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associates

**Early Head Start -
Child Welfare Services
Initiative**

Final Synthesis Report

Volume II

Compendium of Grantee-Specific Findings

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Early Head Start-Child Welfare Services Initiative Final Synthesis Report - Volume II

INTRODUCTION

The EHS/CWS Initiative is a joint effort established in 2002 by the Office of Head Start (formerly known as the Head Start Bureau) and the Children’s Bureau, Administration on Children, Youth, and Families (ACYF). The overall purpose of the EHS/CWS Initiative was to enhance and expand the service network for families involved in the child welfare service (CWS) system and provide more intensive supplemental services in local communities to benefit children at risk of or experiencing maltreatment or out-of-home placement. The Initiative was built on the assumption that intensive collaboration and coordination between EHS programs and local CWS agencies would provide some of the most vulnerable children and families with access to child development, parenting, health, and family support services offered through EHS—the kinds of services that were expected to lead toward improvements in safety, permanency, and well-being for CWS-involved infants and toddlers.

As described in Volume I of this report (*Early Head Start - Child Welfare Services Initiative, Final Synthesis Report*), the EHS grantees delivered enhanced EHS/CWS services through one of the following basic program options: center-based models, home-based models, and mixed or “combination” models. In addition, a majority of grantees provided most or all of a set of core services, including development of Family Partnership Agreements; home visits; parent education and training activities; family socialization activities; medical, dental, and developmental screenings and assessments; and medical and mental health services and referrals. Volume I of this report reflects an effort to synthesize and summarize these common programmatic features as well as cross-cutting process and outcome findings from the grantees’ respective evaluations.

In establishing the initiative, however, ACYF deliberately chose not specify a particular program model that grantees were required to follow; this decision was made to promote flexibility among the EHS/CWS grantees in experimenting with a variety of models for engaging high-risk CWS families and identifying approaches that are associated with promising health, safety, and well-being outcomes. As a result, each of the funded grantees followed a unique theory of change that guided the services they provided to their target populations and the manner in which they structured their partnerships with CWS agencies. In particular, several grantees chose to implement distinctive service models that represented innovative departures from standard EHS services; examples of these unique service approaches include dyadic therapy, the use of live-in mentor couples, residential substance abuse treatment for drug-impacted mothers and their children, and providing EHS services in emergency shelter settings. Moreover, such a large variety of target populations and service models required grantees to conduct separate evaluations that included many project-specific outputs, outcome measures, and data collection instruments.

Given the programmatic diversity of the EHS/CWS Initiative, it would not have been possible to capture the full range of unique services, activities, and evaluation findings that characterized each grantee's project in a single written synthesis. Volume II of this final report seeks to address this limitation by moving from generic findings across common domains and categories to site-specific findings, with the rich assortment of programmatic features, evaluation designs, outputs, and outcomes that distinguish each grantee presented in greater detail. Specifically, each of the 23 grantees that submitted a final evaluation report is highlighted in a two-page summary that provides more detailed information about its history, target population, service model, key outcomes of interest, outputs, and major short- and long-term outcome findings. As such, these summaries supplement the cross-site findings presented in Volume I by describing the distinctive features and accomplishments of each project and their individual contributions to the overall EHS/CWS Initiative.

SafeStart for Fragile Families

Allentown, Pennsylvania

Grantee Information

Community Services for Children, Inc.
1520 Hanover Ave.
Allentown, PA 18109
Tel: 610-437-6000
Website: www.cscinc.org
Contact: Paula Margraf

Agency Background

Community Services for Children (CSC) is a non-profit agency based in Allentown, Pennsylvania. It serves as the Northeast Pennsylvania Regional Key, with responsibility for assisting early learning providers in 15 counties, and administers Child Care Information Services of Lehigh County. Its service catchment area encompasses Lehigh and Northampton Counties, which include the cities of Allentown, Bethlehem, and Easton. A Head Start service provider since 1968 with 1,100 preschool slots, CSC has served as an EHS provider with 114 slots since 1997. Programming for *SafeStart for Fragile Families* began in 2003.

Target Population

- Children ages 0-3 in or at risk of entering the CWS system who live in Allentown, Bethlehem, or Easton, PA.
- Virtually all children (97%) were associated with a report of neglect; 3% were associated with an abuse report.
- 100% of enrolled children were prenatally exposed to drugs.
- Additional child characteristics include failure to thrive, developmental delays, attachment difficulty, regulation difficulties, and emotional disturbances.
- Parent characteristics include poverty, unemployment, mental illness, substance abuse, and inadequate housing.

Core Program Features

- EHS/CWS service model: Center-based program.
- Six hours of daily therapeutic childcare in a state-of-the-art learning environment that includes primary care, low teacher/child ratios, and specialized individual and group therapy.
- On-site one-one-one training and mentoring for parents, monthly parent group trainings, biannual parent-teacher conferences, and parent volunteer opportunities.
- Daily transportation to and from the center for children and parents, as well as daily on-site health care.
- Bi-weekly home visits by a therapeutic child development specialist, biannual EHS teacher home visits, and joint CWS-EHS staff home visits at enrollment and on an as-needed basis.
- Cooperative service infrastructure between EHS and CWS, including joint staff training and professional development opportunities.

Evaluation Design

- Longitudinal research design with data collected at project enrollment, 12 months, and 36 months.
- Process evaluation measures tracked using CWS monthly activity reports, EHS-Safe Start monthly activity reports, and Multidisciplinary Team Meeting plans and notes.
- Outcome measures tracked using a combination of site-specific instruments (e.g., home safety survey, parent self-report survey of well-being), standardized instruments (e.g., *Child Early Learning Accomplishment Profile*, *Parenting Stress Index*), and clinical observation.

SafeStart for Fragile Families

Allentown, Pennsylvania

Key Outcomes of Interest

- Fewer and less severe developmental delays among enrolled children, and subsequently, increased readiness to learn
- Improved parent-child relationships
- Enhanced parent self-sufficiency and functioning
- Increased child safety and permanency

Process Measures

- Total cumulative enrollment: 29
- Average length of enrollment: 600 days
- 100% of enrolled children received at least one medical or developmental screening.
- 100% of enrolled children received one or more joint home visits by EHS and CWS staff.
- 94% of all planned home visits were completed.
- Average daily attendance rate for center-based therapeutic service component: 90%.
- Total number of referrals to community/social services: 105.
- 100% of children with disabilities received services appropriate for their developmental delay.

Key Evaluation Findings

Short-Term Outcomes

- 100% of children have a medical home and health insurance.
- 94% of children received age appropriate immunizations.
- Other short-term outcomes documented through observations or reported anecdotally include decreased signs of child emotional distress, decreased drug impact symptomology, improved parent-child interactions, and increased parent knowledge about their children and appropriate parenting practices.

Long-Term Outcomes

- 77% of enrolled parents are in or have completed recommended substance abuse treatment.
- Almost 70% of enrolled children remained with or were reunited with a biological parent; an additional 24% have been adopted or are in a pre-adoptive home.
- 16% of enrolled children less than one year of age had a repeat report of maltreatment; this compares with a statewide average of 47% (based on data from the Pennsylvania Dept. of Public Welfare).
- Other long-term outcomes documented through observations or reported anecdotally include fewer developmental delays, increased child readiness to learn, improved child health status, and reduced length of involvement in the child welfare system.

East Central Illinois Community Action Agency

Danville, Illinois

Grantee Information

East Central Illinois Community Action Agency
56 North Vermilion
Danville, Illinois 61832
Tel: 217-443-2705
Website: www.comaction.org
Contact: Odette Hyatt-Watson

Agency Background

Located in Danville, IL, the East Central Illinois Community Action Agency (ECICAA) began providing Head Start Services in 1965. In 1977 the service area was expanded to include Ford and Iroquois Counties. In 2002, the agency first began providing Early Head Start services; at the same time, funding was received for the Early Head Start/Child Welfare Services Initiative. In total, ECICAA has 70 EHS slots, of which 20 are dedicated for children involved with the CWS system. It is estimated that ECICAA serves over 500 children per year through all of its early childhood service programs.

Target Population

- Intact families at risk of CWS involvement.
- Families of children under the age of three who are involved with the Illinois Dept. of Children and Family Services.
- Eligible EHS children who are in foster or relative care.

Core Program Features

- EHS/CWS service model: Center-based program.
- Parenting education classes.
- Group socialization opportunities.
- Development of “goal setting plans” and/or CWS Service Plans.
- Cross-agency training for EHS and CWS service staff.
- Development of MOU between EHS and partnering CWS agency.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 3, 6, or 12-month intervals thereafter, depending on the data collection instrument.
- Process evaluation measures were tracked using home visitor records, meeting notes, and staff notes.
- Outcome measures were tracked using agency-specific data sources (e.g., family action plans, case notes, home visitor notes, home safety checklists), standardized instruments (e.g., *Ages and Stages Questionnaire-Social Emotional* [ASQ-SE], *Denver Developmental Screening Test, 2nd Edition* [Denver II]), and administrative data available through the *Head Start Family Information System* (HSFIS) and local CWS agency information management systems.

East Central Illinois Community Action Agency

Danville, Illinois

Key Outcomes of Interest

- Improved parenting skills.
- Improved parent involvement/interaction with child.
- Improved safety conditions in the home.
- Improved child development outcomes.
- Improved family functioning.
- Improved coordination of services.
- Improved access to services.
- Increased child permanency.

Process Measures

- Total cumulative enrollment: 78.
- Average length of enrollment: 390 days.
- 100% of enrolled children received at least one medical or developmental screening.
- 100% of the parents who participated in the program for 60 or more days received parenting training.
- 15% of cases lived in homes identified as having safety concerns.
- 36% of parents who were identified as needing parenting education attended one or more parenting classes.
- 100% of all families who were in the program for 60 or more days had a family goal plan.
- Joint training sessions between EHS and CWS were conducted.

Key Evaluation Findings

Short-Term Outcomes

- Based on case record reviews and anecdotal information, 40% of enrolled parents showed improvement in parenting skills.
- Among cases with a known home safety condition, 90% improved the safety of their homes as measured by a home safety checklist.
- 90% of the 78 children served were current on immunizations, dental screenings and preventative health care.

Long-Term Outcomes

- Of the 26 children in foster care, 8 (30%) achieved permanency.
- 90% of children at risk of removal from their homes remained with their biological parents.
- Improved service collaboration and coordination was established between EHS and CWS.

