Abandoned Infants Assistance Program

Cross-Site Evaluation Summary

September 30, 2011—September 29, 2012

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The evaluators of individual AIA projects have strengthened the work of the cross-site evaluation by contributing information about unique features of the projects and their evaluation designs. It is our aim to accurately depict the characteristics of participating families, the AIA services provided, and the effectiveness of these interventions in addressing the circumstances of families affected by HIV and substance abuse to improve outcomes for children and their families.

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Introduction to the Abandoned Infants Assistance (AIA) Program

In the late 1980’s substance abuse and HIV infection during pregnancy posed significant challenges for hospitals and public child welfare agencies, which resulted in infant abandonment. Interventions were needed to reduce lengthy infant hospital stays and improve the outcomes for children and their families.

Abandoned Infants Assistance (AIA) Act

The AIA Act passed by Congress in 1988 aimed to prevent the abandonment of infants and young children affected by parental substance abuse and/or HIV and to develop family support systems or alternative safe and stable child placements, when necessary. Today, funding from the AIA Act equips collaborative initiatives to address the complex issues associated with infant abandonment and the impacts of HIV and substance abuse on young children. A variety of intervention strategies are used among AIA projects to address the multifaceted challenges faced by families in which children are at risk for abandonment. The AIA Program continues to promote the safety, permanency, and well-being of children and to instill protective factors in their families. It is guided by these goals:

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

AIA Service Demonstration Projects

Since passage of the AIA Act in 1988:

- The U.S. Department of Health and Human Services (DHHS) has realized far-reaching effects by providing funds to the National AIA Resource Center and approximately 100 service demonstration projects to improve the lives of vulnerable children and families.
- Between September 30, 2011 and September 29, 2012, the Children’s Bureau funded the National AIA Resource Center and 17 AIA demonstration service projects located in 12 states and the District of Columbia.
- These projects implement a number of different interventions guided by various models to deliver comprehensive services to families.
- The demographics of the populations served by the projects also vary.
- AIA grantee organizations have included hospitals, community-based child and family service agencies, universities, and public child welfare agencies.
- Despite these differences, all grantees are committed to preventing child abandonment by developing approaches to assist families, with particular emphasis on addressing the effects of HIV/AIDS and drug exposure on infants and children. They aim 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

Individual AIA projects began to send de-identified information about the children and families they served to the National AIA Resource Center in 1996. The data were aggregated and analyzed to characterize AIA participants and services across all projects.

- The National AIA Resource Center contracted with the University of Missouri-Kansas City Institute for Human Development to oversee the cross-site evaluation in 2002.
- Cross-site data for the period between September 30, 2011 and September 29, 2012 from 15 of the 17 AIA-funded projects is summarized in this report. Throughout this report, the data collection period will be referred to as the 2011-2012 year.
- Caution should be exercised in interpreting the reported findings due to substantial differences in the interventions employed by the 15 projects, as well as demographic differences in the populations served and criteria for participation. In addition, program participants varied in degree of engagement with the AIA projects. Some variation in the extent of project participation in the cross-site evaluation also occurred.
- Despite these limitations, this report aims to describe the families served, the interventions designed to support them, some indicators of the success of AIA projects, and some recommendations based on the findings.

Comprehensive AIA Projects in the 2011-2012 Year

Overview of Families Served

Seventeen comprehensive AIA service demonstration projects were funded between September 30, 2011 and September 29, 2012. See the Appendix for a list of these projects. Of the 17 AIA funded projects, 15 reported client-level cross-site data. The data describe the enrolled biological mothers and designated “index children” (typically the youngest child in the family), as well as the program activities and services.

During this reporting period, the 15 AIA projects served 1,514 families, and the AIA Cross-Site Evaluation collected information regarding 1,501 mothers and 1,521 index children within these families. The following sections of this report discuss specific subgroups of the families:

- The 427 mothers and the 399 index children who enrolled during 2011-2012;
- The 586 mothers and 533 children with final information collected in 2011-2012;
- The 273 women served during 2011-2012 identified as HIV-positive or having AIDS; and
- The 1,091 women served in 2011-2012 who had been identified as having substance abuse issues (i.e., substance abuse history, substance abuse at the time of program entry, or use during the most recent pregnancy).

All 17 AIA projects estimated the broader population that benefited from their program activities during 2011-2012. Approximately 5,247 individuals engaged with the AIA projects in some way during this reporting period. This estimate included 3,087 children, 1,807 mothers, 184 fathers, and 169 other caregivers.

