

Building Healthy Children



Teen Pregnancy in Rochester

- Rochester has historically high rates of teen pregnancy with 10% of all teens delivering a child before 19.
- In 2007, 672 babies were born to teen parents 15-19.
- In September, 2012 the babies born to teen parents will fill over 26 kindergarten classrooms
- 4 of the 8 zip codes in NYS with the highest teen pregnancy rates are in Rochester.
- 42% of the children in Rochester are living in poverty
- The estimated increased costs of children born to teen parents in just one year is \$16,592,000.00 (health care, foster care, public assistance and incarceration).

Building Healthy Children

- An integrated approach to evidence based home visitation targeting low income teen mothers whose children receive care in University of Rochester Medical Center (URMC, Strong) Pediatric Clinic or who are in Nurse Family Partnership.
- Partners include:
 - Mt. Hope Family Center,
 - The Society for the Protection and Care of Children (SPCC),
 - Strong Pediatrics, and the Strong Social Work Division,
 - Nurse Family Partnership,
 - Monroe County Department of Human Services and
 - Department of Health and the United Way of Rochester.
- BHC is funded by:
 - Monroe County Department of Human Services,
 - United Way of Greater Rochester and
 - Administration On Children, Youth and Families Children's Bureau
- BHC began serving families through a pilot project in August of 2007

Goals and Objectives

- Reduce child maltreatment and out of home placement among at risk infants and toddlers
- Enhance the parent-child relationship and support emotional security in young children
- Increase the physical , social, emotional, and cognitive development of children at risk of maltreatment
- Reduce maternal depressive symptoms that may increase risk for child maltreatment and poor emotional security.
- Enhance parental knowledge of child development
- Increase self sufficiency of young mothers
- Reduce repeat teen pregnancies

Who is eligible to participate?

- Children are patients at Strong Pediatrics or NFP participants
- Monroe County moms who were UNDER 21 when their first child was born
- Families who have NO MORE than two children, and all children must be UNDER the age of 3
- Children are TANF eligible
- No CPS involvement in identified family

Program Recruitment

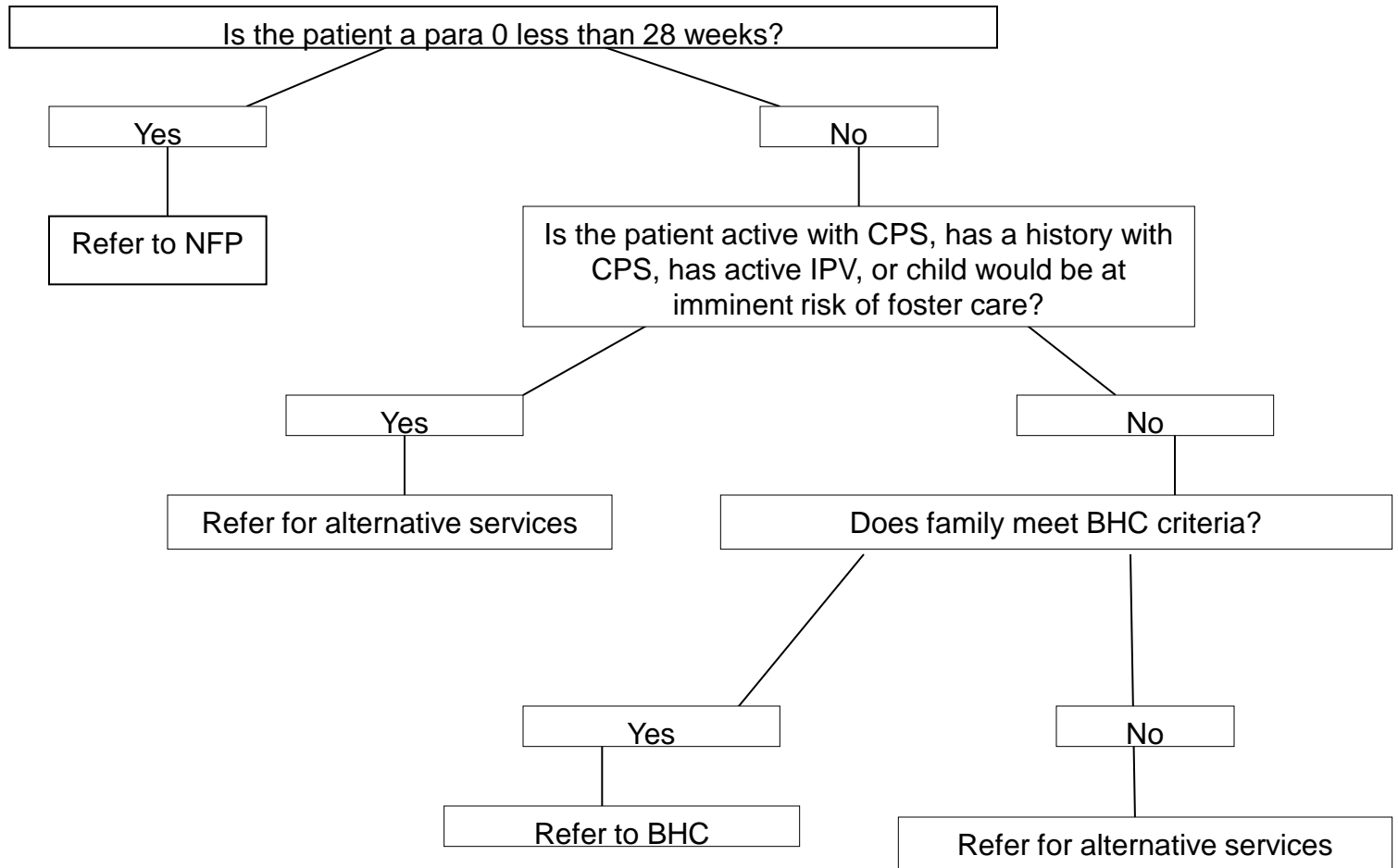
The Strong Pediatric Social Worker and NFP Supervising Nurse identify families that meet program criteria by reviewing patient lists and by referral.

