantly after one and five years, with one-half of fathers at least somewhat involved at five years.

NFN Home Visiting: Hartford

- In 2005, Hartford was targeted as the first city in Connecticut “to go to scale” – that is, to screen all first-time mothers for home visitation services in the city. Accordingly, the NFN home visitation program has been expanded from two to ten program sites throughout the city. Six of the new NFN programs are located in agencies that are part of the Brighter Futures Initiative, funded by the Hartford Foundation for Public Giving.

Hartford NFN families

- Between May 2005 and December 31, 2006, 387 families were enrolled in the ten sites that make up the Hartford NFN program.
- Of the 1674 families screened in Hartford in 2006, 50 percent screened positively on the REID. Sixty-two percent accepted the Kempe assessment, and 85 percent of them tested positive. Of those who assessed positive, 95 percent initiated home visitation services.

Rick/Social Demographic Data

- The median age of mothers at the time of the child’s birth was 20 years, while 40 percent were between the ages of 16 and 19. Fifty-nine percent of mothers are Hispanic, while 28 percent are African American. Only 5 percent were married and 93 percent had never married.
- Home visitors also observed that 13 percent of mothers were noticeably depressed and that 28 percent had experienced past depression.
- Thirty-one percent of mothers 20 years and older had less than a high school education, while 26 percent had completed at least some college (4% had college degrees). For the younger cohort, 84 percent had not completed high school.
- Twenty-eight of the older cohorts were working at program entry (13% full time) and another 6 percent was looking for work. Twelve percent of the younger cohort was either working or on maternity leave.
- Immediately following the birth of their children, 65 percent of fathers were either very or somewhat involved as a primary caregiver in the child's life, while 27 percent were not involved at all.
- Eleven percent of children were born prematurely and twelve percent with low birth weight. Virtually all of the children we documented had an identified pediatrician.

Program Services

- Families in Hartford received an average of 2 home visits per month.
- Since the NFN Hartford began in May 2005 through the end of the 2006 calendar year, staff has made 1127 referrals -- 22 percent for housing needs, 17 percent for employment and educational needs, 9 percent for DSS. There was a 63 percent compliance rate for all referrals.

Program Outcomes

- Mothers made statistically significant improvements on the overall Child Abuse Potential Inventory- Rigidity subscale (CAPI-R) at both the six month and one year data points.
- Hartford mothers also demonstrated significant increases in their knowledge and use of community resources, as measured by the CLS.
- We examined mothers' employment and educational data by age cohort, analyzing data for mothers who were 19 or younger when they had their child and those who were 20 and older. Neither group of mothers, however, showed improvements in educational attainment or employment during the first year, which differed sharply from statewide NFN mothers.
- Home visitors' perceived social isolation of mothers significantly decreased at both six months and one year. However, there were no changes in perceived financial difficulties.
- While there was a significant change in the proportion of mothers living independently of family at one year, continued use of governmental assistance suggest that mothers' financial struggles remained prominent.
- There were no significant changes in the level of father involvement with their children, with 71 percent at least somewhat involved with their children after one year.
- Our analysis of 33 mothers who completed the Conflict Tactics Scale-Parent Child Version (CTS-PC) indicated that families frequently used non-physical means of discipline. The only physical means of discipline reported fell into the minor "corporal punishment" category. Thirty-one percent had slapped their child on the hand, arm or leg at least once, and 16 percent at least 3 to 5 times, while 18 percent indicated they had spanked their child at least once.

Child Abuse and Neglect Reports

- We combined statewide and Hartford families for our analysis of child abuse and neglect reports filed with the Department of Children and Families (DCF).
- Our analysis on the 664 mothers who allowed us to check their DCF records revealed that 16 percent of families had at least one report filed on them at any time during their participation in the program, while six percent had a substantiated report.

