Fiscal Year 2006: October 1, 2005 – September 30, 2006

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We have the highest regard for the mothers, children, and other family members who have been included in this study. We hope that this report accurately reflects their circumstances and involvement with the AIA programs.

The team of individuals at the University of Missouri-Kansas City Institute for Human Development (UMKC-IHD), under the leadership of Dr. Carl F. Calkins, includes personnel who have contributed in many varied ways. The authors thank these individuals for the roles that they have filled:

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- Product Development – Jodi Arnold
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The entire evaluation team hopes that this report will contribute to effective strategies for addressing the issues presented by the families served by AIA programs.
INTRODUCTION TO THE ABANDONED INFANTS ASSISTANCE (AIA) PROGRAM

Beginning in the 1980’s, the issue of infant abandonment – primarily due to substance abuse and HIV – created huge challenges for hospitals.

Abandoned Infants Assistance (AIA) Act

- The AIA Act, passed by Congress in 1988, is intended to prevent the abandonment of infants and young children and to develop systems of support for their families or for alternative safe and stable child placements, if necessary.
- Today social service agencies funded through this act are better equipped to deal with the complex issues in determining solutions to address the underlying social and human problems associated with infant abandonment and the impacts of HIV and substance abuse on young children.

AIA Programs

Since passage of the AIA Act in 1988:

- Over 70 demonstration projects and a National Resource Center have received DHHS funding, thereby having far-reaching effects on the lives of children and families.
- The Children’s Bureau administers the AIA Program, funding 26 AIA demonstration service programs located in 19 states and the District of Columbia during FY 2006.
- The programs funded during FY2006 consisted of 20 comprehensive model projects, 4 family support programs for relative caregivers, 2 therapeutic recreation programs for children affected by HIV/AIDS, and the National AIA Resource Center.
- AIA grantee organizations are hospitals, community-based child and family service agencies, universities, and public child welfare agencies.
- They are charged with the development of approaches to prevent child abandonment, with particular emphasis on addressing the effects of HIV/AIDS and drug exposure on infants and children. They are to build the capacity of families to provide safe, stable homes for their children, while also enhancing the capacity of foster care and other service providers to meet the complex needs of the children, when needed.

Cross-Site Evaluation

Collection of individual participant-centered cross-site evaluation data from the participants in AIA programs began in 1996.

- In 2002, the National AIA Resource Center contracted with the University of Missouri-Kansas City Institute for Human Development to oversee the cross-site evaluation.
- This report summarizes FY 2006 cross-site data collected from each of the 20 currently funded comprehensive model projects, and briefly describes the 4 currently funded family support programs for relative caregivers and the 2 currently funded therapeutic recreation programs.
Caution should be exercised in interpreting the reported findings, due to differences in both interventions employed and populations served by programs. Programs also varied in the extent of participation in the cross-site evaluation, and mothers varied in degree of program engagement.

Despite these limitations, it is hoped that this report will provide descriptive information about the families served, the interventions designed to support them, some indicators of the success of AIA programs, and some recommendations based on the findings.

**COMPREHENSIVE AIA PROGRAMS IN FISCAL YEAR 2006**

**Overview of Comprehensive AIA Programs**

Twenty comprehensive AIA service demonstration programs were funded between October 1, 2005 and September 30, 2006 (FY 2006).

- All 20 programs reported participant-centered cross-site data describing the enrolled biological mothers and designated “index children” (typically the youngest child in the family), as well as the program activities and services.
- This sample includes 84 families that began and terminated AIA services in FY 2006; 440 families that began AIA services in FY 2006, but had not yet terminated at the end of FY 2006; 190 families that began AIA services prior to FY 2006 and terminated in FY 2006; and 94 families that began AIA services prior to FY 2006 and had not yet terminated at the end of FY 2006.
- Sixteen sites also estimated the total number of individuals served by their programs. Together they estimated that almost 4,500 constituents engaged with their programs in some way during FY 2006. This estimate included 1,109 mothers, 2,642 children, 276 fathers, and 454 other caregivers.

**Profile of Newly Enrolled Families in Fiscal Year 2006**

Information about characteristics of mothers, index children, and other family members was submitted at Time 1 (program intake and shortly thereafter). This information was updated at Time 2 (prior to discharge) and submitted with information about the services that each family accessed.

**Families at Program Entry**

These findings describe the 395 mothers and 451 children who entered an AIA projects during FY 2006. Together they represent 518 families from 20 projects.