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2 Numerous circumstances contribute to the seeming incongruity between the numbers of mothers and children served in a given year. For example, a child may not yet be born, a child may be placed with another caregiver, multiple index children in a family (multiple or subsequent births) may be served, and the target population may vary across projects.

3 Time 2 is designated as the most effective time for the AIA project to collect final information from participants prior to discharge from their program. Receipt of Time 2 data collected during the 2011-2012 Year is used as a proxy for participation having ended in the 2011-2012 Year. Program participation may continue for a short time beyond the collection of Time 2 data, but only rarely has a project submitted adjusted Time 2 data for a participant in a subsequent year.
Profile of Newly Enrolled Families

Information about characteristics of mothers, index children, and other family members was submitted at Time 1 (intake or 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 427 mothers and 399 children who entered an AIA project during the 2011-2012 Year. Together they represent 437 families from 15 AIA projects.  

- The 399 children lived in these arrangements at their enrollment: with the parent either at home (68%) or in residential treatment (1%), with relatives (5%) or in formal kinship care (1%), in foster care (6%), hospitalized (2%), or in another (1%) or unreported (16%) arrangement.  
- Two-hundred ten newly enrolled families (48%) had other children besides the index children. Of the 608 other children in the families, 388 received (64%) AIA services.  
- Families were referred to AIA projects by public welfare agencies (35%), hospitals (16%), treatment programs (4%), corrections or courts (6%), other community agencies (14%), and other or unidentified entities (15%). Families or friends referred 3% of the families, and 6% of families referred themselves to the AIA project.  

Biological Mothers at Enrollment

Initial Mother Profile. Information from 427 biological mothers contributes to this profile at entry:  

- Maternal age ranged from 13 to 52 years, with a mean of 28 years.  
- The race of the women enrolled during the 2011-2012 Year was white for 51%, black for 25%, American Indian or Alaska Native for 3%, Native Hawaiian or Pacific Islander for < 1%, multiracial for 6%, unknown for 11%, and unreported for 4% of the women.  
- The 91 participants who considered themselves Hispanic identified their race as white (31%), multiracial (18%), American Indian/Alaska Native (3%), and black (3%), with race unknown for 45%. Spanish was the primary language in the home of 29% of the Hispanic participants.  
- Time 1 information included the self-identified nationality of 41 Hispanic and 12 non-Hispanic participants. The Hispanic women reported these nationalities:  
  - Mexican or Mexican-American (56%) in North America;  
  - Dominican and Puerto Rican in the Caribbean (32%);  
  - Honduran and Nicaraguan in Central America (10%); and  
  - Multi-national Mexican and Greek heritage (1%).  
- The non-Hispanic women identified with these countries:  
  - Kenya, Liberia, and Mali in Africa (33%);  
  - Antigua, Cuba, and Puerto Rico in the Caribbean (25%);  
  - Germany and Poland in Europe (17%);  
  - Mexico in North America (8%); and  
  - Multi-national heritage from the countries of Ireland, Hungary, Canada, and the United States (17%).  
- Most mothers were single and never married (64%); 15% were married; 13% were separated, divorced, or widowed; and the marital status of 8% was unknown or categorized as "other."  

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4 Throughout this report, small variations in sample size are due to missing information on given variables. Percentages may not total to 100% due to rounding computations.  
5 As stated, a number of variations (e.g., in child placement, in time of delivery, and in program design) resulted in different sample sizes of mothers and children newly enrolled during the 2011-2012 Year.  
6 This excludes those who identified a continent (e.g., American or African) or identified their nationality as the “United States.”
Over half of the enrolled mothers (51%) had completed high school or earned a GED. Overall, 292 (68%) had some monthly cash income. Of those with cash income, 17% had both employment earnings and non-employment income, 20% had employment earnings only, 55% had non-employment income only, and source was unknown for 8%. Of the 269 mothers with no employment earnings, 25% received income from a spouse, family, or friends, and 24% had income from the Temporary Assistance for Needy Families (TANF) program. The mean monthly income was $1,348 for participants with employment earnings and $806 for those with no employment earnings.

Eighty-three percent of the mothers reportedly had non-cash income at the time of enrollment, including 69% with Medicaid, 66% with food stamps, 58% with Women, Infants and Children (WIC) benefits, and 17% with housing subsidies or public housing.

At the time of enrollment, 76% of the women were living in a house or apartment, 2% were in residential treatment, and 3% were homeless. The remaining 19% includes 6% who resided in a supported living arrangement, <1% who were incarcerated, and 13% whose housing arrangements were unidentified, missing, or unknown.