- Rates of maltreatment were considerably lower than we found the previous three years, with the annualized rate returning to the level close it was several years ago, two percent.
- Mothers were the perpetrators in 87 percent of all DCF reports and 72 percent of all substantiated reports. Fathers were implicated in 37 percent of all reports and 51 percent of all substantiated reports.
- By and large, most reports of maltreatment, both substantiated and unsubstantiated, were categorized as physical or emotional neglect. Ninety-five percent of all substantiated reports were categorized as physical neglect.
- As in previous years, mental illness, substance use, and domestic violence continue to be factors in reports of maltreatment. In almost one-third of reports, the parent/perpetrator had a mental illness or cognitive deficit. In 29 percent of substantiated cases drug use was involved and in 32 percent of cases domestic violence was reported.

NFN Staff Survey

- Between October and December 2006, we surveyed all NFN home visiting program staff across the state.
- We found slightly more than one-half of home visitors to be Hispanic and, even though most supervisory staff were white, 42 percent of program managers and 20 percent of supervisors were also Hispanic. Surprisingly, there was not much variation in median age between staff levels. The overwhelming majority of staff were parents themselves and many had been single parents at some point in their lives, including nearly two-thirds of home visitors. As expected, educational achievement varied by position, with 92 percent of clinical supervisors and 77 percent of managers holding graduate degrees, while over one-half of home visitors had completed at least a bachelor's degree.
- Overall job satisfaction was high across all three groups. Higher satisfaction ratings were reported on their relationships with families and with one another, and in their development of professional skills and knowledge on the job. Lower ratings were reported on income and on the amount of paperwork required, and, for home visitors, on opportunities for career advancement.
- In self-assessments of effectiveness, home visitors felt that their expertise was most evident in providing parenting skills and in building relationships with families. A smaller percentage considered themselves effective in resolving family crises and in assisting families to become self-sufficient, and they considered themselves least effective in building relationships with community providers.
- Clinical supervisors' self-assessments of effectiveness were high across all survey items; however, they did seem to indicate particular strengths in their clinical work with home visitors and in assisting home visitors to solve crises among NFN families. They considered their review of case files and the monthly home visits they conduct jointly with home visitors to be less effective.

- Program managers considered themselves most effective in building relationships with community providers and least effective in building relationships with legislators.
- Overall, program reviews and self-assessments on the staff surveys were quite positive, suggesting that, at present, the NFN program is functioning well, effectively managing cultural differences, and promoting a strong collective identity

Nurturing Parenting Groups

- Most NFN sites use the Birth to Five or the Nurturing for Prenatal Families curriculum. Groups run for differing lengths of time, but all provide parenting information, support, and an opportunity for parents to learn how to nurture themselves and their children. In most groups, staff also provides meals and/or snacks and a structured program for children.

Social Demographic Data

- As in previous years, the majority (87%) of group participants were female. There is some variation in group participants' ages, with 39 percent below the age of twenty when they entered the group and 40 percent over the age of 25.
- A little more than one-third of participants were employed, 16 percent full-time and 39 percent were enrolled in school (most were enrolled in high school).
- Sixteen percent of participants had enrolled in the group with their partner.

Program Services

- Forty-four percent of participants completed at least 75 percent of all sessions offered to them, while 21 percent had perfect attendance.

Program Outcomes

- There was significant change in the desired direction on the Parenting Stress Index (PSI) Parental Distress subscale indicating that parents had a greater sense of parenting competence and/or experienced less stress in their parental role.
- Participants also showed significant change on the AAPI-2 indicating that parents overall had healthier parenting attitudes and more age appropriate expectations for their children at the end of the program compared to the beginning.

Program Name:

Family Empowerment Initiatives

Program Description: Family Empowerment Initiatives include 8 prevention programs that assist high-risk groups of parents with children of various ages. The programs are co-located in various settings where families may be addressing other issues, including a school, a substance abuse center, a prison, a domestic violence shelter, a child guidance center and a public housing project.

These programs help families to address a whole range of issues including parenting and family relationships. The program fills a gap in services.

Number of children and families served:

647 children and families were served during the 2005 – 2006 year

The Family Empowerment Initiatives are nationally recognized prevention programs that assist high-risk groups of parents. The Trust Fund is currently providing funding for eight of these community-based programs that offer education and support to diverse communities. Roughly 700 families were served this year, thus estimating that since October of 1998, over 1700 families have been served by these eight curriculum approved program models mentioned below.