- Child welfare agencies (30%), health and public health providers (18%), treatment programs (12%), courts or correctional institutions (7%), other community agencies (23%), and self-referrals (7%) most frequently referred participants to AIA programs.
- On average, 19 mothers per program were enrolled during FY 2006, with 5% being readmissions.
- These are the placement arrangements for the index children at the time that their mothers were enrolled: not yet born (18%), hospitalized (6%), living with the parent either at home (43%) or in residential treatment (4%), living with relatives (3%) or in formal kinship care (12%), living in foster care (12%), or living in standby guardianship or another arrangement (2%).
- Other children were present in 80% of the families. Approximately 349 of the 651 other children in these families were served by AIA projects.
Biological Mothers at Enrollment

Initial Mother Profile. Information from 374 biological mothers contributes to this profile at enrollment:

- Maternal age ranged from 14 to 60 years, with a mean of 29 years.
- There were 50% Caucasian, 30% African American, 8% multiracial, and 4% American Indian, 8% unknown or unidentified race, and <1% mothers of another race.
- The 114 participants who considered themselves Hispanic identified their race as white (57%), multiracial (21%), unknown/unknown (19%), black or African American black (2%), and Asian (1%).
- Spanish was the primary language in the home of 47% of the Hispanic participants. Six others in the total sample spoke a primary language other than English or Spanish.
- Most were single and never married (68%); 15% were married; 13% were separated, divorced, or widowed; and 4% reported marital status in the category of “other.”
- Fifty-three percent had completed high school or earned a GED.
- Overall, 79% had some monthly cash income. Of those, 26% had employment earnings and 77% had non-employment income, including TANF for 25% of mothers. The mean monthly income for those with employment earnings was $1,335.
- The non-cash income of 77% of mothers included food stamps for 60%, Medicaid for 54%, WIC for 49%, and housing subsidies or public housing for 17% of mothers.
- Most (76%) lived in a house or apartment (which they did not necessarily own).
- Twenty-one percent lived with no other adults, 29% lived with their partner, 27% lived with parents or other relatives, 13% lived with non-relatives, and 21% had other living arrangements. \(^1\)
- During the most recent pregnancy, 89% of 325 mothers accessed prenatal care (46% in first trimester, 22% in second trimester, 7% in third trimester, and 15% for an undetermined amount of time).
- Twenty-two percent of mothers were pregnant at intake, while 16% had recently delivered and 62% had not delivered within the past 30 days.

Maternal Risk Factors. These factors placed mothers, children, and families at risk:

- Fifty-five percent of mothers had been victims of adult domestic violence.
- Each of the following risks was also exhibited by over one-fourth of mothers: removal of a child from the home (48%), psychiatric illness (46%), criminal conviction (37%), sexual abuse as a child (35%), and physical abuse as a child (31%).
- Reportedly 24% of mothers were HIV-positive or had AIDS.

\(^1\)More than one category could be selected.
Substance Use. Eighty-three percent of 374 women entering AIA programs had identified substance abuse issues, including 297 with a substance abuse history, 232 who used during pregnancy with the index child, and 72 who were using at the time of program entry.

- Thirty-six percent of the 232 women with substance use during pregnancy used crack cocaine, while 48% used marijuana, 33% used alcohol, 17% used amphetamines, 15% used powdered cocaine, 15% used opiates, and 7% used methadone. Alcohol was used in combination with at least one other drug for 26% of those who used during pregnancy. The most common multiple drug usage was some combination of alcohol, cocaine, or marijuana (23%). Almost half (48%) used at least two drugs (or alcohol and one drug) during pregnancy. Sixty-four percent of those who used drugs or alcohol during pregnancy also smoked tobacco during pregnancy.
- Of 310 women with substance abuse issues, 46% were known to have accessed treatment within the previous 6 months prior to program entry, and 18% were known to have accessed treatment earlier.
- Duration of treatment occurring prior to AIA program entry averaged 5.2 months.
- These methods of treatment were used by the 197 women who accessed treatment before enrolling in an AIA program: detoxification by 21%, outpatient by 40%, inpatient hospital-based by 23%, residential by 27%, and self-help by 34%.
- These treatment completion rates were reported: detoxification - 56%, residential - 54%, outpatient - 22%, self-help treatment - 5%, and inpatient hospital-based treatment - 2%. Overall, 35% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.

Index Children Newly Enrolled During Fiscal Year 2006

Initial Child Profile. These characteristics describe the 451 children enrolled in FY 2006:

- Ages of children ranged from newborn to 15.5 years, with a mean age of 22 months (median age of 7 months). Over half (60%) were infants under 1 year of age.
- Distribution by gender was relatively even (51% boys and 49% girls).
- Children were identified as African American (47%), Caucasian (41%), and Native American, Asian, or multiracial (12%).
- Twenty-seven percent of children were identified as Latino, with race of Hispanic children identified as white 62% of the time, compared to black 20%, multiracial 16%, and American Indian 1% of the time.