Childcare Network of Evanston

Evanston, Illinois

Grantee Information

Childcare Network of Evanston
1416 Lake Street
Evanston, IL 60201
Tel: 847-475-2661
Website: www.childcarenetworkofevanston.org
Contact: Martha Arntson

Agency Background

The Childcare Network of Evanston (CNE) is an early childhood care and education social service agency based in the Chicago suburb of Evanston, Illinois. CNE serves as the grantee agency for Evanston Early Head Start and has affiliations with a majority of early childhood programs in the community. CNE has served the local area for over 35 years and has oversight of the care and education of 88 EHS infants and toddlers, works with pregnant women, and provides comprehensive family services to Evanston children and families. CNE also subcontracts with two high-quality early childhood programs to provide early care and education services in home- and center-based locations.

Target Population

- Children and families in or at risk of CWS involvement.
- All enrolled families included former teen parents.
- Three of the four enrolled families had unsubstantiated maltreatment reports. One family's maltreatment report was substantiated but its CWS case has since been closed.
- Additional participant characteristics include inadequate housing, lack of education (i.e., no high school degree), unemployment, parental drug/alcohol abuse, and lack of social support.

Core Program Features

- EHS/CWS service model: Center-based program.
- Comprehensive family services with management staff that include a Family and Community Partnerships manager, Education and Disabilities Service manager, Health Services manager, and three Family Advocates.
- Case management services and referrals for EHS/CWS families provided through the coordination and collaboration of EHS and CWS staff.
- Parent education and support groups, as well as bi-yearly home visits conducted by a Family Advocate and EHS Teacher.
- Monthly multi-disciplinary staff meetings to discuss all enrolled children.
- Cooperative service infrastructure between EHS and CWS.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and exit.
- Process evaluation measures tracked using CWS monthly activity reports, attendance logs for group therapy and parent-teacher conferences, and Multidisciplinary Team Meeting plans and notes.
- Outcome measures tracked using a combination of site-specific instruments (e.g., sign-in sheets and parent self-reports), standardized instruments (e.g., *Ages and Stages Questionnaire* [ASQ], *Hawaii Early Learning Profile* [HELP]), and clinical observation.

Childcare Network of Evanston

Evanston, Illinois

Key Outcomes of Interest

- Increased communication between EHS and CWS agencies.
- Decreased family involvement with CWS agency.
- Improved parent-child interactions.
- Enhanced parent self-sufficiency and functioning.
- Improved access to services for CWS populations.

Process Measures

- Total cumulative enrollment: 4 families
- 100% of enrolled children received at least 1 home visit.
- 100% of parents attended at least one parent meeting with EHS/CWS agency staff.

Key Evaluation Findings

Short-Term Outcomes

- Gradual changes in child and family behavior and functioning based on observational data and anecdotal information.
- Improved coordination and communication of family case planning between EHS and DCFS.
- Other short-term outcomes documented through observations or reported anecdotally include improved housing conditions, improved parenting skills, improved knowledge of and access to community human services, and improved understanding by parents of CWS' expectations for family safety and functioning.

Long-Term Outcomes

- 100% of parents in need of additional education made progress towards achieving a high school degree.
- Other long-term outcomes documented through observations or reported anecdotally include increased participation by parents in their children's lives, decreased parental use of drugs/alcohol, and improved adult and child mental health.

Early Head Start Building Blocks Child Care Project

Greenville, Michigan

Grantee Information

EightCAP, Inc.
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Greenville, Michigan
Tel: 616-754-9315
Website: www.eightcap.org
Contact: MaDonna Adkins

Agency Background

EightCAP, Inc. is a Community Action Agency designated to serve four counties in the central portion of the lower peninsula of Michigan. EightCAP, Inc. provides a range of services, including Early Head Start, Head Start, a Charter School Academy, foster grandparents/ senior companions, and other community-based services. The project provides EHS parents with a choice of a home-based option or a center-based option with periodic home visits.

Target Population

- Children (prenatal to age 3) with an open CWS or foster care case whose families meet EHS income eligibility guidelines or who have special needs or significant maltreatment risk factors.
- The average age of children at enrollment was 13 months.
- At enrollment, 29 children (44%) had at least one parent involved in their life.
- At enrollment, 59% of children had an open CWS case, 23% had an open “prevention” case (i.e., maltreatment not substantiated but preventive services are deemed appropriate), 12% were in out-of-home placement, and 6% were enrolled prenatally.
- Family risk factors included history of low school achievement (52%), single parenthood (58%), one or both parents unemployed (76%), and low family income (100%).

Core Program Features

- EHS/CWS service model: Mixed-model with both center-based and home-based program components.
- Center-based children attended the EHS center two or four times per week, while home-based children and families received weekly services in the home.
- Bi-yearly or monthly home visits from EHS and CWS staff for families enrolled in the center-based option.
- Staff are provided with many opportunities for training some of which are required while others are optional.
- Monthly parent meetings, parenting education through “Active Parenting” classes, playgroups, and jointly developed Individualized Service Plans.
- Cooperative service infrastructure between EHS and CWS, including joint staff training and professional development opportunities.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 6, 12, and 18-month intervals thereafter.
- Process evaluation measures tracked using attendance records, lesson plans, Individual Family Service Plans, and CWS/EHS partnership agreements and activity logs.
- Outcome measures tracked using a combination of standardized instruments (e.g., *Home Observation and Measurement of the Environment* [HOME] Inventory, *Brief Infant Toddler Socio-Emotional Assessment* [BITSEA], *Infant-Toddler Developmental Assessment* [IDA]), site-specific questionnaires, clinical observation, and data obtained from EHS and CWS staff focus groups.

Early Head Start Building Blocks Child Care Project

Greenville, Michigan

Key Outcomes of Interest

- Increased parental involvement in their children's lives.
- Increase in parents' knowledge of parenting practices and skills.
- Improvement in the safety conditions of the home.
- Increased number of children meeting appropriate developmental milestones.
- Children in out-of-home placement are reunified with a parent or placed with a permanent caregiver.
- Improved and increased communication between EHS and CWS.

Process Measures

- Total cumulative enrollment: 66 children from 41 families.
- Average length of enrollment: 12 months.
- 29% of enrolled children received at least one medical or developmental assessment.
- 26 parents and 33 children attended at least one playgroup while enrolled in the program.
- 54% of families participated in Family Fun Night and Parent Education meetings.
- Three joint Individualized Family Service Plans were completed.
- 67% of children were enrolled for longer than 6 months.
- Total number of referrals to community/social services: 190.

Key Evaluation Findings

Short-Term Outcomes

- Changes in average HOME scores from baseline to follow-up showed moderate improvements in parenting knowledge, skills, behaviors, and engagement with their children. Average total HOME scores increased slightly from 35.6 at intake to 36.6 at an 18-month follow-up.
- 71% of enrolled children improved on several domains of child development as measured by a baseline and follow-up administration of the IDA.
- Other short-term outcomes documented through observations or reported anecdotally include improved and increased communication and coordination between EHS and CWS; increased parental ability to set goals and work to complete them; and improved access to services for CWS families.

Long-Term Outcomes

- 98.5% of enrolled children had no subsequent reports of maltreatment during their participation in the project.
- Of the 12 children with open foster care cases, four were returned to a biological parent, four were adopted by their foster parents/guardian, two still have open foster care cases, and two left the country.

Community Action Organization

Hillsboro, Oregon

Grantee Information

Community Action Organization
1001 SW Baseline Road
Hillsboro, OR 97123
Tel: 503-693-3228
Website: www.caowash.org
Contact: Carolyne Westlake

Agency Background

Begun after the passage of the U.S. Economic Opportunity Act of 1964, Community Action Organization (CAO) is one of 18 Community Action agencies in Oregon. In addition to EHS and Head Start programs, CAO's service array includes programs that promote positive neonatal outcomes, child abuse and neglect prevention, school readiness, and accessible child care. CAO also offers energy assistance and homelessness prevention services. In 1995, CAO constructed the Hillsboro Child Development Center, which was remodeled extensively in 2001 to become a full-day child care facility serving both EHS and Head Start-age children.

Target Population

- The project targeted children ages 0-3 residing in Washington County, Oregon, who were in or at risk of entering out-of-home placement. Exceptions to these criteria were made in the case of children in long-term placement with a relative caregiver when the relative could benefit from EHS/CWS services.
- Over 70% of enrolled families in the target population identified themselves as Hispanic, with another 17% identifying themselves as Caucasian, 4% as African American, and 5% as Asian/Pacific Islander.
- A recent survey of Head Start families found that 52% of caregivers had not completed high school and that half earn less than \$15,000 annually.

Core Program Features

- EHS/CWS service model: Center-based program.
- Participating caregivers are required to enroll their children in the center-based program. In addition, the model involves more frequent home-based contacts between families and EHS staff, with a minimum of two home visits per month.
- Home visits involve individualized parent-child activities; health, nutrition, and parent education; and referrals to mental health and disability services.
- The project's classroom structure consists of two classes of 8 children and their parents. Each class is led by a BA-level lead teacher with support from an assistant teacher and teaching aide. One of the two lead teachers is fluent in Spanish.
- Program referrals are coordinated through monthly meetings involving a CWS supervisor, the EHS/CWS Project Coordinator, and EHS Program Manager. Families referred through CWS are given higher priority in making enrollment decisions.

Evaluation Design

- Pre-post test research design with data collected at project enrollment and discharge.
- Process evaluation measures tracked using home visit and classroom attendance logs, service referral logs, Individualized Education Plans (IEPs), and Family Partnership Agreements (FPAs).
- Outcome measures tracked using child health screening forms and standardized assessment instruments, including the *Home Observation and Measurement of the Environment (HOME) Inventory*.

Community Action Organization

Hillsboro, Oregon

Key Outcomes of Interest

- Children make progress on their IEPs.
- Parents exhibit improved knowledge of child development stages and needs.
- Parents demonstrate improved parenting skills and disciplinary practices.
- Parents make progress on goals established in their FPAs.
- Children achieve and maintain age-appropriate developmental outcomes.
- Children are safer from abuse and neglect.
- Children in out-of-home placement are reunified or placed with a permanent caregiver.

Process Measures

- Total cumulative enrollment: 57
- 96% of enrolled children received at least one medical or developmental screening.
- Enrolled families received an average of two home visits per month.

Key Evaluation Findings

- 96% of enrolled children were current on well-baby/well-child visits at program exit.
- 96% of enrolled children were current on all recommended immunizations at program exit.