The MELD for Growing Families Program, Family Services of Greater Waterbury serves parents of preschoolers. The program is designed to assist parents with improving family/sibling relationships while preparing for school readiness. Roughly 51 families were served this year.

The MOM'S Program in New Britain offers ongoing groups for pregnant and young mothers age 21 and under. The group is designed to assist in strengthening the young women's self image and to increase effective parenting. Roughly 15 young mothers were served this year.

The Real Men Make Better Dads Program in Norwich provides support and educational services to young fathers to enhance parenting skills and increase parenting involvement. Referrals are made to child support enforcement & for paternity testing. Neighborhood forums, groups and case management services are offered. Roughly 131 fathers were served this year.

The Focus on Fathers Program provides parent education & support groups to incarcerated fathers at Osborne Correctional Facility. The goals of the program are to help break the cycle of violence from one generation to the next, and to help parents

manage anger and stress while learning new parenting skills. Roughly 97 fathers served this year.

The Mothershare Program provides group support to mothers who reside in the Interval House Domestic Violence Shelter, or mothers living in the community that have experienced domestic violence. The goal is to provide mutual support, promote non-violence, personal growth of the mothers, increase awareness of the effects of domestic violence on their children, and to develop effective communication and parenting techniques. Roughly 103 families were served this year.

The Parenting Academy and ABCD Program provides community-based workshops in Bridgeport to predominately Spanish-speaking parents of children with disabilities. The goal of the program is to increase the knowledge of parents in the areas of child development, age appropriate expectations, and good parenting practices. This year 99 parents were served.

The Friendship Circle and Nurturing Program provides services to families in Middletown affected by substance abuse and parents in substance abuse treatment at Rushford Center. The program goals are to provide strategies to: strengthen family functioning, increase family resiliency, improve self esteem, identify destructive/enabling behaviors, identify and express feelings constructively, learn and practice healthy coping skills, provide peer support, and improve anger management & parenting skills. A total of 15 families were served this year.

The Family School Connection Program located in Hartford, serves the families of children enrolled at Betances School with attendance or behavior challenges. The goals are to improve parenting skills, address basic needs and improve family's stabilization through individualized weekly scheduled home visits and participation in groups. 23 families were served this year as the program model changes to a more intensive home visiting model.

Help Me Grow 2007 Annual Evaluation Report Summary

Number of children and families served:

15,398 children and families served since January 1, 2000¹

Help Me Grow Callers

- Sixty-four percent of HMG callers were the parents/legal guardians of the children, with child health providers comprising the second largest group (15%). Other callers included the Department of Children and Families, social service agencies, relatives/friends, and child care providers.
- Besides the families who already knew of the program, 40 percent of the remaining callers in 2006/2007 learned about Help Me Grow from their child's primary health provider and another 16 percent from Infoline.
- The majority of calls made during the 2006/2007 year were for two year old children (25%) and one year old children (23%). In addition, eighteen percent of the phone calls were for three year olds, and 16 percent of the phone calls were for children under one year of age. The remaining 18 percent of phone calls were for children ages four through six.
- Calls to HMG originate from towns throughout the State; however, there is a concentration of calls coming from the State's cities: 9 percent from Hartford, 6 percent from New Haven, 4 percent from Bridgeport, 4 percent from New Britain, and 4 percent from Waterbury.

Reasons for Calling Help Me Grow²

- The greatest percentage of reasons for calling HMG were for general early intervention information (26%), with an additional 17 percent for general development issues, 16 percent for evaluation requests, 11 percent for behavioral/social-emotional issues, and 9 percent for health/disability issues. Other reasons for calling included: family issues, education issues, basic needs, social/recreational, mental health, and adaptive issues.
- In addition, starting in January of 2007, Help Me Grow instituted collaborative services for two other programs, Birth To Three and Children & Youth with Special Health Care Needs (CYSHCN), via Memorandums of Agreement. Of the total number of reasons for calling, 12 percent of these calls were follow-up for Birth To Three (e.g., checking on status of program eligibility or evaluation), and 8 percent of these calls were for referrals to CYSHCN services (e.g., care coordination, educational and family support, assistive technology and medical service needs, respite, and assessment needs).
- The majority of reasons that *parents (or guardians)* contacted HMG² were for general early intervention information (50%), general development issues

¹ Unless otherwise stated, information in this report is based on a summary of data collected since 2004 (when the current database system was instated).

