



## **Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence: Child First Responses to Questions**

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The Task Force heard a presentation from Linda Harris, Office of Early Childhood, on home visiting early prevention and intervention opportunities at their meeting on September 9, 2015. As a result of the presentation, additional information was requested. Below are the responses from Child First to the questions received from the Office of Early Childhood, as well as some background information.

### **Background on Child First including overview of training**

[What does the domestic violence training look like? Curriculum?]

Child First is a Health and Human Services designated evidence-based, home-based intervention that includes,

- A mental health intervention for children that have been exposed to trauma, including domestic violence, and
- Intensive care coordination to connect families with comprehensive resources, including domestic violence shelters, working with the court system, adult mental health/substance abuse services, among others.

Our Child First affiliate mental health agencies employ (1) licensed Mental Health/Child Development Clinicians who are intensively trained in the assessment (with specific trauma-based interviews that are part of the National Child Traumatic Stress Network) and treatment of trauma and use trauma-informed Child-Parent Psychotherapy (CPP) as an evidence based, dyadic intervention specifically designed to address the effects of trauma on two generations (parent and child), and (2) Bachelor's level Care Coordinators who focus on connecting the family to needed services to reduce environmental stressors and promote both child and parent capacity. Both receive extensive training, including a twelve month Learning Collaborative for all Child First Team members. In addition, Clinicians receive 18 months of CPP training provided concurrently with the Learning Collaborative. Child First Teams are trained to assess for possible domestic violence and to think collaboratively with the family, as well as with any other community providers/agencies that the family wants to be involved, about the current risks to their physical safety.

The Child First intervention specifically addresses attachment, emotional development and mental health, cognitive development and executive functioning in the child. This therapeutic intervention focuses on providing safety and repair in the parent-child relationship. To ensure appropriate supports and fidelity, all Child First staff receive 3.5 hrs/week of reflective clinical supervision, as well as biweekly clinical consultation from the Child First National Program Office.

Child First is now using VIGOR, a new safety plan for people who have experienced domestic violence. The VIGOR represents the first major innovation in safety planning in more than 20 years. The VIGOR leads to a personalized, strengths-based safety plan. The VIGOR allows for a detailed assessment of all risks, including concerns about children or other loved ones, financial issues, social issues, and personal values. The VIGOR gives victims the opportunity to also think about their strengths. The focus on strengths is the part the majority of women say they appreciate the most. Finally, the VIGOR helps women identify and choose options for coping with victimization.

## *Research on the VIGOR*

The VIGOR is based on Multiple Criteria Decision Making, a well-known and well-validated method of dealing with complex problems of all types.

To date, the VIGOR has been piloted with two samples of domestic violence victims. In the first study of 101 women, 74% of women reported the VIGOR was more helpful than past safety planning. The VIGOR was revised based on their feedback. In the second pilot study (98 women), more than 4 out of 5 victims (86%) found the VIGOR more helpful than other safety planning. Further, 9 out of 10 participants reported they thought the VIGOR would be helpful to most victims.

What are the assessment tools?

Child First has a rigorous assessment protocol which includes a number of assessment tools for children and/or their adult caregivers which can help us assess if there may be risk of domestic violence. The assessment that most specifically identify domestic violence are bolded and italicized below.

### **Social-Emotional and Behavioral Concerns:**

*Ages and Stages - Social Emotional (ASQ-SE)*

*Brief Infant-Toddler Social & Emotional Assessment (BITSEA)*

*Infant-Toddler Social & Emotional Assessment (ITSEA)*

*Preschool and Kindergarten Behavior Scales-Second Edition (PKBS-2) – teacher and parent*

***Traumatic Events Screening Inventory-Parent Report Revised (TESI-PRR)***

### **Caregiver Strengths and Challenges:**

*Parent Questionnaire (PQ) \**

*Abidin Parenting Stress Index – Fourth Edition (PSI-4)*

*Center for Epidemiology Scale-Depression (CESD-R)*

***Life Stressor Checklist – Revised (LSC-R)***

***PTSD Checklist – Civilian Version (PCL-C)***

Are the questions in the assessment tools evidence based?

The assessment tools (not the questions) are in almost all cases standardized and validated.

What is the funded program provider relationship with local domestic violence providers?

Each of our 15 sites throughout CT has relationships with their local domestic violence centers since Child First is designed to work with the most vulnerable families with young children and the social service agencies that can support them. The DV centers are both a source of referrals to the Child First Program and a partner that can provide services for Child First Families.

Of the 1027 families served by Child First from 4/1/14- 3/31/15, 98% of caregivers scored positive on the Life Stress Checklist (LSC)(a majority of whom have experienced domestic violence) and 83.9% of children were reported to have experienced at least one traumatic event (TESI - a serious accident, child abuse or neglect, witnessed violence, etc.)

Child First sites in CT are funded by DCF (9 sites), the Maternal Infant and Early Childhood Home Visiting (MIECHV) grant now managed by the Officer of Early Childhood (5 sites plus expansion capacity at 2 sites), or by a federal Project LAUNCH grant (1 site).

