

NFN INSIGHTS - BRIEFING REPORT

CENTER FOR SOCIAL RESEARCH, UNIVERSITY OF HARTFORD

HELLO NFN!

Quarterly Update Report

Happy New Year!! Welcome to our first quarterly briefing report. We see this circular report as a way of providing fresh insight on data collection and findings. I'd like to share a great quote that gives light to the goal of the quarterly briefing report, "the goal is to turn data into information, and information into insight" by Carly Fiorina.

In the upcoming quarters we will highlight findings from recently

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collected data and share descriptions of our observations on areas such as: recruitment, participation, retention; and information on QA charts, annual statewide RBA reports, the Annual NFN Evaluation Report, and other current research. In this issue we present findings from the Depression Improvement Study.

We also plan to highlight how staff, at various sites, are translating the program data into program practice, and much more! We want to help link program evaluation to program practice.

We see this as a great resource for you and so we hope you will agree.

A look at 2014 Program Year:

NFN is nearly complete with the NFN Annual report and so here are some highlights from the statewide NFN: NFN enrolled 711 families and served 2,118 target children during the 2014 program year. The majority of services took place in the home and, on average, families received two home visits per month, out of approximately 2.7 visits per month. In addition, for all the families whom started in 2013, 64% remained in the program for six months while 42% of families remained in the program for at least a year. Finally, we are seeing significant increases with mother employment after one and two years of program participation.

DATA

Random Selection:

Recently, we contacted about 8 sites at random to ask if we could visit them once during a quarter. We hope to meet two sites per month to discuss challenges and opportunities with data collection. We want to hear about what is working and ideas of how we can improve the systematic process of data collection.

Survey Monkey:

The CTFDS CQI subcommittee came together to develop a survey about your experience using CTFDS! Keep a look out in your email soon!

Data Updates:

The CSR team will send data reminders regarding outstanding 2015 data and future due dates for measures.

Results-Based Analysis:

The 2016 RBA will be published at the end of January. Contact CSR for a copy!

NFN Depression Improvement Study: FROM RESEARCH TO PRACTICE

In the NFN Depression Improvement Study we examined the impact of In-Home Cognitive-Behavioral Therapy (IH-CBT) for mothers diagnosed with Major Depression. Participating mothers were drawn from 25 NFN sites from September 2009 through December 2012. For mothers receiving IH-CBT, self-reported ratings on symptoms of depression were significantly lower at post-treatment compared to the control group, and over time (from pre-treatment through 3-month follow-up) symptoms of depression decreased at an accelerated rate compared to the control group (See Figures 1 & 2.). This is an important finding, given evidence that the more severe and longer lasting the episode of maternal depression, especially when it occurs early in a child's life, the more severe and durable the effect on the child's development. For mothers with additional symptoms of anxiety, a common constellation in home visiting populations, therapy significantly decreased symptoms of psychological distress (see Fig. 3); for mothers with PTSD in particular, therapy significantly improved overall functioning (see Fig. 4). See full report at http://www.ct.gov/oec/lib/oec/Report_on_NFN_Depression_Improvement_Study.pdf or contact Marcia Hughes, mhughes@hartford.edu, 860.768.5966.

Given the positive results of the study, screening for depression and anxiety has been scaled up and a newly passed state Medicaid regulation was passed that allows independent therapists to receive payment for in-home treatment. The Mind Over Mood (MoM) Initiative is building a comprehensive approach to addressing perinatal mental health by facilitating partnerships between NFN program staff and independent therapists (i.e., who accept HUSKY) and providing them with training and support. The long-term goal of this research to practice effort is to identify and train enough clinicians so that all new mothers with mental health needs will have access to timely and effective services delivered by competent, caring clinicians. Related changes to the NFN policy manual were proposed at the NFN CQI meeting (Jan 15, 2016) and will be shared at regional network meetings. For questions, contact Karen Steinberg Gallucci, ksteinberg@uchc.edu, 860.679.3712.