² Typically there are two or more presenting problems or reasons for calling per case/phone call.

(31%), evaluation requests (26%), special health care service needs, i.e., CYSHCN (22%), behavioral/social-emotional issues (19%), and health disability issues (18%). In comparison, the majority of reasons that child *health care providers* contacted HMG² were for evaluation requests (67%), general development issues (35%), behavioral/social-emotional issues (33%), and general early intervention information (31%).

Outcomes and Referrals

- Families provide information on the “final disposition” of cases during follow-up phone contacts.³ Of the total number of families who were able to be reached (69%), forty one percent received information as requested, i.e., general development information, 23 percent were successfully connected to other “in-house” services, i.e., the Ages and Stages Questionnaire Program, Birth To Three program, and the Infoline system (211 Infoline, Child Care Information, the Husky Infoline, and Care 4 Kids), 19 percent were successfully referred/connected to at least one or more service agencies⁴, 8 percent were on a waiting list or had an application pending, 7 percent did not receive services (either because they were not able to be contacted after a third party referral to HMG, e.g., by a health care provider, or because they decided they were no longer interested after making an initial contact), and 2 percent of the families had solved their problem/issue on their own.
- Help Me Grow Staff made a total of 7,012 referrals to services (for families). The greatest number of referrals were made for educational services (22%), most of which were for Preschool Special Education. Another 13% of referrals were made to the Ages and Stages Questionnaire program, 9 percent to Infoline, 9 percent for disability related services, and another 9 percent for parenting education.
- Rates of successful or positive outcomes (e.g., parent is connected to a needed service) vary by reason for call. Specifically, calls made for general early intervention information and general development issues typically are easily addressed (for 99.5% and 96% of these calls, respectively, parents received needed information and/or were connected to a service). In addition, positive outcomes were achieved for 84 percent of calls for CYSHCN services, 79 percent for evaluation requests, 72 percent for issues/calls related to health/disability, and 61 percent for calls related to behavioral/social-emotional issues. Related to this, HMG is beginning to track “gaps” and “barriers” in community services. For example, although 61 percent of calls related to behavioral/social-emotional issues reached successful outcomes, the remaining 39 percent of these issues were not able to be addressed (e.g., a service may have not been available in the area).

³ Follow-up occurs two weeks after actions/referrals are made for a child/family. If telephone contact is unsuccessful (after 3 attempts), a letter is sent to the parent/guardian.

⁴ As long as a parent is successfully connected to at least one referred service, the final disposition is noted as “received service.”

Ages and Stages

- Since January 1, 2000, 6,389 children have participated in the ASQ program. Fifty percent of these participants (3,125 children) are still active, an additional 33 percent have completed the program (i.e., aged out), 8 percent have moved, 3 percent were referred to Birth To Three or Preschool Special Education, and 4 percent are inactive.

Parent Trust Fund Year End Report 2006 - 2007

The Parent Trust Fund is a program of the Children's Trust Fund administered in collaboration with the Connecticut Commission on Children. The Parent Trust supports parent engagement and leadership training to improve the health, safety and education of children across Connecticut.

Initially, the Robert Wood Johnson Foundation, the William Casper Graustein Memorial Fund and several state departments funded the Parent Trust Fund Grant program. This year the Children's Trust Fund received a state appropriation to fund the Parent Trust Fund grant program.

A competitive RFP was released that resulted in twenty seven applications being funded across Connecticut. Programming began January 1, 2006 and continued through June 30, 2007.