B-H-K Child Development Board Houghton, MI

Grantee Information

B-H-K Child Development Board
700 Park Avenue
Houghton, MI 49931
Tel: 906-482-3663
Website: www.bhkresources.org
Contact: Jeffery Herrala

Agency Background

The Baraga-Houghton-Keweenaw (BHK) Child Development Board was founded in 1974 to operate a Federal Head Start program. Head Start, preschool, and childcare programs are currently the agency's cornerstone programs; in addition, BHK offers adult education and family literacy services, support for pregnant mothers, family wellness activities, an AmeriCorps national service program, and after-school and summer learning programs for public school children. The agency currently serves more than 700 families and 1,000 children; programs are open to residents of Baraga, Houghton and Keweenaw counties. Home-visiting programs and Family Resources Centers are established in all three counties, as well as parenting skills training, fathers' groups, and programs that focus on special needs learning.

Target Population

- Families (1) living in Baraga, Houghton and Keweenaw Counties; (2) with at least one child 0-3 years of age at risk of out-of-home placement; (3) who agree to voluntary participation in EHS/CWS project; and (4) are in compliance with all court requirements.
- The target Counties of Baraga, Houghton, and Keweenaw have high rates of poverty and CPS investigations.

Core Program Features

- EHS/CWS Service Model: Mixed or "combination" model with home-based (New Start) and center-based program components.
- New Start Program Component: Intensive mentoring model in which families live in a BHK owned and operated home for three months (later changed to two months) with a mentor couple. This period is followed by another three-month transition period in which the family receives continued mentoring through regular home visits. The goal of the New Start component is to achieve permanency and family stability through increased parenting skills and overall family functioning.
- Center-Based Program Component: enhanced child development activities and parenting education through EHS home visits. The EHS/CWS component addresses child development needs and parenting skills, and seeks to improve access to community services.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and project exit.
- Outcome measures were tracked using the *North Carolina Family Assessment Scale-Reunification* (NCFAS-R) and the *Adult Adolescent Parent Inventory* (AAPI). A case study review and parent interviews provided additional data.

**B-H-K Child Development Board
Houghton, MI**

Key Outcomes of Interest

- Improved knowledge of child development and parenting skills.
- Improved parent-child interactions and relationships.
- Increased child safety and permanency.

Process Measures

- Total cumulative enrollment: 84 (11 in New Start and 73 in the center-based program component).
- 100% of enrolled children received at least one medical or developmental screening.
- 82% of EHS/CWS enrolled families participated in the program for a minimum of 6 months.
- 18 families enrolled in the EHS/CWS component utilized additional community services to support self-sufficiency.
- 65% of parents attended parenting skill trainings.

Key Evaluation Findings

Short-Term Outcomes

- 95% of children were current on well-baby/well-child visits.
- 97% of children received age appropriate immunizations.
- AAPI scores among parents in both program components showed improvements in the domains of parental expectations, empathy, and attitudes toward discipline. Subsequent interviews with parents supported this finding.
- NCFAS-R results indicate strong improvement in parenting skills, especially in the domain of family communication/interactions.
- New Start mentor couples observed that 70% of families improved the safety of their home environments.

Long-Term Outcomes

- 10 of the 11 New Start families (91%) remained together or were reunified.

Ironton-Lawrence County Community Action Organization

Ironton, Ohio

Grantee Information

Ironton-Lawrence County Community Action Organization
305 North Firth Street
Ironton, OH 45638
Tel: 740-532-3534
Website: www.ilcao.org
Contact Person: Rebecca Stewart

Agency Background

Ironton-Lawrence County CAO is a non-profit agency based in Ironton, OH. It serves the fourth poorest county in the state (Lawrence County), which is located in a mostly rural region of Appalachia. The agency's Early Head Start program currently serves 100 children and families through a mixed service model that has home-based, center-based, family childcare program components.

Target Population

- Children ages 0-3 and pregnant teens.
- Income-eligible children currently enrolled in EHS and involved with CWS.
- Children in foster care.
- Children whose parents are incarcerated.
- Children whose parents are in a substance abuse recovery program.

Core Program Features

- EHS/CWS service model: Mixed or "combination" model with home-based, center-based, and family childcare program options.
- Children can move between program service options as the needs of the family change.
- Joint EHS-CWS home visits conducted on at least a weekly basis.
- Parenting curricula used include *1, 2, 3, 4 Parents* and *Parenting your 1 to 4 Year Old*.
- Supervised visitations for children in out-of-home placement.
- Parental education classes.
- Literacy services for parents.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and on an as-needed or annual basis (depending on the data collection instrument used).
- Process evaluation measures tracked using child health records, activity plans, home visit notes, Family Partnership Agreements, parent self reports, attendance records, and staff self reports.
- Outcome measures tracked using site-specific tools (e.g., case notes, Family Partnership Agreements), standardized instruments (*Denver Developmental Screening Test, 2nd Edition* [Denver II], *Ages and Stages Questionnaire - Social and Emotional* [ASQ-SE], *Adult Adolescent Parenting Inventory*), staff observations, and administrative data provided by the partnering CWS agency.

Ironton-Lawrence County Community Action Organization

Ironton, Ohio

Key Outcomes of Interest

- Improved access to services.
- Improved child development outcomes for children.
- Improved safety conditions in the home.
- Improved family functioning.
- Improved parenting behaviors and interactions with children.
- Decrease reports of child abuse and neglect.
- Increased permanency.

Process Measures

- Total cumulative enrollment: 101.
- Average length of enrollment: 252 days.
- 95% of enrolled children received at least one medical or developmental screening.
- 94% of enrolled children received at least one medical or developmental assessment.
- 96% of enrolled families established a Family Partnership Agreement.
- 40 parenting education classes were offered during the course of the project.
- Enrolled families received an average of 27 home visits during their enrollment in the project.
- A total of 159 referrals were made for services outside of EHS.

Key Evaluation Findings

Short-Term Outcomes

- 98% of the enrolled families met at least one goal established in their Family Partnership Agreements.
- 95% of the children screened using the Denver II showed improvement in one or more developmental domains.
- Average HOME Inventory scores improved from 38.9 at intake to 41.8 at a 6-month follow-up, indicating moderate success in improving enrolled caregivers' parenting skills, engagement with their children, and the safety and stimulation of families' home environments.
- Average scores on the AAPI improved in the domains of Parental Expectations, Parental Empathy, and Appropriateness of Parent-Child Roles.

Long-Term Outcomes

- 97% of enrolled children had no subsequent maltreatment reports during their participation in the project.
- Of 15 enrolled families who were under CWS supervision, 60% remained intact and did not have any children enter out-of-home placement.

Dane County Parent Council

Madison, Wisconsin

Grantee Information

Dane County Parent Council, Inc.
2096 Red Arrow Trail
Madison, WI 53711
Tel. 608-275-6740
Website: www.dcpinc.org
Contact: Elizabeth Olsen

Project Background

Dane County Parent Council (DCPC) is a community-based non-profit umbrella agency that delivers a variety of child development and family support services designed to enhance the well-being of children and families. Headquartered in Madison, Wisconsin, DCPC serves over 1,000 children in 17 locations in Dane and Green Counties through a range of programs, including Head Start; Early Head Start; center-based child care for children aged 0-5; satellite family child care using licensed home-based daycare providers; parenting education; employment training; substance abuse services; GED and Adult Basic Education programs; and transitional housing.

Target Population

- The project targeted children ages 0-3 living in Dane County whose families had an active CWS case or a report of alleged maltreatment. In addition, the project targeted families referred through Dane County Human Service Department's (DCHS) Family Preservation Program (FFP).
- 54% of enrolled children were African American, 34% were white, 8% were Hispanic/Latino, and another 8% were identified as biracial.
- Over 60% of enrolled caregivers had an identified mental health issue and nearly 30% were teenage parents. In addition, half of enrolled families experienced homelessness at some point during their involvement in the project.

Core Program Features

- EHS/CWS Service Model: an "enhanced" home-based model with a minimum of one weekly home visit per family plus the option of enrolling eligible children in a center-based child care slot.
- Families that opt to enroll their child in a center-based slot receive additional support services and have flexibility in arranging home visits to conform to their needs, interests, and schedule.
- Support services available to all enrolled families include individualized service planning through a Family Partnership Agreement; health monitoring for children and pregnant women; parent groups and child socialization activities; mental health consultations; and advocacy services to enhance access to community resources.

Evaluation Design

- Pre-post research design with data collected at program entry and exit.
- Process evaluation measures tracked using home visit attendance logs and semi-structured interviews, focus groups, and surveys of DCHS, FFP, and EHS staff.
- Outcome measures tracked using standardized assessment instruments, including the *Home Observation and Measurement of the Environment (HOME) Inventory* and the *MacArthur Communicative Development Inventories*.
- An evaluation team from the University of Wisconsin implemented a supplemental study to track children's stress levels as measured by changes in their cortisol levels.

Dane County Parent Council

Madison, Wisconsin

Key Outcomes of Interest

- Children achieve physical and developmental outcomes appropriate for their age.
- Parents acquire and use new parenting and disciplinary skills.
- Parents exhibit less stress and better coping strategies in addressing parenting and environmental challenges.
- Children remain safe in their homes with no subsequent reports of abuse or neglect.
- DCHS and EHS develop an effective working relationship to support ongoing collaborative service delivery.

Process Measures

- Total cumulative enrollment: 34 children in 28 families
- Eight families participated in the project for less than 6 months. The remaining 20 families were enrolled in the project for an average of 599 days (20 months).
- 71% of enrolled families participated in home visits, with each participating family receiving an average of 86 home visits.
- Average number of children per home visitor: 11
- Enrolled children in out-of-home placement received an average of two supervised visitations per week.
- 100% of enrolled children received at least one medical or developmental screening. 56% received a more in-depth developmental or medical assessment if concerns arose during an initial screening.

Key Evaluation Findings

Short-Term Outcomes

- Average HOME Inventory scores for enrolled families increased from 28 at intake to 32 at case closure, indicating moderate improvements in the safety and quality of families' home environments and in the quality of parent-child interactions.
- 70% of children tested using the *Bayley Scales of Infant Development* at case closure fell within age-appropriate ranges for behavioral development. Approximately half fell within the age-appropriate range for mental development and 65% demonstrated age-appropriate psychomotor development.
- Five children tested at baseline and at a 6- to 12-month follow-up using the *MacArthur Communicative Development Inventories* showed marked improvements in word production, sentence complexity, and listening comprehension.
- Full results from the cortisol stress study are pending additional analysis and data collection.