Child Risk Factors. Some birth information was reported for 427 infants enrolled in FY2006:

- Gestational age of 354 infants ranged from 24 to 42 weeks, for a mean of 37.4 weeks. The rate of preterm births (< 37 weeks) was 25%, more than double the national average of 12.8% for 2006.2
- Average birth weight was 2,883 grams for 361 infants, compared to a national average of 3,298 grams.3 Reported birth weights ranged from 882 grams to 4,734 grams, with 21% at risk due to low birth weight and 4% at risk due to very low birth weight4 (compared to 6.5% and 1.1% national averages in 2006, respectively).5

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4 Very low birth weight defined as < 1,500 grams; low birth weight defined as 1,500 - 2,499 grams
Infants spent a mean of 8.8 days in the hospital after birth, compared to a national average of 2.6 days.\textsuperscript{6} Fourteen percent stayed in the hospital beyond medical necessity, and did so for a mean of 6 days. The reason for the extended stay was Child Protective Services involvement 83\% of the time, the mother’s inability or unwillingness to care for the infant 5\% of the time, and unidentified 12\% of the time.

Twenty-one percent required some special care at birth, and 2\% had congenital abnormalities.

Of 383 children with HIV birth data, 14\% were reportedly exposed to the HIV virus at birth, which is 19\% of the children enrolled in FY 2006 whose mothers were HIV-positive. At the time of their program enrollment, 4\% of 378 children reportedly tested positive for the HIV virus.

Of the 282 newborns with toxicology reports, 54\% tested positive for drugs. Of the 153 newborns with positive toxicology reports, the most commonly identified substances found were crack cocaine (47\%), marijuana (35\%), amphetamines (14\%), methadone (11\%), and opiates (10\%).

A child protective service case was active for 67\% of the index children at Time 1.

**Birth Outcomes for Infants of Substance Abusing Mothers Served during Pregnancy.** The following birth outcomes were documented for 34 infants of mothers, who had either a history of substance abuse or documented usage during pregnancy, were prenatally enrolled in the AIA program:

- Fifteen percent with a positive toxicology,
- Mean gestational age of 38.5 weeks (preterm birth for 13\%),
- Mean birth weight of 2,989 grams (very low birth weight for 3\% and moderately low birth weight for 10\%),
- Special care needs for 18\%,
- Congenital abnormalities for 0\%,
- Immunizations current for 100\% of infants by Time 1,
- Median of 2 days and mean of 8.8 days in the hospital,
- Median of 0 days and mean of 1.6 days beyond medical necessity, and
- No CPS involvement for 62\% of families.

**Families that Completed Participation in Fiscal Year 2006**

**Biological Mothers**

**Services Received.** The Time 2 data\textsuperscript{7} from programs documented the services provided to 240 participants by the AIA programs and by other agencies to which they were referred.

- AIA programs provided a number of direct services to mothers, including case management for 83\% and each of the following services for over 40\% of mothers: HIV education and prevention, in-home services, transportation, and parenting classes.

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\textsuperscript{7} Time 1 occurred during the person’s initial enrollment in the program. This window extended for a short period of time after intake, to aid in the determination of client engagement and the collection of initial data. Duration of this Time 1 data collection window was typically 1 to 2 months. Time 2 occurred at a program-defined time prior to termination or discharge from the program. In determining Time 2, programs were to consider what point in time prior to termination would render the most reliable data for the largest percentage of families.
AIA programs referred more than 40% of mothers for each of these services: primary medical care, prenatal care, postnatal care, financial assistance, and entitlement assistance.

Seventy of the 178 mothers with documented substance abuse problems accessed substance abuse treatment since intake, with the length of time ranging from 1 month to 24 months, for a mean duration of 6 months.

Outpatient treatment and self-help programs were drug treatment methods accessed by the highest percentage of mothers (49% and 38% of the total sample, respectively). Other forms included residential (20%), hospital-based (19%), detoxification (7%), and other forms of treatment (2%).

The most commonly reported concurrent substance abuse treatment methods accessed were self-help with outpatient treatment (47%), self-help with residential treatment (22%), and residential with outpatient treatment (20%).

These treatment completion rates were reported for mothers while enrolled in AIA programs: 85% for detoxification, 20% for outpatient, 18% for residential, 12% for self-help treatment, and 0% for hospital-based treatment. Altogether, 29% of those accessing treatment were known to have completed at least one form of treatment during their AIA involvement.

Termination Information for Mothers. One hundred ninety-three mothers with Time 2 data ended involvement with the program during the year. Of these, 28% completed the program, 5% were transferred to another agency, 5% relocated, 2% were institutionalized, 27% lost contact, 13% were non-compliant, 16% withdrew, <1% died, and 3% left for other reasons.

Results at Program Completion. Successful completion of all AIA program requirements – achieved by 55 of the 193 AIA participants whose involvement ended at Time 2 – was associated with these positive outcomes:

- Placement of the index child with the biological mother (85% of the time for mothers who successfully completed the AIA program, compared to 53% for mothers who did not);
- No active child protective services cases by the time of AIA program completion (for 71% of the families in which mothers completed AIA programs successfully, compared to 45% of those who did not);
- Mothers living in a house or apartment by the time of discharge (by 77% of the mothers who fulfilled the AIA program requirements and 63% of those who did not).

Index Children

Services Received. Time 2 data for 249 children indicate the services they received from the AIA program and/or other agencies to which their family was referred.