Figure 1. Self-rating of depressive symptoms, Edinburgh Postnatal Depression Scale: IH-CBT compared w/ Control

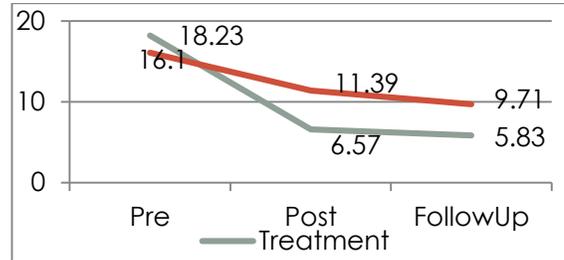


Figure 2. Self-rating of depressive symptoms, Beck Depression Inventory-II: IH-CBT compared w/Control

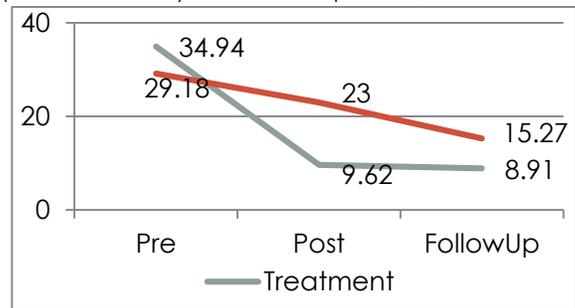
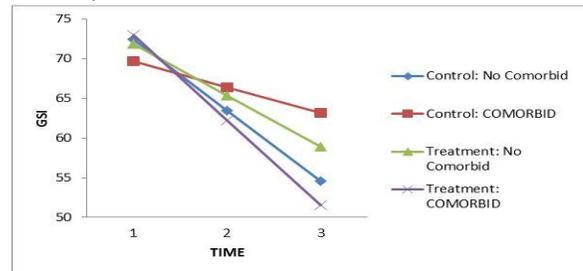
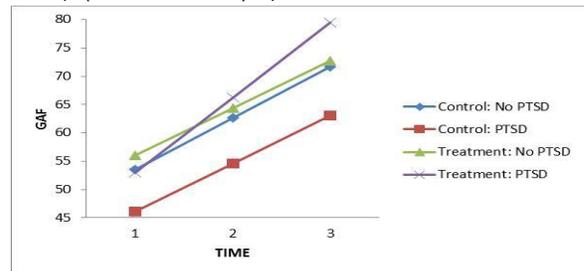


Figure 3. Global Severity Index (measure of psychological distress): Group (IH-CBT/Control) by Comorbidity*



*Comorbidity: mothers who were additionally diagnosed with post-traumatic stress disorder, panic disorder, agoraphobia, social phobia, or generalized disorder

Figure 4. Global Assessment of Functioning (SCID): Group (IH-CBT/Control) by Post-traumatic Stress Disorder



NFN EVALUATION PROTOCOL HIGHLIGHT

Transferring a case

Recently we developed a concrete protocol to follow when transferring a case. We sent it out to a few staff members who helped us complete it. Below is the process for transferring a case in both hard copy and in the web-based system.

Evaluation Protocol

Transferring site:

Exit the family in CTFDS or in hard copy and submit to CSR. Make note on the exit form that the family transferred to another site.

Receiving site:

Upon transfer completion, the receiving site submits the original intake with the NFN Family Transfer/ referral form to CSR with the old ID# and new ID#s.

Paper copy method

Receiving site gives the case a new family ID# that is within the assigned ID# range. Upon assigning the family a new site family ID#, submit the original screen to CSR with the NFN Family Transfer/ referral form. Please black out family PHI (e.g. last name). When utilizing the CTFDS, please indicate the CTFDS Case ID# on the intake/ REID form.

CTFDS

If the transferring site did not enter the REID in the CTFDS, the received site enters the REID with their site information.

Due to the security features in the CTFDS once a case is transferred into a new site a new number is assigned. The system will generate new due dates, but the dates won't actually coincide with the initial start date, so use the original start date (i.e., the date the family started at the "transferring from"

site) to track time points and due dates for the measures.

Click on transfer in the main menu and look up the case ID that is provided from the "transferring from" site. After confirming the name and info, the CTFDS will provide a new Case ID# linked to your family; the client ID#s remain the same.

The measure due dates will remain the same (6 months and annually, based on the first start date at transferring from site; not the date generated in CTFDS), if there is no interruption of services in the program. Therefore, the attention items shown in the CTFDS will be misaligned with the actual due dates. Keep a manual track of the transferring case measure due dates.

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