DATA

Parent leadership strengthens families and communities by creating positive change in the systems and policies designed to serve and support children. A variety of Parent Leadership Models were funded, including:

People Empowering People (PEP): Meets 2-hour a week for four to six months and can be targeted to "high need" populations. The PEP curriculum was developed by the UConn Extension Program and is available for use in English and Spanish.

The Parent Leadership Training Institute (PLTI): A twenty-week leadership training developed by the Commission on Children that uses an assets-based community development and social policy change framework.

Parents Supporting Educational Excellence (Parents SEE): A twelve-week training curriculum developed by the Commission on Children and the Center for School Change focused on parent leadership in a school setting.

Voices for Families: A fifteen-week training developed by Children First Norwich focused on parent involvement and leadership with a community-to-state perspective.

Leadership for Adolescent Parents: A curriculum developed by Prevent Child Abuse CT at Wheeler Clinic and offered weekly during school to adolescent parents attending Prince Tech in Hartford.

AFCAMP Parent Leadership Training: A series of integrated workshops targeted to minority parents and focused on developing a better understanding of the Juvenile Justice, Special Education and DCF systems.

All programs offer on-site child care, meals and transportation as needed to support parents attending training. Many communities offer a continuum of parent leadership activities as research shows that parent engagement has a significant and positive impact on child outcomes, particularly in education and learning.

What follows is a sampling of accomplishments identified by Parent Trust Grantees:

- Danbury celebrated its 10th PLTI graduation and reached 100% completion with all 21 parents graduating. Sponsored by Danbury Children First, they offered PEP in Spanish, English and Portuguese as well as and celebrated with a multi-cultural graduation ceremony in June.
- Mayor Guiliani declared February, 2007 “Parent Leadership Month” in Middletown at a press event where many PLTI grads were honored for their civic involvement and a proclamation was presented to the City Council.
- Bristol Discovery has partnered with the United Way to support expanded opportunities for parent leadership in their community by providing English and two cycles of Spanish PEP.
- Bridgeport PLTI celebrated its 10th PLTI anniversary graduating 20, including 6 men; their CLTI class graduated 30 children.
- Wallingford offered both English and Spanish PEP for the first time.
- Stamford PLTI is celebrating its 10th anniversary and the election of a PLTI grad as the Chair of the Board of Education.
- Meriden Children First presented three scholarships for PLTI Grads to participate in the “Leadership Challenge” training sponsored by the Greater Meriden Chamber of Commerce.
- Norwalk Parents SEE is celebrating the election of one of their graduates to the local Board of Education.
- The Torrington Early Childhood Collaborative’s PEP graduates continue to work with local leaders to develop safe and clean play areas and parks across the city.
- Wheeler Clinic provided parent leadership training to the teen moms attending Prince Tech in Hartford. As a result of to the advocacy efforts of the students, the administration has approved the training as a credit-bearing course.

- Seventy-eight per cent (78%) of AFCAMP's parent leadership graduates from Hartford, Waterbury and New Haven are serving on boards, advisory councils and commissions.
- Windsor and New Britain successfully implemented their first cycles of Parents SEE and PLTI.

Program Name: The Kinship and Grandparents Respite Fund

Program Description:

The Kinship and Grandparents Respite Fund awards small grants to orphaned or abandoned children and the court-appointed relative guardians they live with. The Trust Fund provides funding to eight probate courts to administer the program. The grants provide for a range of activities including tutoring, camp, fees for a variety of programs and extra-curricular experiences as well as clothing, eyeglasses and other basic necessities and respite for the caregivers.

Number of children and families served:

2206 children and families serviced through the Kinship Fund from July 6, 2006 through June 29, 2007

1560 children and families serviced through the Grandparent Respite Fund from July 6, 2006 through June 29, 2007

The Kinship Fund and the Grandparent Respite Fund is administered by the Connecticut Children's Trust Fund. Both funds help support legal guardians through the Office of the Probate Court Administrator who distributes the funds to selected probate courts in the state.

The Kinship Fund makes possible small grants to children in the amount of \$50 to \$250 dollars per child or up to \$1,000 per family. Kinship Fund grants are intended to help children facing the difficult adjustment to new circumstances.