Twenty-two percent lived with no other adults, 38% lived with their partner, 31% lived with parents or other relatives, 8% lived with non-relatives, and 7% lived in other arrangements. Of enrolled women, 22% were pregnant at intake, 7% had recently delivered, and 57% had not delivered within the past 30 days. The pregnancy status for 14% of mothers was not reported.

Information about prenatal care received during her pregnancy with the index child was available for 345 of the 427 newly enrolled women (81%). Prenatal care began in the first trimester for 72%, in the second trimester for 19%, and in the third trimester for 7% of the 345 mothers. Two percent received no prenatal care.

Maternal Risk Factors. These percentages of the 427 women were known to have the following risk factors at enrollment:

- A history of substance abuse for 71% of mothers;
- HIV-positive status or AIDS for 12% of mothers; and
- The most prominent risk factors included a history of psychiatric illness (33%), a history of criminal conviction (32%), adult domestic violence victimization (29%), removal of a child from the home (24%), and sexual abuse as a child (21%).

Figure 1 displays the most common risk factors.

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7 More than one category could be selected.
Substance Use. Of the 427 women who entered AIA projects during the 2011-2012 program year, 326 (76%) had one or more of the following indications of substance abuse: 304 with a substance abuse history, 171 in previous substance abuse treatment, 99 who were using at the time of program entry, and 222 who had used while pregnant with the index child (excluding 5 women whose only identified substance use was tobacco use during pregnancy).\(^8\)

- One hundred thirty-eight women reportedly smoked when pregnant with the index child, and 76% of those who smoked used from one to five other substances (alcohol or other drugs), as well.
- Of the 194 women who used drugs during pregnancy with the index child, 49% used 1 drug, 31% used 2 drugs, 9% used 3 drugs, 6% used 4 drugs, 2% used 5 or more drugs, and 3% did not specify the drug or drugs used. The preceding numbers exclude the 33 women who reported using only tobacco during their pregnancies and excluded tobacco as a specified drug.
- Of the 194 women with reported substance use during pregnancy (excluding the women who were using only tobacco), 51% used marijuana, 28% used opiates (not including methadone), 25% drank alcohol, 23% used cocaine (including 13% using crack cocaine and 12% using powdered cocaine), 18% used methadone, 12% used amphetamines, 8% used barbiturates, 2% used PCP, and 7% used some other drug.
- The most common combinations of drug usage were alcohol and marijuana (14%), marijuana and opiate (9%), methadone and other opiates (9%), cocaine and marijuana (7%), alcohol and cocaine (6%), and methadone and marijuana (5%). Six percent used a combination of cocaine, marijuana, and alcohol during pregnancy. Seventy-six percent of those who used alcohol also used at least one other drug (excluding tobacco) during pregnancy.
- Of the 325 women with substance abuse issues, 30% accessed treatment within the previous 6 months prior to program entry, and 21% accessed treatment earlier.
- The 171 women who were known to have accessed treatment before enrolling in an AIA project used a range of these methods: outpatient (64%), residential (29%), detoxification (25%), inpatient hospital-based (4%), self-help (38%), and other methods (6%).
- Information about the duration of treatment occurring prior to AIA program entry was available for 143 women. Treatment duration ranged from 2 weeks to 7 years, with an average of 6 months 7 days.
- These previous treatment completion rates were reported by treatment method at enrollment: detoxification (68%), residential (59%), outpatient (41%), and inpatient hospital-based treatment (25%). Overall, 53% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.\(^9\)

Index Children at Enrollment

Initial Child Profile. These characteristics describe the 399 children newly enrolled between September 30, 2011 and September 29, 2012:

- Child age ranged from newborn to 12 years, with a mean of 20 months (median age of 5 months).
- Fifty-one percent were male and 43% were female (5% unknown).
- Children were identified as white/Caucasian (41%), black/African American (24%), American Indian/Alaska Native (<1%), native Hawaiian or Pacific Islander (<1%), multi-racial (21%), and of unknown race (14%).
- Ninety-nine children were identified as Hispanic/Latina(o), which included children whose race was identified as multi-racial (34%); white (30%); black (2%); and American Indian (1%), with the remaining 32% being unspecified.

\(^8\) Any or all of the indicators of substance abuse could be applicable to a given participant.

\(^9\) Because many forms of self-help treatment do not focus on completion, self-help treatment is excluded from the analysis of completion rates in this report.
**Child Risk Factors.** The following information was reported for the index children enrolled this year:

- Gestational age of 332 index children ranged from 24 to 43 weeks, for a mean of 38.4 weeks (with gestational age unknown for 67 infants). The rate of preterm births (< 37 weeks) was 18.4%, which is greater than the national average of 11.6% for 2012.  