Long-Term Outcomes

- 6 of 28 enrolled families (21%) had a subsequent maltreatment report following entry into the project.
- 3 of 7 enrolled children who were in or entered out-of-home placement were reunified with their primary caregiver by program exit. An additional 3 children were adopted, for a net permanency rate (reunifications and adoptions combined) of 85%.
- Through semi-structured interviews, DCPC staff observed that the number and appropriateness of referrals to EHS increased following implementation of the project.

Carey Services, Inc.

Marion, Indiana

Grantee Information

Carey Services, Inc
2724 South Carey Street
Marion, IN
Tel: 888-668-8961
Website: www.careyservices.com
Contact Person: Kim Hollies

Agency Background

Established in 1954, Carey Services is a community-based organization that operates two programs for children three years of age and younger and another program for children from birth to age 21. Services are available only to residents of Blackford and Grant Counties. Core service programs include Early Head Start (EHS), First Steps (therapeutic services), and Capabilities (rehabilitative services).

Target Population

- Children involved or at-risk of involvement with the CWS system in Grant and Blackford Counties.
- Pregnant women involved or at-risk of involvement with the CWS system in Grant and Blackford Counties.

Core Program Features

- EHS/CWS service model: Mixed or “combination” model with home-based and center-based program components.
- Weekly home visits.
- Parenting education that addresses positive disciplinary practices, child development, access to community services, stress management, and parent-child communication.
- Observation of parents’ interactions with their children during home visits.
- Regular home safety evaluations.
- Professional training to improve communication and collaboration between EHS and CWS.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at intermittent intervals thereafter (depending on the data collection instrument used).
- Process evaluation measures were tracked using home visitor records, meeting notes and staff notes.
- Outcome measures were tracked using site-specific instruments (e.g., home safety checklists, staff case notes, and Family Partnership Agreements), standardized assessment instruments (e.g., *Home Observation and Measurement of the Environment [HOME] Inventory*, *Hawaii Early Learning Profile [HELP]*), and staff observations of parent interactions with children.

Carey Services, Inc.
Marion, Indiana

Key Outcomes of Interest

- Improved safety conditions of the home.
- Improved parenting skills.
- Improved parent-child interactions.
- Increase access to services.
- Improved coordination between EHS and CWS.

Process Measures

- Total cumulative enrollment: 46.
- 100% of enrolled children received at least one medical or developmental screening.
- 67% of the enrolled families stayed in the program longer than three months.

Key Evaluation Findings

Short-Term Outcomes

- Anecdotal observations suggest overall improvements in positive parenting knowledge, attitudes, and behaviors.
- Parents demonstrated increased awareness of household dangers. Specifically, 80% of families that stayed in the program for three months or longer experienced improvements in the safety of their home environments.
- Families accessed needed services at higher levels following participation in the project.

Long-Term Outcomes

- Only one out of 46 children experienced a subsequent maltreatment report following program enrollment.
- Two children who were in or entered out-of-home placement during program enrollment were reunified with their families.
- As a result of cross-agency trainings, EHS and its partnering CWS agency increased their level of communication and collaboration regarding at-risk families.

Crossroads Early Childhood Services

Mentor, Ohio

Grantee Information

Crossroads Early Childhood Services
41 E. Erie Street, Lower Level
Mentor, OH 44077
(440) 358-7370
Website: www.crossroads-lake.org
Contact Person: Susan Walsh

Agency Background

Founded in 1971, Crossroads is a nonprofit community-based organization that provides a range of services to children and adolescents who are experiencing emotional, behavioral, and substance abuse problems. Crossroads offers a full continuum of services from prevention and outpatient counseling to intensive services such as partial hospitalization and therapeutic foster care for children from infancy through the teenage years. The agency's Early Head Start program began operation in 1998 with 40 slots, later expanding to 50 slots in 1999.

Target Population

- Children under the age of three whose families have an active CWS case with the Lake County Department of Jobs and Family Services.

Core Program Features

- EHS/CWS service model: Home-based program.
- Mental health services for children and their biological parents and other primary caregivers.
- Parenting education through weekly home visits and socialization groups.
- Referrals for mental health services on an as-needed basis.
- Ongoing case management.
- Community education to increase knowledge of infant mental health issues and needs of CWS-involved children and families.
- Enhanced collaboration between CWS and EHS through an MOU and regular inter-agency meetings.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 3- and 12-month intervals thereafter (depending on the instrument used).
- Process evaluation measures tracked using home visitor's notes, progress notes, and client records.
- Outcome measures tracked using site-specific instruments (e.g., the "Time Together Form", satisfaction surveys, family home safety checklists, monthly case meeting notes), standardized instruments (e.g., *Functional Emotional Assessment Scale-Parent* [FEAS], *Greenspan Social Emotional Growth Chart*, *Ages and Stages Questionnaire*), and administrative data provided by the partnering child welfare agency.

Crossroads Early Childhood Services

Mentor, Ohio

Key Outcomes of Interest

- Improved child development outcomes.
- Improved family functioning.
- Improved parenting behaviors and interactions with children.
- Decrease reports of child abuse and neglect.
- Increased permanency.
- Improved access to services.

Process Measures

- Total cumulative enrollment: 43.
- Average length of enrollment: 269 days.
- 100% of enrolled children had at least one medical or developmental screening.
- 87% of enrolled children had at least one in-depth medical or developmental assessment as a result of a concern identified during an initial screening.
- 98% of scheduled home visits were completed.
- Six joint education sessions were provided to the community throughout the life of this project, in which 185 community residents participated.
- 32 joint planning sessions were held between CWS and EHS over the life of this project.

Key Evaluation Findings

Intermediate Outcomes

- 86% of families with an identified home safety concern improved their scores on a home safety checklist from baseline to follow-up.
- 88% of parents referred for mental health services completed a full mental health assessment and 9% of those referred completed the recommended mental health treatment plan.
- The project held 6 community education trainings on infant mental health and the needs of CWS-involved families, which 185 community residents attended.
- 88% of participating children were current on well baby/well child visits at program exit.
- 91% of participating children were current on all recommended immunizations at program exit.

Long-Term Outcomes

- 75% of the enrolled children had no subsequent reports of abuse or neglect during their participation in the project.
- 7 of 21 (33%) of children who were in or entered out-of-home placement were reunified with their families of origin.

Miami-Dade Community Action Agency

Miami, Florida

Grantee Information

Miami-Dade Community Action Agency (CAA)
395 N.W. 1st Street, Suite 103
Miami, FL 33128
Tel: 786 469-4600
Website: www.miamidade.gov
Contact: Angella Malave

Agency Background

The Miami-Dade Community Action Agency (CAA) is a part of the county's core array of social service resources. CAA is committed to providing services that assist low-income individuals and families in achieving self-sufficiency and economic independence through comprehensive programs that address a number of health, developmental, and economic needs. CAA's Head Start Program began in 1965 and currently serves approximately 6,210 children and families. The enhanced EHS model implemented for the EHS/CWS Initiative was based on the Miami Safe Start Initiative Model implemented between 2000 and 2003, which served EHS-eligible toddlers who had been maltreated and had experienced documented psychological trauma. A key goal of this project was to provide traumatized children with access to appropriate mental health services.

Target Population

- Children ages 0-3 who live in Dade County, have an active dependency court case, and have documented psychological trauma.
- Children at risk for long-term detrimental psychological and developmental outcomes due to exposure to family violence.
- CWS cases in which termination of parental rights procedures have not already begun.
- Families who are court ordered to participate in the project or are referred due to substantiated maltreatment findings.

Core Program Features

- EHS/CWS service model: Center-based program.
- Center-based services included full-day, full-year culturally and linguistically appropriate childcare.
- Dyadic therapy is offered to all enrolled families. This therapeutic model involves videotaping play interactions to assess and improve children's cognitive development and parent-child attachment.

Evaluation Design

- Longitudinal research design with data collected before and after the dyadic therapy intervention.
- Process evaluation focused on exploring the establishment and progress of community partnerships and tracking service outputs. In addition, project staff and the evaluation team developed a survey to assess changes in staff knowledge of child trauma.
- Outcome data were collected via parent self report, *the Parenting Stress Index* (PSI), and videotaped evidence of parent skills and behavior used during dyadic therapy. In addition, parent-child dyads completed a modified *Crowell Parent-Child Relationship Procedure* and were assessed using the *Infant/Toddler Environmental Ratings Scale* (ITERS).

Miami-Dade Community Action Agency

Miami, Florida

Key Outcomes of Interest

- Improved child-parent relationships and interactions.
- Increased staff knowledge of child trauma and treatment.
- Decreased parental stress.

Process Measures

- Total cumulative enrollment: 86.
- Average length of enrollment: 361 days
- 100% of enrolled children received a developmental screening within the first 45 days.
- Families received an average of 55 hours per week of developmentally, culturally, and linguistically appropriate childcare.

Key Evaluation Findings

Short-Term Outcomes

- 100% of enrolled children were current on well child visits and immunizations.
- A staff survey revealed statistically significant gains in staff knowledge of child trauma and treatment. Improved staff and child interactions were also documented through clinical observations.
- As measured by the PSI, no changes in stress levels were documented among enrolled parents. Some evidence suggests that stress levels increased (at least initially) as parenting knowledge and awareness grew.
- Data gathered using the *Crowell Parent-Child Relationship Procedure* revealed improved functioning among most parent-child dyads in all domains of parent-child interaction, including caregiver's limit setting, display of affect towards the child, and provision of emotional, instrumental, and behavioral support. On average, intact families with no children in out-of-home placement were more likely to complete dyadic therapy (45%) than were families in which the children had been removed from the home (36%).

Long-Term Outcomes

- 42% of enrolled children successfully transitioned into Head Start when they reached age 3.
- 30% of enrolled children in out-of-home placement were reunified with their families. In addition, 11% were adopted and 15% entered permanent legal custody, for a net permanency rate of 56%.

Twin Cities Early Head Start

Monroe, Louisiana

Grantee Information

Volunteers of America-Northeast Louisiana
1808 Roselawn Avenue
Monroe, LA 71202
Tel: 318-322-2272
Website: www.vanorthla.org
Contact: Judith Mower

Agency Background

Volunteers of America-Northeast Louisiana (VANL) is a regional office within the Volunteers of America national non-profit organization. In 2002, the agency first began providing Early Head Start services through a mixed model Early Head Start program, serving children and families both in the home and in center-based locations. The grantee's EHS program serves a total of 68 children and families at any given time, 36 of whom are enrolled in the center-based program option and 32 of whom are in the home-based program option. Of these, 8 program slots are reserved for CWS-involved children. A number of community agencies provide the EHS program with referrals, the majority of which are families facing challenges such as poverty, child development delays, and low levels of parent education.