The BHC evaluation coordinator and NFP Supervising Nurse randomize eligible families into either the treatment group or the control group.

The Pediatric Social Worker contacts eligible families to see if they are interested in being a part of BHC.

Families are screened for CPS involvement and history, TANF eligibility, and service history.

Perinatal Social Work Guideline for Referrals to Home Visiting Programs



Comparison Group

- Families complete an intake visit to enroll in services. Basic demographic information is collected and families complete the consent process.
- Current family situation is assessed and if needs are identified, referrals are made to appropriate community agencies.
- Family completes the initial evaluation visit. Evaluation visits occur upon enrollment, and each year around the identified child's birthday. Families receive a gift card upon completion of each evaluation visit.

Treatment Group

- For families receiving PAT, the Strong Pediatric Social Worker and the assigned Strong Outreach Worker complete an intake visit to enroll the family in services. A thorough psychosocial assessment is completed as well as the consent process.
- For families in NFP the nurse assigned completes this same process.
- The family is contacted by a BHC Research Assistant to complete the initial evaluation visit. Visits occur upon enrollment, and each year around the identified child's birthday. Families receive a gift card upon completion of each evaluation visit.

Services

Families who are in the treatment group are eligible to receive a variety of evidence based services. The information gathered from the psychosocial assessment, the evaluation visit, and the goals identified by the family determine which services families will receive.

Building Healthy Children Services

- Developed as a primary prevention program.
- Multiple evidence-based interventions are included within BHC.
- Each family receives either Parents as Teachers or Nurse Family Partnership as a parenting curriculum.
- Other evidence based programming include:
 - Incredible Years Parenting Group,
 - Interpersonal Psychotherapy (IPT), and
 - Child Parent Psychotherapy (CPP) are added as needed.
- Strong's outreach services are provided to BHC families receiving PAT; while NFP provides these services to their families directly.

Outreach Services

BHC Outreach Services are provided by Outreach Workers employed by the Social Work Division at Strong. The role of the Outreach Worker is to develop a supportive relationship with the family, to engage the family in services, and to address any concrete needs.

Services Include:

- Persistent outreach to engage families in services
- Supportive Home Visits
- Transportation to appointments
- Assistance with concrete needs (food, baby items, clothing, furniture, housing, childcare, etc.)
- Assistance with accessing DHS and other entitlements
- Assistance with scheduling & following through with Well Child Care visits, immunizations, and medical recommendations/follow-up

Parents as Teachers

Parents as Teachers (PAT) is a program designed to provide family support and education in early childhood. It is a research based and nationally recognized curriculum that teaches parents how to identify their children's developmental needs as well as the skills to address these needs themselves. SPCC employs Masters level Social Workers to provide PAT due to the complexity of the issues facing this population that regularly become barriers to effective engagement.