- Average birth weight was 3,021 grams for 319 index children enrolled in AIA projects (with birth weight unknown for 80 index children). Reported birth weights ranged from 539 grams to 4,564 grams, with 18.5% at risk due to low birth weight and 2.5% at risk due to very low birth weight (compared to 8.0% and 1.4% national averages in 2012, respectively).

- Three hundred fifty-two infants stayed in the hospital a mean of 6 days (range of 0 to 90 days) after birth, compared to a national average of 3.6 days. Thirty of 335 infants (9%) were known to have stayed in the hospital beyond medical necessity, and did so for a mean of 15 days. The extended stay was due to Child Protective Services involvement for 12 of the 30 children (40%), other reasons for 16 children (53%), and unidentified for 2 children (7%). (The unwillingness or inability of the parent to care for the child was not identified as a reason for the extended stay for any of the children.)

- Twenty-five percent of 359 index children were known to have required special care at birth, and 5% of 357 index children were known to have had congenital abnormalities.

- Forty-three newly enrolled children were reportedly exposed to the HIV virus at birth, including 41 whose mothers were HIV-positive and 2 whose mothers’ HIV status was negative. By the time of AIA enrollment, 33 of the 43 children exposed to the virus at birth (77%) reportedly tested negative for the HIV virus, while 4 (9%) tested positive and HIV status was unknown for 6 (14%).

- Seventy-nine percent of 317 index children were tested for drugs at birth. According to available toxicology reports for 248 newborns, 52% tested positive for drugs. Of the 130 newborns with positive toxicology reports, the most commonly identified substances found were marijuana (25%), methadone (25%), opiates (18%), and crack or powdered cocaine (18%). The percentages of other drugs identified in positive toxicology reports include amphetamines (6%), barbiturates (5%), alcohol (3%), PCP (2%), and other drugs (5%); also, among the infants with a positive toxicology were 8% who tested positive for unspecified substances.

- A child protective services case was active for 62% of 365 index children at Time 1.

- Immunizations were reported to be current for 95% of 361 index children at Time 1.

- The mothers of 71 children were served prenatally by the AIA project. No statistically significant birth outcomes were seen based on pregnancy status of the mother at intake.

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11 Very low birth weight is defined as < 1,500 grams; low birth weight is defined as < 2,499 grams.


14 Examples of special care needs at birth include isolette, parenteral feeding (IV, NG-feeding tubes), heart monitor, and apnea monitor.
Families that Completed Participation in 2011-2012

Biological Mothers

Length of Participation of Mothers. AIA projects provided Time 2 information for 586 participants served during this reporting period. The length of time between Time 1 and Time 2 data collection points was available for 576 of the mothers; by Time 2, they had participated in the AIA project an average of 14 months 9 days.

Services Received by Mothers. Time 2 data documenting the services delivered by the AIA project and by other agencies to which they were referred were available for 411 participants.

- At least half of the families reportedly needed case management, education, transportation, employment training and services, parenting classes, in-home services, recovery support, food and clothing, mental health counseling or therapy, and medical care.
- AIA projects provided a number of direct services to the mothers who needed them, including case management for 87%, in-home services for 84%, parenting classes for 81%, recovery support services for 71%, food and clothing for 70%, transportation services for 69%, and employment training for 56%. Also, services were provided to support fathers (or mother’s partner) for 51% of AIA families that needed these services.
- AIA projects referred 74% of participating mothers to some form of medical care, including primary care, prenatal, and/or postnatal care. When needed, mental health counseling and therapy were provided by AIA projects directly 38% of the time, were provided by other partner agencies 37% of the time, and were not accessed 25% of the time.

Changes over Time in Sources of Income. While mean monthly cash income did not change significantly from Time 1 to Time 2, statistically significant changes reportedly occurred between Time 1 and Time 2 in access to five sources of cash income and non-cash income benefits of participating mothers. Increases over time were seen in percentages of mothers receiving employment earnings (33% to 40%); Supplemental Security Income (9% to 12%); Medicaid (78% to 85%); housing subsidies (19% to 24%); WIC (67% to 73%); and Food Stamps (78% to 85%). See Figure 2.