- A majority of children received case management (61%), and nearly half received developmental screening and assessment (49%) and child development/education services (42%) directly from the AIA programs.
- Children were most frequently referred by AIA programs to these types of services: health care (67%), nutrition services (38%), legal advocacy (36%), and child care (27%).
Child Termination Information. Causes for termination of 221 of the children with Time 2 data included the following: completion of program requirements (33%), relocation (5%), referral or transfer to another agency (4%), loss of contact (31%), caregivers withdrawal from the program (11%), adoption (1%), change in child placement (3%), institutionalization of the child (1%), child death (1%), and unspecified reasons (10%). One child died from unspecified causes.

Results at Program Completion. In 72 of the 221 families with enrolled children (including families in which the mother was not enrolled), the child components of the program were successfully completed. Consistent with the findings for mothers’ Time 2 data, these positive outcomes were seen:

- The child was living with the biological parent 82% of the time, compared to 53% for the families in which the program was not successfully completed.
- Child protective service cases were active for 32% of the families with successful child program completion, compared to active cases for 60% of the families that did not complete these aspects of the program.

Changes from Time 1 to Time 2

Time 2 information was collected for 272 families during FY 2006. Both Time 1 and Time 2 information were available for 221 of these families. Of these, 10 were from one of the permanency planning programs, and all others were from community-based programs. Time 2 information was compared to the family’s Time 1 information (regardless of the year of enrollment). The most frequently reported amount of time between Time 1 and Time 2 was 12 months, and the average length of time was 11 months. In an analysis of the data for the sample with both Time 1 and Time 2 data, the following major changes were seen.

Sources of Income. The percentage of mothers with income from employment increased significantly from 20% to 28% by Time 2. The percentage with TANF income also increased (from 29% to 36% of mothers). Statistically significant increases in the percentage of mothers with food stamps (from 54% to 65%) and the percentage of mothers with housing subsidies (from 19% to 34%) occurred from Time 1 to Time 2. Mean monthly cash income from all sources also showed statistically significant increases – from $642 at Time 1 to $739 at Time 2.

Substance Usage and Treatment after Enrollment. One hundred fifty-six of the participants with Time 2 data either had a history of substance abuse prior to program entry or used substances during pregnancy; 83% of this sample completed some form of substance abuse treatment during their participation in the AIA program. Substance use at Time 2 was known for 117 women from this sample, 85% of these women were not using and 15% were still using substances at Time 2.
Examining Program Differences

Based on their program models and the types of interventions they offered, the AIA projects were categorized as 17 community-based programs and 3 permanency planning programs. These subgroups were distinctive in several ways during FY 2006. Also, programs serving Hispanic populations were studied for patterns.

Community-Based Programs

Community-based programs continued to offer varied services addressing substance abuse and other associated challenges. On average, the 17 community-based programs each served 42 families in FY 2006, with means of 26 newly enrolled mothers and 26 newly enrolled children during that period.

Characteristics of Participants in Community-Based Programs. These findings describe the 356 mothers and 416 children who enrolled in community-based programs in FY 2006.

- Age, race, and ethnicity of mothers were similar to that of the entire sample. The mother’s average age was 27 years 11 months.
- The racial composition of the sample of 336 community-based program participants was 57% white, 27% black, 4% American Indian, <1% Asian, <1% Native Hawaiian or Pacific Islander, 9% multi-racial, and 2% unknown.
- Slightly more than half of mothers in community-based programs (54%) had completed high school or GED, including 23% who had attended vocational school or college.
- At the time of program entry, 24% of participants were pregnant and 17% had delivered within the previous 30 days. The remaining 59% had delivered the index child earlier than 30 days from enrollment.
- The index children were younger than children in the permanency planning programs, but often the child was not a newborn. Mean age of index children was 1 year 5 months.
- Ten percent of index children were HIV-exposed and 3% were HIV-positive.

Co-Occurring Risks. Relationships among nine risk factors (see page 5) were examined for participants in community-based programs with these findings.

- These added risks co-occurred with substance abuse history for mothers in community-based programs: a child removed from the home due to abuse or neglect (46%), adult domestic violence victimization (44%), psychiatric illness (36%), criminal conviction (35%) or sexual abuse as a child (28%).
- For mothers in community-based programs who had a history of adult domestic violence victimization, one or more of these risks occurred: psychiatric illness (26%) or a child removed from the home due to abuse or neglect (29%).

Services for Participants. The community-based programs showed patterns associated with these approaches to service delivery.

- Community-based programs tended to provide these services for mothers: case management, parenting classes/training and other support, in-home services to mothers, transportation, and HIV education/prevention.
- They most frequently provided these child-specific services: case management, infant development screening and assessment, and child development and education services.
They usually referred families to other agencies for financial services, legal services, mental health counseling, family planning, outpatient drug services, psychotropic medication management, primary medical care, prenatal/postnatal care, and recovery support services.

These treatment completion rates for community-based programs were reported for mothers while enrolled in AIA programs: 85% for detoxification, 20% for outpatient, 18% for residential, 12% for self-help treatment, and there were no reported completions for hospital-based treatment.