Target Population

- Families with children ages 0-3, as well as pregnant women involved in the child welfare system in Ouachita Parish.
- Family characteristics include low-incomes, single-parenthood, child development delays, low levels of parent education, and having a family member with a disability.
- 64% of enrolled children were African American and 36% were Caucasian.

Core Program Features

- EHS/CWS service model: Mixed-model program.
- Weekly visits to eligible EHS families receiving CWS services.
- Development of a Family Partnership Agreement with the collaboration of the family and staff from EHS and CWS.
- Case management services and referrals.
- Weekly group socializations.
- Development opportunities to address parenting and family management skills.
- Collaboration between CWS and EHS to develop joint case plans and intervention plans specific to each EHS/CWS enrolled family.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and project exit.
- Process evaluation data were collected using case notes, attendance logs, and family activity inventories.
- Outcome data were collecting using the *Ages and Stages Questionnaire* (ASQ), Family Partnership Agreements (FPAs), and administrative data provided by the grantee's partnering CWS agency.

Twin Cities Early Head Start

Monroe, Louisiana

Key Outcomes of Interest

- Improved access to services for CWS populations.
- Families demonstrate improved family functioning.

Process Measures

- Total cumulative enrollment: 14.
- Average length of enrollment: 4 months.
- 57% of enrolled children received at least one medical or developmental screening.
- 36% of enrolled families participated in at least one parent education or development activity.
- 86% of enrolled families completed a Family Partnership Agreement.
- 29% of families participated in a group socialization event.
- Average number of home visits per family: 7.6.

Key Evaluation Findings

Short-Term Outcomes

- 71% of families completed or showed progress toward meeting the goals established in their FPAs.
- 79% of families reported greater access to services, including Early Steps Intervention, medical care, child care assistance, employment, and counseling services.

Long-Term Outcomes

- 100% of enrolled families had no subsequent reports of maltreatment during their participation in the project.
- 40% of children separated from their birth families were adopted.

Parents and Children Together (PACT)

Moses Lake, Washington

Grantee Information

Family Services of Grant County
1402 E. Craig Street
Moses Lake, WA 98837
Tel: 509-766-9877
Website: www.familyservicegc.net
Contact: Sally Gundry

Agency Background

Family Services of Grant County (FSGC) was formed by a grass roots citizen group in 1983 with the original mission of assisting teen parents. Over time, the organization became the grantee for the Family Planning Program, Head Start, and Early Head Start. FSGC serves 169 Head Start children and 56 Early Head Start children in four communities. Moses Lake, the largest community in Grant County, houses pre-school services for 117 Head Start children, home-based services for 20 Early Head Start children, and a combination model for eight toddlers.

Target Population

- The program serves families with infants and toddlers in foster care in Grant County, Washington.
- Of the 58 enrollees, 36 were in foster care, 14 were in relative placement, and 8 were either in-home dependency cases or children that were not in out-of-home placement but had an active CPS investigation.
- 31 referrals were for neglect issues, 18 were due to a parental history of CWS involvement, and 5 were for physical abuse.
- 31 children had some type of documented special need.
- 22 parents were between the ages of 20 and 25. Other parent characteristics included drug/alcohol problems, mental health concerns, developmental delays, and domestic violence issues.

Core Program Features

- EHS/CWS service model: Mixed model program.
- The Moses Lake program features children and biological parents together in the EHS classroom for two seven-hour days and one five-hour day per week, for a total of 19 hours per week of classroom-based parent-child interaction.
- Individualized support and information for parents on child development, health, parenting, and mental health.
- Continuous review of family progress towards goals set forth in a jointly developed Individualized Social Service Plan (ISP).
- Weekly support groups for parents.
- One home visit per month with the child present supervised by a PACT advocate.
- Families maintain regular contact with their CWS caseworker.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and project exit.
- Process evaluation data collected using attendance logs, Family Partnership Agreements, and staff interviews.
- Outcome evaluation data collected using site-specific instruments (e.g., Family Partnership Agreements, home safety checklists), standardized instruments (e.g., *NCAST Feeding and Teaching Scales*, *NCAST Caregiver/Parent-Child Interaction Scales*, *Ages and Stages Questionnaire [ASQ]*), and administrative data provided by the partnering CWS agency. The NCAST serves as the primary instrument for measuring growth in the parent-child bond.

Parents and Children Together (PACT)

Moses Lake, Washington

Key Outcomes of Interest

- Improved access to services for CWS populations.
- Improved parent-child interactions.
- Increased staff capacity to work with CWS populations.
- Increased inter-organizational communication between EHS and CWS.

Process Measures

- Total cumulative enrollment: 57.
- Average length of enrollment: 187 days.
- 100% of enrolled children received at least one medical or developmental screening.
- 100% of parents received assistance in setting appropriate goals for themselves and their children.
- Parents of children served in the EHS classroom averaged 45 days of classroom participation.
- Average number of supervised visitations per child in out-of-home placement: 5.

Key Evaluation Findings

Short-Term Outcomes

- 100% of children were current on immunizations and well baby/well child visits at program exit.
- 62% of parent-child dyads tracked using the *NCAST Feeding and Teaching Scales* showed improvement in the total Caregiver/Infant Feeding Score.
- 50% of parent-child dyads tracked using the *NCAST Caregiver/Parent-Child Interaction Scales* displayed overall improvement in parent-child interactions.
- Anecdotal data suggest that staff gained a better understanding of the needs and circumstances of CWS-involved families, developed more empathy for families in difficult circumstances, and cultivated a stronger belief in strength-based case management.

Long-Term Outcomes

- 43% of enrolled families with a child ever in out-of-home placement were reunified.
- Of these reunified families, 69% had no subsequent maltreatment reports.

Northside Center for Child Development

New York, New York

Grantee Information

Northside Center for Child Development, Inc.
302-306 E. 111th Street
New York, NY 10029
Tel: 646-351-1300
Website: www.northsidecenter.org
Contact: Sonia Gonzalez-Cruz

Agency Background

Founded in 1946, Northside Center for Child Development, Inc. provides an array of therapeutic, mental health, and early childhood programs to more than 400 families annually. Northside Center's EHS program provides comprehensive child development and parenting education services to 80 low-income families through full-day center-based and home-based service models. After initial plans to partner with a local foster care agency fell through, Northside implemented its project through a partnership with a local substance abuse treatment provider, the Albert and Mildred Dreitzer Women and Children's Treatment Center, also known as the Palladia Center.

Target Population

- The project targeted children ages 0-3 living in Northside's service catchment area in East Harlem, with a special focus on the children of caregivers with substance use disorders and pregnant women.
- Most participating caregivers had active CPS cases; some women were referred to the project through court orders to Palladia's drug treatment program.
- 50% of enrolled families were African American, 33% were of Hispanic/Latino origin, 11% were of mixed racial/ethnic descent, and 6% were white. 28% identified Spanish as their primary language.
- Approximately 80% of enrolled mothers were unemployed and had less than a high school education.

Core Program Features

- EHS/CWS service model: Mixed model with 16 slots allocated to the project's center-based program at the Palladia Center and 4 slots allocated to a home-based program.
- Northside's project involves a unique partnership with a substance abuse treatment provider. The caregivers of families enrolled in a center-based slot participate in the Palladia Center's residential drug treatment program, which allows them to live with their children while they undergo treatment. Their children receive center-based EHS services through two classrooms operating out of the Palladia Center that are staffed by EHS teachers from the Northside Center.
- Home-based services for families enrolled in the remaining 4 project slots are provided by an EHS home visitor. Both program components use the *Creative Curriculum* as the basis for early childhood education.

Evaluation Design

- Longitudinal research design with data collected on two separate cohorts or "waves" of families enrolled between February-March 2005 and June-July 2005.
- Process evaluation measures tracked using home visit attendance logs and surveys of EHS and drug treatment center staff.
- Outcome measures tracked using standardized assessment instruments, including the *Battelle Developmental Inventory-II* (Newborg, 2005), the *Maternal Behavior Rating Scale-Revised* (Mahoney, 1999), the *Life Stress Scale* (McWayne, 2005), and the *Resilience Scale* (Wagnild & Young, 1993).

Northside Center for Child Development

New York, New York

Key Outcomes of Interest

- Enrolled children's developmental skills will approximate normal developmental levels as measured by national norms.
- Mother-child interactions will be enhanced.
- Mothers' reported levels of life stress and resilience will improve.

Process Measures

- Total cumulative enrollment: 83 children, with 56 enrolled in the center-based program option and 27 enrolled in the home-based option.
- Total number of socialization opportunities offered to families enrolled in the home-based service option: 77.
- Total number of parent education classes offered: 58.
- Total number of completed home visits: 275.
- Average number of completed home visits per child in the home-based program option: 10.
- 100% of enrolled children received at least one medical or developmental screening during the period of their participation. Of these, 29% received a more in-depth medical or developmental assessment as a result of concerns identified during an initial screening.

Key Evaluation Findings

Short-Term Outcomes

- 10% of children performed more than one standard deviation below national norms on the first administration of the *Battelle Developmental Inventory*; at a 3-4 month follow-up, no children were performing more than one standard deviation below national norms.
- As measured by baseline and 3-4 month follow-up scores on the *Maternal Child Rating Scale*, enrolled mothers become less directive in their interactions with their children and employed praise more frequently.
- The most significant life stressors identified by the *Life Stress Scale* included homelessness (58% of surveyed caregivers), substance abuse (58%), mental health issues (42%), and unemployment (47%). Despite these challenges, 60% of mothers expressed strong feelings of determination, belief in themselves, and a sense of meaning in their lives as measured by the *Resilience Scale*.

Long-Term Outcomes

- 90% of enrolled children had no subsequent maltreatment reports following entry into the project.
- Recommended changes identified by EHS and Palladia Center staff to enhance the long-term success of the EHS/CWS project include improvements to the project's joint decision-making and supervision model, communication and conflict resolution procedures, and staff training.

Cen-Clear Child Services, Inc.

Phillipsburg, Pennsylvania

Grantee Information

Cen-Clear Child Services, Inc.
1633 Phillipsburg, PA 16866
Tel: 814-342-5678
Website: www.cenclear.org
Contact: Cheryl Smith

Agency Background

Established in 1980, Cen-Clear Child Services (CCS) is a non-profit social service agency based in Phillipsburg, Pennsylvania. It provides physical, social, emotional, educational, and leadership development services to children and families in nine communities located in Clearfield and Centre Counties, Pennsylvania. The agency currently serves 156 children and pregnant women through its EHS program.