Figure 2. Changes over Time in Sources of Income during AIA Participation

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Time 1 (%)</th>
<th>Time 2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>Supplemental Security</td>
<td>12%</td>
<td>19%</td>
</tr>
<tr>
<td>Housing Subsidies</td>
<td>24%</td>
<td>33%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>19%</td>
<td>33%</td>
</tr>
<tr>
<td>WIC</td>
<td>67%</td>
<td>78%</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>78%</td>
<td>85%</td>
</tr>
</tbody>
</table>

15 Time 1 occurred during the person’s initial enrollment in the AIA project. 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 project-defined time prior to termination or discharge from the AIA project. In determining Time 2, projects were to consider what point in time prior to termination would render the most reliable data for the largest percentage of families.
16 Families not needing a specified service were excluded from the computation of the percentage for that service. Sample sizes were 397, 307, 297, 224, 247, 263, 229, and 162 for these eight services, respectively.
17 Two hundred forty-six women needed medical care [primary medical care (n=237), prenatal care (n=144), postnatal care (n=149)].
18 Sample size of women needing mental health services was 203.
19 Sample sizes for the sources of income ranged from 309 to 348.
**Time 2 Participation Status of Mothers.** Of 586 participants at Time 2, 38% continued to receive additional program services, 23% completed the program, 20% were unable to be located, 7% withdrew, 5% were terminated for noncompliance, 4% left for other unspecified or unknown reasons, 2% transferred to another agency, 1% relocated, and <1% were institutionalized. One mother (<1%) died this year.

**Time 2 Results for Mothers Based on AIA Program Participation.** Time 2 results were compared for two groups of participants: (1) 358 mothers who either continued to receive AIA services at Time 2 or completed AIA program requirements, and (2) 225 mothers who prematurely discontinued participation in the AIA project without completion (excluding 2 mothers whose status was unknown). Statistically significant differences were seen in the percentages of mothers in these two groups experiencing the following positive outcomes at Time 2: placement of the index child with the mother; having cash income; having employment earnings; having income from spouse, family, or friends; and the absence of alcohol and drug use. The percentage of women achieving each outcome was higher for those who continued or successfully completed the AIA program requirements than for those who discontinued their involvement prematurely. Figure 3 presents the statistically significant differences associated with program participation at Time 2.

**Index Children**

**Length of Participation of Child.** The length of time between Time 1 and Time 2 was documented for 468 of the 533 children for whom Time 2 data were submitted during this reporting period. Logically, the duration was similar to that reported for mothers. Children spent an average of 11 months 14 days in AIA programs, with length of time ranging from 6 days to 8 years.

**Child Placement at Time 2.** Some information was available about the placement of 436 index children at Time 2. Of those, 81% lived at home with a biological parent (including 61% with no CPS involvement, 18% with CPS involvement, and 1% with a host family and CPS involvement). Seven percent of index children lived with relatives, including 2% who lived in formal kinship foster care. Three percent of children lived in foster care, 2% in pre-adoptive homes, and 2% were hospitalized. Placement was unknown for 4% of children and <1% were reported as living in standby guardianship, a group home, or some other arrangement. Additionally, 213 non-index children were living with a biological parent at Time 2, and 209 non-index children received services.

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20 AIA projects assessed whether children received services through the completion of child program requirements independent of whether the biological mother completed her program requirements.
Child Services Received. Documentation was provided at Time 2 regarding the services that 402 children received through AIA and/or other agencies to which their families were referred.

- At least 50% of the children needed case management services, child development/education services, infant developmental screening or assessment services, pediatric health care, nutrition services, and child care. 21
- When these child services were needed, families most frequently accessed them directly from the AIA projects: case management (80%), child development/education services (71%), and infant developmental screening or assessment (50%). 22
- Children were frequently referred by AIA projects to community partners when they needed these types of services: pediatric health care (79%), nutrition services (51%), child care (44%), and infant developmental screening or assessment (38%).

Time 2 Participation Status for Children. The following AIA program status was identified at Time 2 for 491 of the children: continuation of services after data submission (32%), loss of contact (27%), completion of program requirements (24%), caregivers’ withdrawal from the AIA project (7%), relocation (2%), referral or transfer to another program (2%), adoption (1%), return to biological caregiver (<1%), child death (<1%), and unspecified reasons (4%).

Time 2 Results for Children Based on AIA Program Participation. Of 533 children, 278 continued or completed the AIA program at Time 2; 210 children prematurely discontinued, and status was unknown for 45 children. These statistically significant positive outcomes were seen at Time 2 for the children who continued or successfully completed the program: higher percentages of children placed with the biological parent and lower percentages with active child protective services involvement.