The child or children may receive a Kinship Fund grant to:

- Improve the child or children's health, e.g. eyeglasses, dental care, hearing
- Enrich the lives of the child by allowing them to pay for school trips, clubs, sport fees, sports equipment, educational classes, field trips, art supplies and materials.
- Purchase clothing, photographs and other memorabilia for important social functions
- Lessons such as; karate, driver education classes, school uniforms, summer camps, vacations, vocational or trade school supplies.

The Respite Fund makes possible grants up to \$2,000 per family. Funds available through the Respite Fund provide a direct benefit for grandparents and other adults who have been appointed as a guardian for relative children by the probate court.

Grandparents and relative guardians may receive Respite Fund grants for the following:

- Housing expenses such as cost of shelter, furnishings, utilities and food

- Transportation expenses such as purchase of a new or used vehicle, insurance, gasoline, maintenance, and public transportation.
- Child care and other expenses such as day care tuition and supplies, baby-sitting, entertainment, personal care items.

Family Stories

Guardianship of two children was granted to an aunt. The children's four younger siblings remained in the care of the birth mother in another state, several hours away. This was of great distress to the children, as they deeply missed their siblings and worried that their siblings may be hurt by a relative who was abusive toward them, although the relative was incarcerated. The paternal aunt recognized the importance of maintaining regular sibling contact, but was indigent. Kinship and respite funds were awarded to the family to assist in transportation and lodging for the paternal aunt and the children to have supervised visitation with the siblings and the birth mother. The children were less worried about their siblings after the visit, as they appeared safe and appropriately cared for.

Both minor children have made great strides. The children maintain regular contact with their siblings via telephone. Both children are excelling academically. One child continues to utilize individual therapy for ongoing support.

A special needs toddler, who is hearing impaired and developmentally delayed, was in need of a therapeutic stroller to be restrained appropriately, to be transported to daycare, the park, and other activities. Kinship funds were used to offset the cost of the stroller. The child also attended a special education preschool and was learning sign language. The guardian and her family did not know how to communicate with the child. Respite funds were used so that a sign language instructor could come into the home to teach the family how to communicate with the child. The child is doing well in the home and her needs are being accommodated more so now that the family is able to communicate, which has brought all of the family members closer together.

A grandmother is the guardian of a five year old child. The birth parents are both incarcerated. A stray bullet went through the child's bedroom window, which was on the first floor of the home, narrowly missing the child. Needless to say, the child and the guardian were traumatized by this event, and lived in fear that it would occur again. Respite funds were given to the grandmother to assist in providing the security deposit for another apartment in a safer neighborhood.

The Kinship and Respite Funds provide necessary support to grandparents and other relatives who selflessly step in to care for children when their parents are unable to care for them. The Kinship and Respite Fund program continues to expand statewide, along with the Regional Children's Probate Courts, which together are serving the needs of hundreds of children and guardians each year.

Program Name: Family Development Credential and Training Program (FDC)

Program Description:

The FDC program offers family serving agencies with training for their staff so that they have the skills needed to help the families they serve attain healthy self-reliance within their communities.

FDC offers two training courses:

- An 80-hour community based, *Empowerment Skills for Family Worker* is a comprehensive skill building training for ALL professionals who work with families. Participants who complete this course, a skill based portfolio and pass the competency-based exam are eligible for a FDC credential from the University of Connecticut and 6 undergraduate college credits from Charter Oak College.
- A 35-hour certified *Empowerment Skills for Leaders* for leaders to develop practical ways to build their organizational capacity in areas of empowerment based supervision, interagency collaboration, strength based assessment, multicultural competence and professional development.

In the last year:

- more than 125 participants completed the 80-hour course.
- more than 40 participants completed the 35-hour FDC for Leaders course.
- FDC courses were offered across Connecticut with participants from family serving agencies covering more than 50 communities statewide.
- DCF continues to support staff with a reduced rate credential for Hartford and New Britain area offices.
- New Opportunities Waterbury, Inc. continues their implementation of a system-wide change in how they deliver services. Approximately 50 workers completed the 80-hour course for family workers and 22 staff participated in the *Empowerment Skills for Leaders* program.
- The Children's Trust Fund sponsored 4 community based classes where the participants received their FDC credential at a reduced rate, were provided with lunch, manuals and supplies free of charge.