Target Population

- Children aged 0-3 who reside in the project's service catchment area and who are in or at risk of entering the CWS system, including children in out-of-home placement.
- Pregnant women involved with CWS.

Core Program Features

- EHS/CWS service model: Home-based program.
- Weekly home visits.
- Services for children with disabilities.
- Health, economic self-sufficiency, transportation, and literacy development services.
- Case management and service coordination.
- Referrals to mental health services including family therapy.
- An EHS Liaison is housed at the CWS agency's office to serve as point of contact and to promote project referrals.
- Regular interagency training opportunities on a variety of child welfare and child development topics.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 3-, 6-, and 12-month intervals thereafter (depending on the instrument used).
- Of the 82 children enrolled, 59 were randomly selected for more in-depth data analysis.
- Process evaluation measures tracked using child health records, activity plans, home visit notes, Family Partnership Agreements, parent self reports, and attendance records.
- Outcome measures tracked using site-specific instruments (e.g., home safety checklists), standardized instruments (e.g., *Denver Development Screening Test* [Denver II], *Parent Stress Index* [PSI], *Parent Behavior Checklist*), and administrative data available through the grantee's information management system (R-Client) and the partnering CWS agency.

Cen-Clear Child Services, Inc.
Phillipsburg, Pennsylvania

Key Outcomes of Interest

- Decreased parental stress.
- Improved parenting expectations and attitudes.
- Increase parent involvement and interaction with children.
- Improved safety conditions in the home.
- Increased permanency.
- Improved family functioning.
- All children current on immunizations.
- Improved child developmental outcomes.

Process Measures

- Total cumulative enrollment: 82.
- 71% of enrolled children received at least one or more developmental or medical screening.
- On average, 40 home visits per family were scheduled each year.
- 80% of all scheduled home visits were completed.
- 37% of children in foster care had shared visitations with foster parents and biological parents.

Key Evaluation Findings

Short-Term Outcomes

- 90% of sampled participants had a medical home at program exit.
- 72% of enrolled children were current on immunizations and well baby/well-child visits at program exit.
- 13 of 32 children (40%) with nutritional deficits exhibited improved nutritional outcomes at program exit.
- 87% of the parents assessed using the PSI demonstrated improved nurturing skills.
- Scores increased for 38% of parents who completed baseline and follow-up administrations of the *Parent Behavior Checklist*.

Long-Term Outcomes

- No children had a subsequent maltreatment report following program enrollment.
- 60% of children in foster care were reunified with their biological parent.

Neighborhood House Association

San Diego, California

Grantee Information

Neighborhood House Association
Children, Youth and Family Services Division
5660 Copley Drive
San Diego, CA 92111-7902
Tel: 858-715-2642
Website: www.neighborhoodhouse.org
Contact: Eloise Allen

Agency Background

The Neighborhood House Association (NHA) was established in 1914 as a non-profit 501 (c) (3) tax-exempt organization. NHA began as a settlement house assisting immigrants in transitioning into the San Diego Community. Nearly 100 years later, NHA is San Diego County's largest multi-purpose human services agency. NHA serves over 250,000 San Diego County residents each year through a network of over 30 programs in over 100 locations. Core services include youth and family services, health services, the San Diego Food Bank, and senior services. In the 1970s, NHA became the first Head Start provider in San Diego County.

Target Population

- Children ages 0-3 who are temporarily housed at Polinsky Children's Center (PCC), an emergency shelter for children separated from their families. Children may be placed at the emergency shelter because they were abandoned or removed from the home or because their parents were arrested or incarcerated.
- Targeted caregivers include biological parents (21%); relatives and foster parents (53%); guardians (4%); and adoptive parents (4%).

Core Program Features

- EHS/CWS service model: Center-based program.
- Child health, developmental, and disability assessments were conducted at the emergency shelter. Children also received medical and dental treatment as necessary.
- A modified version of EHS center-based services is provided onsite at the emergency shelter.
- Outreach and transitional services for reunified children include home visits. In addition, children continue receiving services through one of several EHS program sites depending on the child's home address.
- Training and mentoring of shelter staff to improve their knowledge of childhood development and trauma.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and exit.
- Process evaluation data were collected through site visits, case studies, and home visit reports.
- Outcome measures were tracked using a combination of case studies, home visit reports, site visit reports, and standardized instruments (e.g., *Arnett Caregiver Interaction Scale*). In addition, the *Infant/Toddler Environment Rating Scale (ITERS)* was used to assess gains in the capacity of emergency shelter staff to provide appropriate care for enrolled children.

Neighborhood House Association

San Diego, California

Key Outcomes of Interest

- Improved child safety
- Family reunification when appropriate.
- Placement stability.
- Improved skills and capacity of EHS and shelter staff to serve physically and psychologically traumatized children.

Process Measures

- Total cumulative enrollment: 176.
- Children received an average of 47 hours of developmentally appropriate childcare.
- 99% of enrolled children received at least one medical or developmental screening. A total of 174 physicals were completed.
- 95% of enrolled families received referrals for mental health services, housing assistance, and substance abuse treatment.
- Training was provided to 5 permanent and 20 non-permanent shelter staff.
- 94% of enrolled children completed one year of service and 33% returned for a second year.

Key Evaluation Findings

Short-Term Outcomes

- 100% of children were up-to-date on age-appropriate immunizations at program exit.
- 88% of families participated in family goal setting through Family Partnership Agreements. Case studies suggest that most caregivers were able to achieve their established FPA goals.
- 100% of enrolled siblings remained in contact through center-based activities even when placed with separate caregivers.
- Increased average ITERS scores reflected improvements in the appropriateness of the emergency shelter environment for young children.
- Increases in average scores on the *Arnett Caregiver Interaction Scale* reveal that shelter staff improved their ability to communicate and interact with enrolled children.

Long-Term Outcomes

- 94% of enrolled children had no repeat reports of maltreatment during their participation in the project.
- 38% of children in out-of-home placement were reunified with their families.

Children's Therapy Center

Sedalia, Missouri

Grantee Information

Children's Therapy Center
600 E. 14th Street
Sedalia, MO 65301
Tel: 660-826-4400
Website: www.chs-mo.org
Contact: Loletta Combs

Agency Background

Children's Therapy Center (CTC) is an agency under the umbrella of the Center for Human Services, a non-profit organization whose mission is to promote the development of children and adults with disabilities. Within CTC, the Family and Child Development Department provides an array of programs and services that target pregnant women and children from birth through early childhood. CTC's EHS program serves a total of 131 children and their families through four program options: (1) a home-based service option, (2) a center-based option, (3) partnerships with regional child care providers, and (4) the EHS/CWS Initiative.

Target Population

- The project targeted children ages 0-3 residing in CTC's service catchment area whose families had an alleged or substantiated maltreatment report and/or who were in or at risk of out-of-home placement.
- A priority checklist prioritized enrollment into an available project slot using criteria that include income, CWS maltreatment risk level (low, medium, or high), child's age, number of children in the home, parental disability and education level, and presence of domestic violence.
- All 37 enrolled children were in or entered out-of-home placement at some point during their participation in the project.

Core Program Features

- EHS/CWS service model: Home-based program.
- The standard EHS home-based model was modified by reducing the home visitor's caseload to enable more frequent visits and flexibility with families. Home visitors attempt to complete a minimum of two home visits per week.
- The home visitor was required to have a minimum of an undergraduate degree in social work, psychology, or a related field and two years of relevant experience.
- Home visits address any immediate needs related to families' involvement in the child welfare system. In addition, the *Parents as Teachers* curriculum is used to promote the development of appropriate and positive parenting skills.
- The EHS/CWS home visitor was housed at the local county CWS office to promote and coordinate referrals to the EHS/CWS project.

Evaluation Design

- Longitudinal research design with data collected at regular six-month intervals.
- Quantitative data collection was supplemented by a qualitative study involving focus groups with EHS and CWS staff.
- Process evaluation measures tracked using home visit attendance logs and service referral logs.
- Outcome measures tracked using child health screening forms, standardized assessment instruments (e.g., *Parenting Stress Index* [PSI], *Results Oriented Management and Accountability Self Sufficiency Scale* [ROMA]), and site-specific tools (e.g., a home health and safety checklist).

Children's Therapy Center

Sedalia, Missouri

Key Outcomes of Interest

- Improved parent-child interactions and appropriate expectations by enrolled parents of their children.
- Improved physical safety conditions in families' homes.
- Decreased parental stress.
- Increased knowledge and understanding on the part of CWS caseworkers of early childhood attachment and infant mental health.
- Children achieve age-appropriate developmental outcomes.
- No subsequent substantiated reports of abuse or neglect among enrolled families.
- Intact families will avoid out-of-home placement.

Process Measures

- Total cumulative enrollment: 37.
- Average length of enrollment: 189 days.
- Average number of home visiting hours per month: 8.
- 100% of enrolled children received at least one medical or developmental screening. Two children (5%) received a more in-depth development or medical assessment if concerns arose during an initial screening.
- 100% of enrolled families received at least one joint home visit by an EHS home visitor and a CWS caseworker.

Key Evaluation Findings

Short-Term Outcomes

- 95% of enrolled children (35 of 37) were current on well-baby/well-child visits at program exit.
- 97% of enrolled children (36 of 37) were current on all recommended immunizations at program exit.
- By program exit, all enrolled families (100%) met the safety criteria outlined in the project's home health and safety checklist.
- As measured by the PSI, parents' stress levels declined markedly from the 49th percentile at program entry to the 27th percentile at a six-month follow-up administration.

Long-Term Outcomes

- Based on data from the ROMA, enrolled families' status improved in several areas of well-being, including educational attainment, academic skills, income, employment, health insurance coverage, physical health, mental health, housing, child care, transportation, and psychosocial and environmental stressors. Specifically, families' average ROMA scores dropped from 62.7 to 55.4 from intake to a six-month follow-up, with the lower score indicating less serious levels of need.
- 78% of enrolled children had no subsequent maltreatment reports following entry into the project.
- 6 of 17 enrolled children (16%) were reunified with their primary caregiver by program exit. An additional 8 children (22%) were adopted, for a net permanency rate (reunifications and adoptions combined) of 38%.