Families with HIV/AIDS with New, Continuing or Completed Enrollment

Participant Characteristics

Two hundred and seventy three of the 1,501 mothers who were served by AIA projects between September 30, 2011 and September 29, 2012 were HIV positive or had AIDS. 23 Of these, 93% were served by five AIA projects, and the remaining 7% were dispersed among six other AIA projects.

At the time of the mother’s intake, the index children were living with the biological parent in 78% of families; 6% were living with other relatives, 2% were in adoptive or pre-adoptive homes, 2% were in foster care, 2% were in standby guardianship, 8% were in utero, and 2% were in other or unknown placements. One hundred ninety-three of the 273 HIV-positive women also had 383 non-index children, including 288 who lived in the home.

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21 Sample size for the various types of child services ranged from 74 to 378. The sample sizes for these six services were 378, 319, 240, 234, 216, and 201, respectively.

22 Children not needing a specified service were excluded from the computation of these percentages.

23 HIV/AIDS status was negative for 1,049 and unknown for 179 of the 1,501 mothers served between September 30, 2011 and September 29, 2012.
Differences were seen in the incidence of HIV-positive status or AIDS among the AIA participants, based on race/ethnicity. The HIV/AIDS population served by AIA projects was comprised of these racial/ethnic subgroups: 71% non-Hispanic African-American (black); 20% Hispanic (any race); 6% non-Hispanic Caucasian (white); and 4% persons of other, mixed, or unreported race/ethnicity.

Most participants with HIV/AIDS had cash income at intake (86%), although 11% had no cash income. This information was unknown for 3%.

Seventeen percent of mothers with HIV/AIDS had used drugs and/or alcohol during pregnancy, while 48% had not; it was unknown whether drugs and/or alcohol were used during pregnancy of 35% of the mothers with HIV. Mothers with HIV/AIDS had a history of the risk factors displayed in Figure 5.

**Services Accessed**

One hundred three women with an identified HIV-positive or AIDS diagnosis completed Time 2 between September 30, 2011 and September 29, 2012; information was reported for 49 women about the services they received. By Time 2, the following percentages of women with HIV/AIDS who needed these services had accessed them: case management (91%), parenting classes (93%), food and/or clothing donations (87%), some form of medical care (86%), HIV treatment (85%), HIV education and prevention (82%), legal/advocacy services (82%), financial/entitlement assistance (81%), in-home services (77%), mental health counseling (69%), HIV screening and assessment (69%), housing assistance (68%), family planning (65%), transportation (62%), child care (52%), pre- and post-HIV test counseling (47%), father services (44%), vocational/employment training assistance (44%), psychotropic medication management/support (43%), and permanency planning (41%).

**Child Placement at Time 2**

The children of 112 mothers with HIV-positive status or AIDS lived in these arrangements at Time 2:

- Forty-five index children (40%) lived at home with the biological parent (43 without and 2 with CPS involvement), 4 (4%) were hospitalized, 4 (4%) lived with relatives, 3 (3%) had permanent guardianship plans, 3 (3%) lived in a foster care home, and placement was unknown for 5 children (4%). Time 2 information had not been collected for 48 children (43%).
- Thirty-six of the women also had 70 non-index children. Forty-nine non-index children received AIA services.

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24 Sample size for the various types of service ranged from 11 to 45.
Child HIV Status

Due to medical advances, only 26 of 188 infants exposed to HIV at birth were identified as HIV-positive at intake, while the status was negative for 141 and unknown for 21 infants. Of the 26 children who were HIV-positive at intake, only 3 were documented as HIV-positive by Time 2; 3 were negative, and the status of the other 20 children was unknown.

Families with Substance Abuse Issues with New, Continuing or Completed Enrollment

Participant Characteristics

Initial information about substance abuse was available for 1,357 of the 1,501 women served by AIA projects during the project year; of these, 1,103 (81%) were initially identified with substance abuse issues. This group included 1,022 mothers with a substance abuse history, 842 who used during pregnancy with the index child, 2566 who had previous substance abuse treatment, and 283 who were using at the time of program entry.26

The following statistically significant differences were found when comparing the 1,103 women with substance abuse issues to the 170 women without identified substance abuse issues at enrollment.27

- A lower percentage of substance users than non-users:
  - Had any cash income at enrollment (71% vs. 89%);
  - Had index children living with a biological parent initially (71% vs. 82%); and
  - Accessed prenatal care during the first trimester (64% vs. 83%).28

- A higher percentage of substance users than non-users:
  - Enrolled in the AIA project during or shortly after pregnancy (42% vs. 16%);29
  - Had other children removed from the home prior to enrollment (33% vs. 13%);
  - Had a history of psychiatric illness (40% vs. 22%);
  - Had engaged in prostitution (12% vs. 1%);
  - Had a criminal conviction (40% vs. 3%);
  - Had probation/parole status (24% vs. 0%); and
  - Reported a history of selling drugs (18% vs. 0%).