Program Name:

The Stranger You Know..... A Child Sexual Abuse Prevention Program

The Stranger You Know... began as a pilot program at ChildPlan, Inc. in East Hartford. The program, which grew out of the work of the Trust Fund's Childhood Sexual Abuse Prevention Coalition in 2003, trained hundreds of parents and teachers to keep children safe from childhood sexual abuse.

Program Description: Most current child sexual abuse prevention programs place the burden of sexual safety on children and they promote **fear** and encourage **avoidance** as useful strategies for a child's sexual safety. These "scare tactics" programs have roots back as far as 1953, and we at the Children's Trust Fund believe it's time to transfer the responsibility for child sexual safety to the adults. The program encourages parents and professional providers to teach children skills and confidence as they relate to sexual wellbeing.

The program doesn't place demands on parents. It gives them precise and up to date information on how child molesters successfully offend against children. It offers insight into how the molester thinks, acts and operates. It explains how the fixated molester (pedophile) has a flexible plan in place to suit his compulsive behavior and we cover the situational molester (regressed) who offends impulsively. Throughout the hour and a half presentation are interspersed many tips on how to have significant conversations about sexual safety with children which stress the nurturing of **skills** and **confidence**. Our goal is to avert the offender through the tutoring of responsible adults.

Number of families/children served since Jan 2007: 121

Other Information: Our instructor is retired Police Commander Robert F. Kenary. Mr. Kenary spent 33 Years in the East Hartford Police Department and 30 of those years in the detective division. He was assigned to the FBI for 3 Years investigating sexual offenses against children and is a graduate of the prestigious FBI National Academy in Quantico, Virginia. In addition to the law enforcement approach to the molester Kenary maintains professional affiliations with the Institute of Living and the School of Psychiatry, UCONN. Mr. Kenary is the recipient of the Martin A. Burnham award for child abuse prevention and Two Official citations from the Connecticut General Assembly for child sexual abuse prevention. (2006, 2007).

The Children's Trust Fund offers this program without cost to groups of parents and professional providers within the State of Connecticut.

Program Name: Shaken Baby Prevention Project

Program Description:

The Shaken Baby Prevention project trained hospital and medical professionals and community service providers throughout Connecticut on methods to prevent shaken baby syndrome. Two regional trainers provide outreach, education and support to the community on preventing shaken baby syndrome.

Number of children and families served:

More than 350 participants have attended presentations during the 2005-2006 year

The CT Shaken Baby Prevention Project is offered in communities and at birthing hospitals across the state. The goal of this project is to build champions for the prevention of shaken baby syndrome (SBS). Efforts include the following:

- Community-based initiatives which focus on influencing providers and parents from a wide variety of disciplines to inform and educate others on the effects of shaken baby syndrome and ways to prevent this form of child abuse.
- Hospital based presentations which consist of a presentation on shaken baby syndrome prevention and a discussion on available tools and methods to implement parent education and awareness.
- Shaken baby syndrome information incorporated in the EPIC module for Child Abuse and Neglect presentation for healthcare provider.
- Information for middle school, high schools, technical schools and alternative schools for pregnant and teenage parents.
- SBS highlighted at health fairs.
- Shaken Baby Prevention workshop held at regional Hartford Area Child Care Collaborative conference for childcare providers in the Greater Hartford area.
- Presentations provided for parents at family resource centers, child care center and residential placement.
- Children's Trust Fund takes part in the annual Shaken Baby Prevention Candlelight Vigil at Naugatuck Valley Community College by providing information and materials.

A Memorandum of Agreement between the Trust Fund and the University of Connecticut's A.J. Pappanikou Center for Developmental Disabilities has been implemented. In collaboration with the Trust Fund the Pappanikou Center will assist in framing and writing research proposals, continue to conduct a literature review of SBS and assist in the development of assessment/evaluation tools for the CT Shaken Baby Prevention Project.