Miami Valley Child Development Center

Springfield, Ohio

Grantee Information

Miami Valley Child Development Center
215 Horace Street
Dayton, OH 45407
Tel: 937-226-5664
Website: www.mvcdc.org
Contact: Arlene White

Agency Background

The Miami Valley Child Development Center (MVCDC) was incorporated in 1964 as a nonprofit 501(c)(3) corporation. MVCDC began providing comprehensive Head Start services to low income children ages three to five years in 1965. MVCDC is the Head Start grantee for the Ohio Counties of Clark, Madison, and Montgomery, and provides comprehensive services to 2,763 children between the ages of 3 to 5 years and to 110 children between the ages of 0 to 3 years. Prior to the EHS/CWS Initiative, there was no formal relationship between the MVCDC EHS Program and the Clark County Department of Family and Child Services.

Target Population

- Children residing in Springfield (Clark County) with an open CWS case who are at high risk of out-of-home placement.
- 56% of the children in Springfield schools are considered to be economically disadvantaged and are living at 185% below the poverty level.
- Children under the age of two were prioritized to ensure sufficient length of service.

Core Program Features

- EHS/CWS service model: Center-based program.
- Core services include medical assessments and immunizations, as well as developmentally appropriate and supportive full-day, full-year childcare.
- Parents were encouraged to volunteer at the EHS center and received informal education in parenting skills and childhood development.
- Families received case management services and referrals.
- Enhanced collaboration between EHS and CWS was promoted through shared professional trainings and regular meetings.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 6-month intervals thereafter.
- Process evaluation measures were tracked using staff attendance logs and case records. In addition, focus groups with both EHS and CWS staff were held at two separate points in the project to assess changes in staff knowledge and service coordination.
- Outcomes measures were tracked using site-specific safety assessments, case records, and administrative data supplied by the partnering CWS agency.

Miami Valley Child Development Center

Springfield, Ohio

Key Outcomes of Interest

- Children have a medical home.
- Children are current on all age-appropriate immunizations.
- Children are safe from future abuse and neglect.
- Improved service collaboration and coordination between EHS and CWS.

Process Measures

- Total cumulative enrollment: 17.
- Average length of enrollment: 510 days.
- 75% of families participated in the project for at least 6 months.
- 100% of enrolled children received one or more joint EHS/CWS visits.

Key Evaluation Findings

Short-Term Outcomes

- 100% of enrolled children and their siblings established a medical home.
- 100% of enrolled children were current on immunizations and well baby/well child visits at program exit.
- Periodic reviews of open CWS cases revealed improvements in the parenting skills of many caregivers.
- EHS and CWS staff reported increased knowledge of each respective agency and experienced improved collaboration as the project progressed.

Long-Term Outcomes

- 53% of participating families had no subsequent substantiated reports of abuse or neglect during service or immediately after exiting the project.
- Although some children experienced temporary out-of-home placement, all children were eventually reunified with their primary caregiver (i.e., biological parent or foster parent).

Hamilton Center, Inc.

Terre Haute, Indiana

Grantee Information

Hamilton Center, Inc.
500 Eight Ave.
Terre Haute, IN 47804
Tel: 812-231-8336
Website: www.hamiltoncenter.org
Contact Person: Jane Mahurin

Agency Background

Established in 1971, Hamilton Center, Inc. is a private not-for-profit corporation that serves as the regional behavioral health system in central and west-central Indiana. It has satellite offices in nine Indiana counties, employs over 600 people, and serves approximately 10,000 consumers annually. The Center provides a full continuum of mental health services to prenatal mothers, infants, toddlers, adults, and families. The Center's Healthy Beginnings Program is the primary service provider for families with children up to three years of age.

Target Population

- Children ages 0-3 who reside in the Terre Haute community and whose families are involved in the CWS system.
- Pregnant women with an active CWS case.

Core Program Features

- EHS/CWS service model: Mixed or "combination" program.
- Weekly home visits.
- Parenting education that addresses positive approaches to parenting, home safety, and child well-being.
- Group socializations.
- Cross-agency professional training events.
- Center-based activities to promote positive child development.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 3-, 6-, and 12-month intervals thereafter (depending on the instrument used).
- Process evaluation measures were tracked using home visitor records, meeting notes, and staff case notes.
- Outcome measures were tracked using site-specific instruments (e.g., parent surveys, home safety checklists, meeting notes, staff surveys, staff case notes), standardized instruments (e.g., *Home Observation and Measurement of the Environment* [HOME] Inventory, *Parenting Stress Index* [PSI], *Hawaii Early Learning Profile* [HELP]), and administrative data provided by the partnering child welfare agency. In addition, the Center's referral and enrollment database was used to track client process and outcome measures.

Hamilton Center, Inc.
Terre Haute, Indiana

Key Outcomes of Interest

- Improved parenting skills.
- Increased number of immunized children.
- Increase home safety.
- Increase in parents' ability to cope with stress.
- Increased inter-agency service collaboration and cooperation.

Process Measures

- Total cumulative enrollment: 21.
- 100% of enrolled children received one or more developmental or medical screenings.
- Enrolled families received an average of 2.3 home visits per month.
- 38% of enrolled families participated in one or more group socialization activities.
- 100% of enrolled families established Family Partnership Agreements.
- 16 cross-agency trainings were conducted.

Key Evaluation Findings

Short-Term Outcomes

- 100% of enrolled children received referrals for appropriate services.
- 71% of enrolled children were current on age-appropriate immunizations at program exit.
- 67% of enrolled children were current on well-baby/well child visits at program exit.
- 100% of enrolled parents made improvements to the safety conditions in their homes (e.g., keeping potential health hazards out of children's reach).
- Based on staff observations, 86% of enrolled caregivers increased their parenting knowledge and skills.

Long-Term Outcomes

- 80% of enrolled children who were delayed in at least one developmental domain no longer required early intervention services.
- No children had a subsequent maltreatment report following enrollment in the project.
- 76% of children who were in or entered relative or non-relative foster care were reunified with their parent(s).

Community Action Project

Tulsa, Oklahoma

Grantee Information

Community Action Project of Tulsa County
717 S. Houston Avenue, Suite 200
Tulsa, OK 74127
Tel: 918-382-3251
Website: www.captc.org
Contact: Caren Squires-Calhoun

Agency Background

Community Action Project of Tulsa County (CAP) is a non-profit organization that began providing services to low-income families in the Tulsa area in 1973. CAP programs include early childhood education; affordable housing assistance; financial education; income tax preparation and assistance; screening and application for public benefits; and policy analysis and advocacy. Social services are provided to children enrolled in CAP's EHS/CWS Project through Family and Children's Services, a contracted non-profit social service agency with more than 80 years of experience serving families in the Tulsa community.

Target Population

- The project targeted children ages 0-3 residing in Tulsa County who were in or at risk of entering the CWS system and who were either in or at risk of out-of-home placement.
- 58% of enrolled families included one or more biological parents; other children lived with relatives or an unrelated foster caregiver. About half (49%) of enrolled families were led by a single parent or caregiver.
- 40% of enrolled children were white, 12% were African American, 16% were Hispanic, 15% were American Indian, and 17% were identified as bi-racial.

Core Program Features

- EHS/CWS service model: Mixed or "combination" model with intensive home-based case management services for parents and standard center-based services for children.
- EHS teachers provide developmentally appropriate learning opportunities for enrolled children and work with families to address developmental and socio-emotional concerns.
- A Child Welfare Liaison provides "gatekeeping" services by recruiting eligible families into the project and communicating with CWS caseworkers about the availability of open program slots.
- A Family Support Specialist provides intensive case management services to enrolled caregivers and assists families in meeting their basic physical and developmental needs.
- A Parent Educator works with families on the project's waiting list by providing home-based parent education and service referrals.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at 6-month intervals thereafter.
- Process evaluation measures tracked using children's individualized weekly lesson plans, service referral logs, and Family Partnership Agreements (FPAs).
- Outcome measures tracked using standardized assessment instruments (e.g., *Child Well-Being Scales*, *Parenting Stress Index* [PSI], *Adult-Adolescent Parenting Inventory*) and administrative data provided by the Tulsa County Department of Human Services.

Community Action Project

Tulsa, Oklahoma

Key Outcomes of Interest

- Children score at or above developmentally appropriate levels on measures of cognitive and socio-emotional progress.
- Parents exhibit reduced levels of stress and improved child disciplinary skills and behaviors.
- EHS teachers and staff have improved knowledge and skills in working with at-risk families.
- Children in out-of-home placement are reunited with their families and do not experience subsequent removals.

Process Measures

- Total cumulative enrollment: 68.
- Average length of enrollment: 219 days.
- 100% of enrolled children received at least one medical or developmental screening.
- The Memorandum of Understanding (MOU) between CAP and its partnering CWS agencies was updated at least 2 times during the course of the project.
- 513 outside service referrals were made on behalf of enrolled families, including referrals for basic household needs, vocational education and training, counseling, and employment services.
- Total number of outside services received by enrolled families: 258.

Key Evaluation Findings

Short-Term Outcomes

- 95% of enrolled children were current on well-baby/well-child visits at program exit.
- 100% of enrolled children were current on all recommended immunizations at program exit.
- 19 of 24 families (80%) with a written Family Partnership Agreement (FPA) completed all FPA goals within 12 months of enrollment.
- 60% of EHS staff demonstrated improved knowledge of the signs of child abuse and CPS reporting procedures as measured by pre-post tests.
- Parents' stress levels as measured by the *Parenting Stress Index* declined slightly from the 80th percentile at baseline to the 78th percentile at a 6-month follow-up.
- 67% of enrolled parents exhibited improved parenting skills and behaviors from baseline to follow-up as measured by the *Adult-Adolescent Parenting Inventory*.

Long-Term Outcomes

- 97% of enrolled children experienced no subsequent maltreatment reports during their participation in the project.
- 32% of enrolled children in out-of-home placement were reunified with their families of origin. An additional 6% of enrolled children were adopted, for a net permanency rate of 38%.
- 33% of enrolled children successfully transitioned from EHS to Head Start.

New Opportunities, Inc.

Waterbury, Connecticut

Grantee Information

New Opportunities, Inc.
232 N. Elm Street
Waterbury, CT 06702
Tel: 203-759-0841
Website: www.newopportunitiesinc.org
Contact: Donna Ditrio

Agency Background

New Opportunities, Inc. (NOI) is a private non-profit corporation that has administered social service programs targeted at low-income and elderly populations since 1964. NOI, which is the Community Action Agency for the City of Waterbury and its surrounding communities, administers over 75 social service programs in the areas of youth development, food assistance, energy assistance, and early childhood education. The organization's center-based EHS program provides full-year, full-day services to children and families.