Relationships among the nine risk factors documented at intake were examined for the 1,103 mothers served by AIA projects between September 30, 2011 and September 29, 2012. Figure 6 displays risks co-occurring with substance abuse problems.

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25 One hundred forty-two of the 842 women who used during pregnancy reported tobacco as the only drug used. The specific substances used during pregnancy (excluding those who only used tobacco) were known for 696 women; 1 substance was used by 25%, 2 substances were used by 36%, 3 substances were used by 21%, and from 4 to 7 substances were used by 18% of substance-abusing pregnant women.

26 Any or all of the indicators of substance abuse could be applicable to a given participant; these categories are not mutually exclusive. Substance abuse history and substance use during pregnancy were reported for most AIA participants.

27 The sample size for the individual participant characteristics ranged from 938 to 1,273.

28 Also, a lower percentage of the subset of women who used drugs during pregnancy accessed prenatal care during the first trimester (58% vs. 83%).

29 Also, a higher percentage of the subset of mothers who used drugs during pregnancy enrolled in AIA during or shortly after pregnancy (51% vs. 13%).
Racial/Ethnic Differences in Substance Abuse

The racial/ethnic composition of the substance-abusing population served by AIA projects was 31% Hispanic (any race), 26% non-Hispanic African-American (black), 37% non-Hispanic Caucasian (white), and 6% other or unreported race/ethnicity. When examining the drug usage of substance-abusing participants from the three most prevalent racial/ethnic groups, statistically significant differences were seen in their usage of seven specific drugs and tobacco: 30

- Marijuana use by 32% of Hispanic, 46% of black, and 26% of white participants;
- Opiate use by 25% of Hispanic, 2% of black, and 24% of white participants;
- Methadone use by 16% of Hispanic, <1% of black, and 13% of white participants;
- Amphetamine use by 14% of Hispanic, 2% of black, and 10% of white participants;
- Barbiturate use by 5% of Hispanic, 2% of black, and 7% of white participants;
- Cocaine use (crack or powder form) by 24% of Hispanic, 21% of black, and 16% of white participants; and
- Tobacco use by 33% of Hispanic, 58% of black, and 48% of white participants.

Drug Usage and Substance Abuse Treatment by Time 2

Among the 586 women with Time 2 data submissions between September 30, 2011 and September 29, 2012, 420 were women with substance abuse issues – 404 whose substance abuse problems were known at enrollment and 16 whose problems were discovered during participation. Fifty-six percent of the 420 women were not using drugs at Time 2, while 12% were known to be using drugs at that time. The drug usage of 32% was unknown. One hundred forty-two participants (34%) were known to have accessed treatment during AIA program participation, while 36% had not. Access to treatment for 26% during their AIA participation was unknown, and was not applicable for 4% of women who were neither using at Time 1 nor Time 2.

- The length of time in treatment ranged from less than 1 month to 125 months, with a mean duration of 6 months and 9 days.
- Outpatient treatment was accessed by the highest percentage of the 142 mothers (80%). Other forms included self-help programs (36%), residential treatment (24%), detoxification (19%), hospital-based (1%), and other unspecified treatment options (6%).

30 The sample size for usage of the individual drugs ranged from 926 to 968.
• Of the 67 women who reported more than one type of treatment occurring since Time 1, the most commonly reported concurrent substance abuse treatment methods were outpatient with self-help (74%), residential treatment with self-help (41%), residential with outpatient treatment (35%), and outpatient treatment with detoxification (27%).

• The following treatment completion rates were reported for mothers who accessed at least one type of treatment while enrolled in AIA projects: 100% for hospital-based treatment, 67% for detoxification, 65% for residential treatment, 41% for outpatient treatment, and 22% for other unspecified treatment options. Altogether, 32% of the women who accessed treatment were known to have completed at least one form of treatment during their AIA involvement.31

Other Accessed Services

By Time 2, the highest percentages of participants with substance abuse issues accessed these other needed services: case management (96%), parenting classes and training (90%), in-home services (88%), primary medical care (87%), transportation (86%), recovery support (84%), mental health counseling (77%), and child care services (59%).32

Child Placement at Time 2

Following is Time 2 information reported during this period pertaining to placement of children of participants with substance abuse issues:

• Index child placement information was available for 331 of the 420 participants with substance abuse issues. Of the 331 children, 83% of them were living with their biological parent (less than 1% were living with their biological parent at a residential treatment facility). Six percent were living with relatives or in formal kinship foster care, 4% were placed in foster care, and 7% were in other living arrangements.33

• Both Time 1 and Time 2 information was available about the placement of non-index children in families of 251 mothers with substance abuse problems.34 Two hundred four of the 390 non-index children were living at home with the biological parent at Time 1, and 203 were living there at Time 2 (52% at each time period).