Permanency Planning Programs

The predominant feature of permanency planning programs is the support offered to address the consequences and risks associated with HIV/AIDS. The three permanency planning programs enrolled a total of 60 families in FY 2006, with an average of 19 families per program (including 13 mothers and 15 children). Only one program provided Time 2 data for 10 participants in FY 2006.

Characteristics of Participants in Permanency Planning Programs at Enrollment. These findings describe the 57 mothers who were newly enrolled in FY 2006.

- Mothers ranged from 23 to 60 years of age, with a mean age of 39 at enrollment, much older than the average for the entire sample.
- Most women (36%) accessed programs on their own. Referrals by child welfare agencies (28%) and community based agencies (22%) were also common.
- Women reported their race as black or African-American (89%), white (9%), and American Indian (2%).
- Hispanic ethnicity was reported by 14% of women, none of whom identified their race.
- The primary language was English for 93% and Spanish for 6% of mothers.
- The largest percentages were single and never married (37%) or another marital status (35%); 20% were separated, divorced, or widowed; and 8% were married.
- Forty-three percent had not completed high school or earned a GED, but 26% had attended vocational school or college.
- Overall, 96% had some monthly cash income from one or more of the following sources: supplemental security (46%), social security disability (30%), or TANF (28%). The mean monthly income for those with employment earnings was $1,014.
- The non-cash income of 78% of mothers included Medicaid for 86%, food stamps for 70%, and housing subsidies or public housing for 44% of mothers.
- Most (76%) lived in a house or apartment (which they did not necessarily own).
- No mothers in permanency planning programs were pregnant at the time of enrollment, and only 4% had recently delivered.
- Seventy percent of mothers lived with their children at the time of enrollment.
- The average age of index children in permanency planning programs was 7 years 3 months, ranging from 10 months to 15 years old.
- Seventy percent of index children in the permanency planning programs were HIV-exposed at birth and 22% were identified HIV-positive at the time of intake.
- Eighty-eight non-index children from 48 families received services at the time of intake.
**Risk Factors.** These factors placed mothers, children, and families at risk:

- Reportedly 85% of mothers were HIV-positive or had AIDS.
- Each of these risks was exhibited by over one-fourth of mothers: psychiatric illness (48%), domestic violence (47%), sexual abuse as a child (39%), criminal conviction (37%), removal of a child from the home (32%), and physical abuse as a child (32%).
- Fifty percent of mothers had a history of substance abuse before entering the program. Twenty-nine percent accessed substance abuse treatment prior to program participation for a mean of 2.5 months, including inpatient/outpatient detoxification (17%), outpatient treatment (12%), hospital-based treatment (17%), and residential treatment (12%).
- By the time they enrolled in the AIAs program, only 5% reportedly using drugs or alcohol. Three of 15 mothers (20%) reported using drugs during their pregnancy with the index child including these substances: alcohol (17%), crack cocaine (17%), and powdered cocaine (9%).
- Other services will be described when Time 2 data are submitted in FY 2007 for the continuing participants. Programs indicated that families are often served for multiple years to address the challenges related to permanency.

**Differences Associated with Serving Hispanic Participants**

This year Hispanic families and the programs supporting them were examined separately to determine if there were differences in the family characteristics, the risk factors, and the supportive services provided.

**Risk Factors.** These statistically significant differences in risk factors were seen when comparing the Hispanic mothers with mothers of other ethnicities:

- Lower percentage of mothers having children removed from home (32% for Hispanic women, compared to 54% for women of other ethnicities);
- Lower incidence of prostitution (3% versus 16%);
- Lower incidence of substance abuse history (66% versus 86%); and
- Higher incidence of history of physical abuse among participating women (39% versus 26%).

**Substance Abuse Differences.** These differences in drug usage were seen at enrollment:

- Higher incidence of amphetamine use (21% of Hispanic participants, 11% of other participants);
- Lower incidence of crack cocaine use (18% versus 31%);
- Lower incidence of marijuana use (27% versus 41%); and
- Lower incidence of tobacco use (22% versus 58%).

**Differences in Program Services.** To study distinctions in services, programs were examined in three groups: (1) four serving almost all Hispanic families (all categorized as community-based programs), (2) eight serving almost no Hispanic families, and (3) eight serving families from diverse ethnic backgrounds. Only two programs serving predominantly Hispanic populations have been in operation long enough to submit Time 2 data to document services participants received. The configuration of services in the two programs during FY 2006 was very different; for example, one provided case management, while the other referred participants to another agency for that service. As Time 2 data become available for all sites, patterns of service delivery will be studied in relationship to risk factors.

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8 They are identified by group in the Summary Chart in the Appendix. Programs enrolling >85% Hispanic families were classified as the Hispanic group, while programs enrolling ≤10% Hispanic families were classified as the non-Hispanic group.
SUPPLEMENTAL AIA PROGRAMS

Two types of supplemental AIA programs were funded at $100,000 annually per program: kinship care programs and therapeutic recreation programs. Because the supplemental programs are not included in the analyses completed with the comprehensive programs, a more complete description of each of these programs is provided in the Appendix.