Target Population

- Families with children ages 0-3 and/or pregnant women who meet Head Start's income eligibility guidelines.
- Families must be residents of Waterbury, Connecticut.
- 10% of project slots are reserved for families with children who have special needs or disabilities.
- 10% of the slots are available for families whose income is above the standard Head Start eligibility threshold.
- The agency uses established selection criteria to ensure that families and children with the most urgent need are served.

Core Program Features

- EHS/CWS service model: Center-based program.
- Eleven hours of daily therapeutic childcare using the *Creative Curriculum for Infants and Toddlers*, along with individual service planning for each enrolled child.
- Development in partnership with each family of a CWS "Ongoing Treatment Plan" and an EHS Family Partnership Agreement (FPA), both of which contain consistent and parallel goals.
- Bi-yearly reviews and updates of the Ongoing Treatment Plan and yearly reviews of the Family Partnership Agreement.
- For each enrolled family, EHS staff conduct two home visits, host two parent conferences, and hold a minimum of two parent/teacher conferences per year.
- On-site resources for children with special needs.

Evaluation Design

- Longitudinal research design with data collected at project enrollment and at subsequent 6-month intervals.
- Process evaluation measures tracked using Family Partnership Agreements and booklets completed by parents and teachers containing observations about each child.
- Outcome measures tracked using a combination of site-specific instruments (e.g., home safety survey, family exit survey), standardized instruments (e.g., *Parenting Stress Index* [PSI], *Ages and Stages Questionnaire* [ASQ]), administrative data from EHS and the grantee's partnering CWS agency, and clinical observations.

New Opportunities, Inc.
Waterbury, Connecticut

Key Outcomes of Interest

- Children have access to regular medical care.
- Children are up to date on all age-appropriate immunizations.
- Increased inter-organizational communication.
- Increased capacity of staff to work with CWS populations.

Process Measures

- Total cumulative enrollment: 62.
- 100% of children were screened for general physical health and cognitive/intellectual development at program enrollment.
- Average number of supervised visitations per child in out-of-home placement: 10.
- 85% of participants were in the program for 24 months or longer.
- 24% of enrolled children received one or more joint home visits by EHS and CWS staff.
- 100% of parents received training on child development, safety, and appropriate expectations.

Key Evaluation Findings

Short-Term Outcomes

- 97% of participants had an identified medical home upon enrollment; the remaining 3% had a medical home within 30 days of enrollment.
- 100% of enrolled children were current on all age-appropriate immunizations and well-baby/well child visits at program exit.

Long-Term Outcomes

- Anecdotal data suggest improved service collaboration and coordination between EHS and CWS as a result of the project.

Supporting Parents and Raising Kids (SPARK)

Waterville, Maine

Grantee Information

Kennebec Valley Community Action Program
97 Water St.
Waterville, ME 04901-6339
Tel: 207-859-1500
Website: www.kvcap.org
Contact: Kathy Colfer

Agency Background

The Kennebec Valley Community Action Program (KVCAP) is a non-profit community action agency that has been providing services to the people of Kennebec and Somerset Counties for the past 40 years. KVCAP offers a range of services for men, women, and children, including home visitation programs for first-time parents, parenting classes, childcare, and Head Start. The KVCAP Division of Child and Family Services, which was awarded an EHS/CWS grant by the Children's Bureau, contracted internally with the KVCAP Division of Social Services to develop the SPARK Project, which represents a combination of the agency's existing EHS and Healthy Families (home visiting) programs.

Target Population

- SPARK targets children aged 0-3 whose families reside in Somerset or Kennebec Counties, have a new maltreatment report, and are assessed as at low to moderate risk of abuse or neglect. Reports do not need to be substantiated. In addition, the project targets women with a first-time pregnancy.
- Two-thirds of enrolled children were under 18 months of age.
- 56% of families were involved with CWS due to a report of neglect.
- 53% of targeted families had substance abuse problems.
- 58% participating parents were single.

Core Program Features

- EHS/CWS service model: Home-based program.
- Families received three home visits per month and were invited to participate in monthly socialization activities.
- A mental health clinical social worker was available for staff consultations and parent counseling sessions.
- Transportation was provided free of charge to and from monthly socializations.
- Interdisciplinary Family Teams (IFT) were formed among SPARK staff and community service providers to coordinate service delivery.
- Project progress was overseen by an Interagency Advisory Committee attended by KVCAP staff, CWS personnel, and other community service providers.

Evaluation Design

- Longitudinal research design with data collected at program intake and at 6- and 12-month intervals thereafter.
- Process evaluation measures were tracked using referral and assignment forms, family intake records, a parent satisfaction survey, attendance sheets, and home visit records.
- Outcome measures were tracked using parent interviews, site-specific instruments (e.g., home safety assessments), and standardized instruments (e.g., *Family Resource Scale*).

Supporting Parents and Raising Kids (SPARK)

Waterville, Maine

Key Outcomes of Interest

- Increase in parents' ability to cope with stress.
- Improved parenting knowledge, skills, and behaviors.
- Improved safety conditions in enrolled families' homes.
- Increased access to medical and mental health services.

Process Measures

- Total cumulative enrollment: 59 families (5 caregivers were pregnant at the time of the first home visit).
- Enrollment ranged from 88% to 100% of total funded slots over the course of the project.
- Average length of enrollment: 239 days. The longest enrollment lengths were found among pregnant women.
- 100% of enrolled children received at least one medical or developmental screening at program intake.
- 64 Parent-Child Socializations were held. Most families participated in between 1 and 3 socializations.
- SPARK families participated in 3.27 home visits per month.
- Five families received supervised visitations facilitated by SPARKS staff.

Key Evaluation Findings

Short-Term Outcomes

- 100% of enrolled children were current on age-appropriate immunizations at program exit.
- 95% of enrolled children were current on well baby/well child visits at program exit.
- Through interviews, parents reported that they had developed a positive relationship with their EHS home visitor as well as increased knowledge of appropriate parenting skills.

Long-Term Outcomes

- 69% of enrolled families had no subsequent maltreatment reports during their participation in the project. Of the 18 families (31%) that had a subsequent maltreatment report, reports for only five families were substantiated.

Partners in Advocacy

Wooster, Ohio

Grantee Information

Community Action Wayne/Medina
2375-B Benden Drive
Wooster, OH 44691
Tel: 303-264-8677
Website: www.cawm.org
Contact: Carla Unkefer

Agency Background

Community Action Wayne/Medina (CAWM) is a non-profit organization that has served low-income populations in the Ohio Counties of Wayne and Media since the 1960s. In addition to operating EHS and Head Start programs, CAWM services include a food pantry, housing preservation and assistance programs, and adult education. The grantee's EHS/CWS program, known as Partners in Advocacy or PIA, represents a collaborative effort among CAWM, Medina County Department of Job and Family Services, Wayne County Children's Services Board, and the Counseling Center of Wayne and Holmes Counties, a regional mental health service provider.

Target Population

- The project targeted children ages 0-3 residing in Wayne and Medina Counties who were in or at risk of entering the CWS system, as well as expecting mothers.
- The majority of referred cases (35%) had a CPS report of neglect. Other maltreatment types included physical abuse (20%), sexual abuse (17%), dependency (17%), failure to thrive (6%), and emotional abuse (2%).
- 87.5% of enrolled children were white, 7.5% were African American, 2.5% were Latino, and 2.5 were identified as of another racial/ethnic origin.

Core Program Features

- EHS/CWS service model: Home-based program.
- Enrolled families receive a minimum of one weekly home visit by an EHS Family Visitor and a PIA Intensive Home-Based Family Therapist. Visits last for a minimum of 90 minutes.
- Visit activities are planned according to each child's age and needs. Examples of activities include "tummy time" (i.e., babies are placed on their stomachs to facilitate the development of crawling and other basic motor skills); physical exercise for newborns; stacking blocks and other activities to promote gross motor coordination; and craft projects for toddlers to facilitate the development of fine motor skills.
- Depending on need, mental health services provided to caregivers and children include individual counseling sessions.
- Families are invited to attend at least two socializations per month and one monthly parent meeting.

Evaluation Design

- Pre-post test research design with data collected at project enrollment and discharge.
- Process evaluation measures tracked using home visit and socialization attendance logs, service referral logs, and Family Service Plans.
- Outcome measures tracked using standardized assessment instruments that include the *Parenting Stress Index* (PSI), *Home Observation and Measurement of the Environment* (HOME) Inventory, and the *Denver II Developmental Screening Test* (DDST II).

Partners in Advocacy

Wooster, Ohio

Key Outcomes of Interest

- Children function at developmentally appropriate levels and are ready to begin school.
- Parents exhibit reduced levels of stress and improved parenting skills and behaviors.
- Parents achieve improved self-sufficiency and functioning.
- Children are safe from future abuse and neglect.
- Children in out-of-home placement are reunited with their families and do not experience subsequent removals from the home.

Process Measures

- Total cumulative enrollment: 43.
- Average length of enrollment: 550 days.
- Ratio of children per home visitor: 10.
- Families received an average of one home visit per week, with some receiving more visits on an as-needed basis.
- 100% of enrolled children received at least one medical or developmental screening.
- 33% of enrolled children received a more in-depth medical or development assessment following an initial screening.
- A total of 36 socializations/family gatherings were organized, with 85% of enrolled families attending at least one socialization activity.
- 50% of enrolled families were referred for and received financial, housing, and other services through community resources.

Key Evaluation Findings

Short-Term Outcomes

- 89% of enrolled children were current on well baby/well child visits at program exit.
- 98% of enrolled children were current on all recommended immunizations at program exit.
- 98% of enrolled children demonstrated developmental gains as measured by baseline and follow-up administrations of the DDST II.
- Parents' stress levels as measured by the PSI declined substantially from the 90th percentile at baseline to the 70th percentile at case closure.
- Caregivers' parenting skills and behaviors improved markedly as measured by the HOME, with scores increasing from 22.6 at enrollment to 32.1 at case closure.

Long-Term Outcomes

- Half of all children who were in or entered out-of-home placement following program enrollment returned home or achieved permanency through adoption.
- PIA's success helped leverage other child well-being initiatives in the community. For example, a Success by Six Initiative was begun by the local United Way in Wayne County to promote school readiness, while the Prenatal to Five Committee in Medina County (also under the auspices of the United Way) is exploring options for improving kindergarten readiness.