Services Include:

- Development Screenings using Ages and Stages Questionnaires
- Continual assessment of the child's ability to meet developmental milestones
- Home visit activities designed to teach parents how to stimulate and strengthen their child's development



SPCC's Teen Age Parent Support Services (TAPSS)

In addition to Parents as Teachers, SPCC Social Workers offer the following:

- **General counseling** to address underlying issues that are barriers to the young mothers becoming effective and nurturing parents while also becoming self-sufficient.
- **Educational Counseling and Support** – to assist participants in completing educational goals consistent with their long range employment plans.
- **Employment Counseling and Support** – intensive support provided in the area of job readiness and placement (workshops, computer lab, paid internships).
- **Community Based Support Group** – a weekly support and educational group to assist in the development of positive social supports, reduce isolation, and to reinforce parenting education and other life skills.

Incredible Years Parenting Group

Incredible Years is an evidence based 14 week parenting class for parents and caregivers of children ages 2 – 8.

It is designed to help parents:

- Increase their children's social skills
- Help their children learn
- Manage their children's behavior
- Prevent behavior problems
- Enjoy time with their children more



Interpersonal Psychotherapy

Interpersonal Psychotherapy (IPT) is offered to BHC mothers who have been identified as having elevated symptoms of depression.

What is IPT?

- ❖ A brief psychotherapy supported by evidence-based research
- ❖ Focused on treating depression
- ❖ Time limited (12 weeks, 1 hour sessions)
- ❖ Asserts that depression is associated with interpersonal relationships and/or events
- ❖ Aimed at alleviating symptoms and improving client's ability to cope with problems associated with depression



Child –Parent Psychotherapy

Child-Parent Psychotherapy (CPP) is offered to BHC families when difficulties with parent-child attachment are identified and is provided by Master's Level therapists working for Mt. Hope Family Center.



What is CPP?

- ❖ Helps the parent gain an understanding of their childhood relationship experiences & the impact on current relationships
- ❖ A home-based therapy, typically one year in length (1 hour weekly sessions), that focuses on strengthening the parent-child relationship
- ❖ Dyadic sessions held with parent & child, occasional individual sessions
- ❖ Allows the parent & child to gain a better understanding of one another
- ❖ Builds appropriate parental responses to child's emotional expression
- ❖ Allows parent to be viewed as a secure base for the child



Nurse Family Partnership

Program Goals

- Improve pregnancy outcomes
- Improve child health and development
- Improve parents' economic self-sufficiency

Key Program Components

- First-time, at-risk mothers
- Registered nurses
- Intensive services (intensity, duration)
- Focus on behavior
- Program fidelity

Why Nurses?

- Knowledge, judgment & skills
- High level of trust, low stigma
- Credibility and perceived authority
- Nursing theory and practice at core of original model

Program Capacity

- Building Healthy Children has the capacity to serve 650 families –
 - 475 in the Treatment Group, and
 - 175 in the Control Group
- Current enrollment:
 - Treatment Group: 108 families
 - Comparison Group: 109 families

Risk Factors Identified In Treatment Group

- 65% have identified domestic violence within their current relationship
- 32% have noted depressive symptoms
- 18% have reported current or past criminal history
- 70% have reported history of child maltreatment with 38% having an indicated CPS report as a child
- 21% report a history of sexual abuse
- 15% acknowledge substance abuse concerns

Length of Services

- Length of services will vary depending on the needs, goals, and participation of families.
- Families can stay involved in BHC until the identified child reaches age 3

Outcomes

Building Healthy Children began providing services to families in the pilot project in August of 2007 and are currently expanding.

Some of the outcomes which we are tracking include the following:

- Child Health (immunizations, WCC, injuries, ED visits)
- Avoidance of CPS and Foster Care
- Parent Health (repeat pregnancies, insurance)
- Family Stability (# of moves, income, employment)
- Social Support
- Parent knowledge
- Depressive symptoms
- Child development/Child functioning
- Systems change