Kinship Care Programs

Four kinship care programs served relative caregivers of children whose parents were not able to care for them due to HIV or substance abuse, with the goals of maintaining family stability, improving care of the children, and preventing unnecessary entry of children into the foster care system. Interventions include support groups, family and individual therapy, permanency planning, case management, legal services, and parenting education programs.

Therapeutic Recreation Programs

Three therapeutic recreation programs addressed the social isolation of families and individuals affected by HIV/AIDS. They offered such recreational activities as family camps, camps for children, and community services and activities.

DISCUSSION AND IMPLICATIONS

Program Goals

The AIA program was established to:

- Provide protection and permanency for infants and young children at risk of abandonment,
- Identify and address the needs of children with drug exposure and/or HIV/AIDS, and
- Provide care and support for infants and young children affected by HIV/AIDS or substance abuse.

Implications for Policy

The FY 2006 Cross-Site Evaluation presents findings documenting the multiple risks experienced by families. The breadth of services provided by AIA programs and the networks of support through referral were maintained to strengthen the families served.

Risks Experienced by Families

As in previous years, the findings presented in this year’s findings highlight both the severity and the multiplicity of risks experienced by the mothers, the children, and the families served by AIA programs. Their lives are complicated by many challenges not easily addressed by single interventions. Continued support for coordinated, systemic networks of care is needed to stabilize the families and build protective factors for the families and the children.
Benefits to Children

A number of findings offer insight to the benefits of AIA programs for children and the types of services that are needed from AIA programs:

- Most AIA programs offer case management to ensure coordinated care, and they refer families to other agencies for additional support. The other services that AIA programs provide tend to differ based on the population they serve.
- Programs that focus on community-based interventions (primarily for families with substance abuse and related issues) often specialize in developmental screening and assessment and child development and educational support services for children.
- Programs that focus on permanency planning interventions (primarily for children of mothers with HIV/AIDS) often provide HIV and developmental screening/assessment, legal advocacy, and public health nursing services for children.
- A significant association is seen between mothers successfully completing AIA program requirements and children remaining in their home, a major goal of the AIA Act.
- The distinction must still be made that, unlike some AIA services, permanency planning services are often associated with placement of children in alternative supportive settings – which contributes to an otherwise unmet need for stable, permanent environments and relationships for children.
- The practice of enrolling mothers during pregnancy continues to be supported by this year’s data, based on the lower incidence of positive toxicology for infants of mothers with substance abuse history who were served prenatally.
- Co-occurring risk factors serve as a reminder that the short-term gains for the vulnerable infants and children served by AIA programs may diminish without continuation of support.

Benefits to Mothers

Mothers in AIA programs showed gains over time, suggesting their improved capacity to provide for their children’s needs. By discharge, these significant improvements were made:

- Increased income,
- Higher percentage of women with employment earnings and food stamps,
- Higher percentage in a house or apartment,
- Higher percentage having accessed drug treatment, and
- Lower percentage using drugs and alcohol.

Benefits to Kinship Caregivers

During FY 2006, supplemental kinship care programs continued to serve relative caregivers that began caring for children due to HIV or substance abuse. They provided services similar to those available to biological mothers, tailored to the unique needs of relative caregivers. Stabilizing the family and supporting the caregivers was a focus of these programs.
Implications for Programs

AIA programs fill a vital role, as indicated by the improvements seen for participating mothers who successfully completed the program.

AIA Program Completion

Successful completion of program requirements is related to the mother having employment earnings, the child living with the biological parent, and lower rates of maternal drug use at Time 2.

Services Recommended Based on Fiscal Year 2006 Findings

While this year the primary evaluation focus is on configuration of service delivery, rather than contribution of specific services, these key areas of support are highlighted:

- **The percentage of participants with employment** increased over time, suggesting the importance of interventions focusing on employability and self-sufficiency skills, when appropriate.
- **Linkage of drug treatment to other services** continues to appear to be beneficial.
- Adjustments appear to be necessary to adequately support Hispanic populations as they address language barriers. It appears that there are also some cultural differences reflected in both their strengths and their risk factors.

A Systemic Approach to Service Delivery

Concurrent services differ by type of program. Collection of additional information about the process of developing and delivering concurrent services is suggested to determine the following:

- The degree to which service delivery combinations are dynamic and individualized,
- The degree to which concurrent interventions are dependent upon simultaneous use,
- The nature of the decision-making model used to prioritize risks and interventions for individual families, and
- The configuration of community partnerships capable of maintaining a coordinated, interagency systemic response to the identified needs of this population.