Does your program have an ongoing relationship with CCADV and CONNSAC?

We reached out to CCADV some time ago to establish a relationship and will be connecting with CONNSAC.

What does the safety planning look like?

As stated above, we are using the VIGOR safety planning tool.

Breakdown of types of referrals to the program, such as pediatricians, community health providers, etc.

#### Sources of Referrals

- Parents or other primary caregivers
- Birth to Three
- Court system
- Department of Children and Families (DCF)
- Department of Developmental Services (DDS)
- Department of Social Services (DSS)
- Department of Mental Health and Addiction Services (DMHAS)
- Domestic violence agency
- Early childhood education or child care
- Emergency Mobile Psychiatric Services
- Faith based organization
- Family resource or support center
- Help Me Grow (HMG) or 211
- Home visiting (including Nurturing, Healthy Start, PAT, parent aide)
- Mental health provider – child
- Mental health provider – adult
- Mental health consultation: Early Childhood Consultation Partnership
- Obstetric provider
- Pediatric provider
- School
- Shelter
- Substance abuse program
- Systems of Care (DCF)
- WIC

#### Common Reasons for Referral

- Child behavioral or emotional concerns – either in the classroom or in the home
- Child exposure to domestic violence
- Child abuse or neglect
- Risk of child out-of-home placement
- Child development or educational concerns

- Risk of child expulsion from early care or school
- Risk of family eviction
- Major child and family health concerns
- Parent/caregiver mental health problems
- Parent/caregiver substance abuse
- Parent support and education needs
- Basic needs unmet (housing, heat, food, TANF, HUSKY, SNAP)
- Complex family with multiple challenges in need of assessment and service

Does your program have a backlog? If so, what is it and why?

Child First is uniquely designed to deal with the most vulnerable families who have experienced trauma or face multiple risk factors. The model is evidence based, requires affiliate agencies to hire highly qualified staff, and trains those staff to appropriately address family and child challenges in partnership with the family. Each team of two professionals providing home based services includes a Master's level licensed Mental Health/Child Development Clinician trained in child development and trauma as well as a Bachelor's level Care Coordinator who also receives trauma training.

There is a high demand for Child First services and, not surprisingly, all of our sites have wait lists. However, we prioritize working with families referred by DCF and those experiencing crises such as domestic violence and child abuse.

To: Task Force to Study the Statewide Response to Minors Exposed to Domestic Violence

From: Linda Harris, Program Director

Date: September 21, 2015

RE: Office of Early Childhood Early Prevention and Intervention Opportunities September 9, 2015  
Presentation Follow Up

The following chart reflects the total investment statewide in home visiting broken out by state and federal funds. The chart also includes the program type, number of supervisors and home visitors funded within each of the home visiting program models for families with children through the age of five years. Based on the program home visitors are titles reflect Family Support Provider, Parent Educators, Care Coordinators and Clinicians or Nurses.

Funding Source	Program	Funding Amount	Total Number of Program Locations / Sites	Total Number of Supervisors	Number of providers- Family Support Providers (FSP), Parent Educators (PE), Care Coordinators and Clinicians, Nurses
State	Nurturing Families Network (NFN) Parents As Teachers	\$10,230,306.00	36	36	110 Traditional Family Support Providers  6 Fathering Family Support
Federal Community- Based Child Abuse Prevention grant (CBCAP)	Nurturing Families Network (NFN) Parents As Teachers	\$250,000.00	5/36	5/36	5 Fathering Family Support Providers working in state funded NFN program
Federal Maternal	Nurturing Families Network (NFN)	\$4,668,776	13	13	44 Traditional Family Support

Infant Early Childhood Home Visiting	Parents As Teachers				Providers 14 Fathering Family Support Providers
Federal Maternal Infant Early Childhood Home Visiting	Nurse Family Partnership	\$499,012	1	1	4 Nurses
Federal Maternal Infant Early Childhood Home Visiting	Early Head Start Home Visiting Based Option	\$330,752	1	1	4 Parent Educators
Federal Maternal Infant Early Childhood Home Visiting	Child First	\$3,313,404	8	8	14 teams of two-1 Master's Level licensed Mental Health Clinician and 1 Bachelor's Level Care Coordinator

Where are the services provided across the state?

Home visiting services are provided at 59 locations in CT for families (refer to attached map) based on the program eligibility requirements.

Nurturing Families Network Parents as Teachers Home Visiting Program

State funded Nurturing Families Network Parents as Teachers enrolls first-time prenatal families and those parenting a child less than three months old who receive a positive score on the Revised Early Identification (REID) screening tool. The family can participate in home visiting until the child is five years of age.

Federally funded Nurturing Families Network Parents As Teachers, Maternal Infant Childhood Early Home Visiting Programs (MIECHV), enrolls both first time and non-first time prenatal families and those parenting a child less than three months old residing in identified high risk communities. Families can be enrolled if in the past have been or currently participating in services with the Department of Children and Families. The family can participate in home visiting until the child is five years of age.