Implications for Evaluation

An accurate representation of the interventions, constituents, and outcomes of AIA programs is difficult, due to the diversity of programs and constituents served. Changing patterns in risks for participants and the consequent program service delivery needs require continued exploration for patterns of participant characteristics, risk factors, and co-occurring intervention needs.
## APPENDIX

### Summary Chart of Comprehensive AIA Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Community-Based Program</th>
<th>Permanency Planning Program</th>
<th>Predominant Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Beginnings Project (New York, NY)</td>
<td>X</td>
<td></td>
<td>Mostly Hispanic</td>
</tr>
<tr>
<td>Child Welfare Early Childhood Initiative (Philadelphia, PA)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Coordinated Intervention for Women and Children (CIWI) (New Haven, CT)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>CRADLES (Austin, TX)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Family Centered Home Visitation (Philadelphia, PA)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Families First (Concord, CA)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Family Matters (Baltimore, MD)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Family Options II (Chicago, IL)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Family Ties (Washington, DC)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Great Starts (Knoxville, TN)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Nuestras Familias (Santa Ana, CA)</td>
<td>X</td>
<td></td>
<td>Mostly Hispanic</td>
</tr>
<tr>
<td>Lifelong Families (Chicago, IL)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Mission Inn (Grand Rapids, MI)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>New Start for Infants (Denver, CO)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Oklahoma Infants Assistance Program (Oklahoma, OK)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Project Milagro (East Los Angeles, CA)</td>
<td>X</td>
<td></td>
<td>Mostly Hispanic</td>
</tr>
<tr>
<td>Project SAFE (Miami, FL)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
<tr>
<td>Primeros Pasos (Santa Cruz, CA)</td>
<td>X</td>
<td></td>
<td>Mostly Hispanic</td>
</tr>
<tr>
<td>TIES Program (Kansas City, MO)</td>
<td>X</td>
<td></td>
<td>Mostly Non-Hispanic</td>
</tr>
<tr>
<td>Vulnerable Infants (Providence, RI)</td>
<td>X</td>
<td></td>
<td>Mixed Ethnicity</td>
</tr>
</tbody>
</table>

9 Community-based programs offer varied services addressing substance abuse and other associated challenges.

10 Permanency planning programs predominantly offer support to address the consequences and risks associated with HIV/AIDS and may serve families for multiple years to address the challenges related to permanency for the children.

11 Programs enrolling >85% Hispanic families were classified as the Hispanic group, while programs enrolling ≤10% Hispanic families were classified as the non-Hispanic group. The remaining programs were classified as “Mixed Ethnicity.”
Comprehensive AIA Program Profiles

Community-Based Programs

Best Beginnings Project (New York, NY). Home visiting program serving families with children at risk of abandonment due to substance abuse or HIV/AIDS.

Child Welfare Early Childhood Initiative (Philadelphia, PA). Interdisciplinary pediatric clinic evaluates children’s development and links families to early intervention, health care and social services. The program also provides education for child welfare supervisors, judges, and attorneys involved in dependency court.

Coordinated Intervention for Women and Children (CIWI) (New Haven, CT). Collaborative, child focused, home based program providing clinical intervention, prevention, and supportive services to substance abusing mothers and their families.

Cradles (Austin, TX). In-home visiting program providing comprehensive intensive case management services and targeted parent education and support to mothers at high risk for abandoning their infants due to substance abuse and/or HIV/AIDS.

Family Centered Home Visitation (Philadelphia, PA). Comprehensive home-based support services, with emphasis on infant and family mental health and parent-child relationships, to HIV positive caregivers and their children, to prevent abandonment and out-of-home placement and promote safety, permanency and healthy development.

Families First (Concord, CA). Program provides comprehensive support services for mothers and their children from birth to age three, to prevent abandonment and promote permanency for children impacted by substance abuse.

Family Matters (Baltimore, MD). Provides comprehensive family-centered support services for parents, grandparents and other caregivers who are raising infants and young children affected by HIV/Aids and or/substance abuse.

Great Starts (Knoxville, TN). Structured, long-term treatment for women who are pregnant or have given birth to drug-exposed and/or HIV positive children.

Nuestras Familias - Our Families (Santa Ana, CA). “Nuestras Familias” (Our Families) provides in-home services for substance abusing women. In addition to intensive case management and referrals to community services, participants receive counseling and education regarding substance abuse, HIV, and parenting with support groups, family structured activities, and culturally specific celebrations.

Mission Inn (Grand Rapids, MI). Serves infants and young children who have been or are affected by substance abuse or HIV/AIDS. Services include, but are not limited to: case coordination, substance abuse treatment, home-based infant mental health services, developmental assessments, and training and education.

New Start for Infants (Denver, CO). A consortium of family-serving organizations provides early intervention system of care for families and infants who enter out-of-home placements. Services focus on substance abuse, mental health, education, developmental disabilities, and health care.
Oklahoma Infants Assistance Program (Oklahoma, OK). Service provider to families of children prenatally exposed to controlled substances or HIV/AIDS. In-home comprehensive services, case management, and transportation are provided.

Project Milagro (East Los Angeles, CA). Program targets Latinas and their families who are at-risk for abandoning their infants and young children due to substance abuse and/or HIV/AIDS. Services include home-based counseling, parenting, clinical interventions, health education, recovery-focused support, and permanency planning.

Project SAFE (Miami, FL). Community-centered, home-based program aimed at reducing infant abandonment due to HIV/AIDS and/or substance abuse.

Primeros Pasos (Santa Cruz, CA). “Primeros Pasos (‘First Steps’)” is an early identification, intervention and substance abuse prevention and treatment program offering services to substance-abusing pregnant and parenting women and their families.

TIES Program (Kansas City, MO). Comprehensive, interagency home-based program serving substance-abusing mothers prenatally and post partum with their infants and other family members.

Vulnerable Infants (Providence, RI). Early intervention and case management services for drug exposed infants and their mothers.

Permanency Planning Programs

Family Options II (Chicago, IL). Comprehensive permanency planning for families affected by HIV/AIDS, including in-home social work, peer outreach services, formalized consumer involvement, counseling, and legal services.

Family Ties (Washington, DC). Comprehensive permanency planning services to decrease the risk of abandonment of children affected by HIV/AIDS

Lifelong Families (Chicago, IL). Promotes the stability of families affected by HIV through mental health services, childhood educational support, permanency planning, housing, and other comprehensive services.

Supplemental AIA Program Profiles

Kinship Care Programs

Project Promise (New York). Project Promise offers intensive, family-based interventions to support newly created families which develop when a relative caregiver begins to care for the children of a parent incapacitated by HIV or substance abuse. The program employs a number of family centered services such as workshops and individual counseling. Family Pride is a multi-family intervention geared toward improving communication and conflict resolution skills using structured tasks, including role-plays, cooperative games, art projects, team building, a camping trip, and a reflective “fishbowl” exercise. Four elements that have contributed to the success of Family Pride are 1) cooperative tasks for parent/caregivers and children build trust, 2) confidence, and interpersonal negotiation skills, observing other families over a 10 week period, 3) active reflection on lessons learned through the interventions, and 4) adults and children learning emotion scripts that are rational, benevolent, and sensitive to others’ needs.
Other services provided for families to improve their physical and emotional health, reduce stress, and promote mutual support. A support group is offered that teaches gentle yoga, meditation, relaxation, and breathing techniques for caregivers. A knitting and support group provides an activity and around which parents and caregivers can share about topics related to their situations. A women’s support group is offered that culminates in a weekend retreat. Groups for teens are also provided to focus on issues of safety, health, awareness, and responsibility.

Families and Children Together (Bangor, ME). Families and Children Together (FACT) provides assistance to relative caregivers who are raising children affected by parental substance abuse. FACT social workers help caregivers solve problems, develop resources, and build skills. With the AIA funding, FACT has provided relative caregivers with access to legal assistance, respite resources, and education about the affect of substance abuse on children. In addition, FACT has provided best practice training for other professionals (social workers, therapists, educators, policy makers, and lawyers) regarding best practice in working with relative caregiver headed families. FACT offers a low-barrier client driven program, where caregivers determine the level and length of service.

Family Links – Kin Care (Atlanta, GA). Located at the Emory University School of Medicine Department of Pediatrics, Family Links – Kin Care is a program for relative caregivers of maternally substance exposed and/or HIV/AIDS exposed children who receive counseling, parenting skills and support services. Psychosocial assessments are conducted and children are monitored from birth until age three utilizing the Ages and Stages Questionnaires and the Denver II Developmental Assessment. Utilizing a holistic, community-based service approach, Family Links-Kin Care social workers seek to provide needed support to ensure a stable environment for the infant. Some of the comprehensive services provided include home visits, outreach, counseling, support groups, legal advocacy, respite care, and education. Interagency collaboration is integral to Family Links-Kin Care’s approach to providing comprehensive services.

Family Heritage (St. Petersburg, FL). Family Heritage provides case management, in-home counseling for family preservation, and permanency planning for children and on a round-the-clock basis. Program participants self-determine the level of interventions based on the family’s needs and goals. Intensive intervention services are driven by a minimum of 20 face-to-face in-home visits during an average three-month period of service. The interventions focus on resolving crises, stabilizing the family, and assuring the safety and well-being of the children. Weekly support groups for caregivers and art therapy for children of HIV positive parents are also offered.

Therapeutic Recreation Programs

Camp Heartland (Milwaukee, WI). Camp Heartland provides year-round support and recreational programs for children affected by HIV/AIDS. The camping program purposes to improve participants’ coping abilities, self-esteem, self-efficacy, and fosters the development and maintenance of a supportive social network.

Youth Space (Washington, DC). Youth Space serves adolescents infected with and/or directly affected by HIV/AIDS in metropolitan Washington, DC. A summer day camp designed specifically for urban minority youth offers educational activities to help these youth gain the life, decision-making, and communication skills needed for improved social competence and satisfaction in anticipation of purposeful and meaningful adult lives. Interventions include psycho-educational learning modules with experiential activities, retreats, and outings for application and practice.
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