#### Other Federally Funded Maternal Infant Childhood Early Home Visiting Programs (MIECHV)

- Child First enrolls pregnant women and children zero to six years old. The length of program service is six months to one year. Fifty percent of the slots are for families referred by the Department of Children and Families.
- Early Head Start Home Visiting Based Option enrolls low-income, pregnant women and families with children birth to three of age living in Ansonia, Derby, Seymour and Shelton. 10% any income Ansonia/Derby not eligible for other home visiting programs.
- Nurse-Family Partnership enrolls first time prenatal low-income women living in New London and surrounding communities. The mother can receive ongoing nurse home visits that continue through her child's second birthday.

What does the domestic violence training look like? Curriculum?

In the Nurturing Families Network state funded and now the federally funded Parents As Teachers program we have required and/ or coordinated training for staff on different aspects of domestic violence, recognition of signs and symptoms, how to solicit information regarding the potential for violence, working with the parent to develop an individualized safety plan and providing information on how to access domestic violence services. There is not a specific domestic violence curriculum used. Imbedded within the approved home visiting curricula, Parents As Teachers, Partners for a Healthy Baby, Touchpoints, 24-7 Dad and Nurturing Fathers domestic violence and its impact is addressed, including detrimental effects to healthy family functioning and the wellbeing of the child, both prenatally and after birth.

Child First training includes working with families affected by interpersonal violence.

Share the assessment tools

The state and federally funded NFN Parents As Teachers program uses information gathered from the Revised Early Identification (REID) screen and the Family Stress Checklist. The federally funded NFN Parents As Teachers program can also use the American Congress of Obstetricians and Gynecologist (ACOG), Abuse Assessment Screen (AAS) or New York State Children's Services Screen for Domestic Violence

Federally Funded Domestic Violence Assessment Tools Used

- Child First uses the Life Stressor Checklist – Revised (LSC-R) and Parent Questionnaire (PQ)
- Early Head Start Home Visiting Based Option uses the American Congress of Obstetricians and Gynecologist (ACOG)
- Nurse Family Partnership use the Nurse Family Partnership Assessment

Are the questions in the assessment tools evidence based? Yes, the items/ questions in the assessment tools are reflective of family risk factors, include domestic violence that place children at higher risk for abuse and neglect, decreased maternal and infant outcomes and school readiness outcomes.

What is the NFN provider relationship with local domestic violence providers? NFN providers are encouraged to utilize the local domestic violence providers in the training for staff and knowledge of resources.

Does the OEC have an ongoing relationship with CCADV and CONNSAC?

Current training is planned for the federally funded PAT programs with CCADV.

What does the safety planning look like?

Safety planning is an individualized process which includes supporting and educating the non –offending parent on the options available regarding where and how to access safety and alerting others that they need assistance.

Why can't state-funded NFN enroll families who are DCF involved? The NFN state funded home visiting program provides voluntary prevention services to high risk first-time parents with the goal of providing education and support, community linkages and addressing issues to decrease the need for intervention after child abuse and neglect is suspected or has occurred. Historically, few programs had been available to families on a preventive basis. NFN was developed to address this need.

Share the University of Hartford study

The University of Hartford Study Fatherhood Study final report 2010 can be accessed at [www.gov/oec/](http://www.gov/oec/) through the Family Support Services Division publication tab.

Breakdown of types of referrals to the program, such as pediatricians, community health providers, etc.

The NFN state and federally funded and Nurse Family Partnership programs enroll mothers prenatally. Referrals are received from prenatal practices, hospitals, Women Infants and Children (WIC) program, health departments, schools and community providers.

The Early Head Start Home Visiting Based Option income guidelines require that 55% of families are at or below 100% federal poverty level, 35% at or below 103% federal poverty level, 10% are of any income



and 10% of enrollment must include children identified special needs (IFSP). Referrals are received from Community Action Agencies and families with 3 and 4 year old enrolled in the Head Start program.

The Child First program intervention specifically addresses attachment, emotional development and mental health, cognitive development and executive functioning in the child. This therapeutic intervention provides services to parents of older children, typically 2 to 4 years old. Referrals are received from the Department of Children and Family, courts and a variety of community agencies.

What is the Child First backlog? The Child First backlog varies depending on the program location. Fidelity to the model is that each team has two families per team ready to be enrolled when a family exits the program.

Why does Child First have a backlog but NFN does not? The Nurturing Families Network program screens to capacity; therefore, wait lists are not maintained. Families who may call when a site is at capacity are referred to another program.

Can NFN continue to work with a family once the child enters school? If not, this is a big gap in services

On a case by case basis depending on the family and child's needs the case can remain open for a short time after the child enters school.

The OEC funds a home visiting program for school aged children and their families, the Family School Connection (FSC) program. The programs are located in Windham, Norwich and New Haven. Services are provided for families who have a child attending specified elementary schools and have been identified as at risk for child abuse and neglect. The program works with the parents to provide education, support, builds strong partnership with the child's school and linkages to community resources.

The Connecticut Home Visiting plan can be accessed at [www.ct.gov/oec](http://www.ct.gov/oec) , contact us tab, click on home visiting and select under plans the Connecticut Home Visiting Plan for Families with Young Children.