• By Time 2, the number of non-index children living in the biological parent’s home increased for 10 participants, decreased for 16 participants, and stayed the same for 225 participants.

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31 Since many forms of self-help treatment do not focus on completion, self-help is excluded from the analysis of completion rates.

32 Sample size for the various types of service ranged from 166 to 328: hospital-based treatment (n=), detoxification (n=), residential treatment (n=), outpatient treatment (n=), and other treatment (n=). For each type of service, the sample was limited to the participants identified as needing the given service.

33 Other living arrangements include the following categories: hospitalized (1%), pre-adoptive home (2%), standby guardianship (<1%), not identified (1%), and unknown (3%).

34 This sample is limited to participants for whom the total number of non-index children was unchanged between Time 1 and Time 2.
Discussion

Benefits of the AIA Program

Benefits for Children

Consistent with previous years, AIA projects enhanced the lives of children through case management and supportive services focused on child development and education and developmental screening and assessment. Through collaborative partnerships with other community organizations, projects also assisted families in addressing children’s unique needs by providing a variety of services – most frequently pediatric health care, nutrition support, and child care.

In 2011-2012, these two desired child outcomes were associated with a child’s continuation or completion of the AIA project, when compared with children whose AIA involvement ended prematurely: (a) child placement with biological parent(s), and (b) having no active Child Protective Services case. These findings are consistent with the Reich and Fuger study of AIA cross-site data from 2005-2008. In this study, an array of services focused on developmental screening and assessment, child development and education, and pediatric health care was associated with the outcome of child placement with biological parent(s).

Benefits for Mothers

During this reporting period, AIA projects typically provided case management, in-home services, parenting training, and transportation to mothers. They often referred families to other agencies for health care, mental health counseling, and child care when these services were not available within their organizations. Mothers addressing substance abuse issues also usually accessed recovery support through the AIA project. Most mothers with HIV/AIDS addressing their health issues accessed HIV treatment, HIV education and prevention, HIV screening and assessment, legal/advocacy services, financial/entitlement assistance, food and/or clothing donations, housing assistance, and family planning.

Having income from several sources (cash income or employment earnings, and income from a spouse, a family member, or friends) was associated with women’s successful completion or continued participation in AIA project activities. Additionally, higher percentages of women who completed or continued their AIA program also abstained from drug and alcohol usage, compared to women who discharged prematurely. These findings suggest that AIA services not only improved opportunities for children to live with their parents without child protective service involvement, but also strengthened the capacity of women to cultivate drug-free lifestyles and to provide for their family’s basic needs.

Benefits for Communities

While the cross-site evaluation relies primarily on client-centered data, information is also collected about the delivery of services. AIA projects connect participating families to a wide array of services through their collaborative interactions with other human service organizations. The network of human service organizations typically involves health and mental health care, social services, education, drug treatment, law enforcement, criminal justice, and numerous other sectors. In their attempts to address the multiple challenges of families affected by substance abuse and HIV, it is likely that the benefits of interagency working relationships developed by AIA projects will potentially extend support to other families with lesser risks.

Implications

Implications for Practice

The multiplicity and severity of risk factors that characterize AIA participants imply the need for particular expertise of professionals from several fields. Proficiency of practitioners in their respective disciplines (e.g., health, mental health, social work, adult education, and child/family development) generally must be complemented with skill engaging both families and individuals from other disciplines in shared leadership, planning, and creative decision-making toward a family’s success.

The high needs of families translate into additional needs of staff for peer support, reflective supervision, and professional development opportunities. Thus, administrators of AIA projects may also need added consultation, technical support, and professional development to offer this leadership to their staff. Beyond their roles with staff, they will likely be relied upon for their skills in negotiation and collaboration with other agencies that serve this population, as well as their abilities as effective communicators of the issues to the public and to policy makers.

Implications for Evaluation and Research

As in past years, the cross-site evaluation suggests promising associations between the multi-faceted interventions of AIA projects and a number of positive outcomes for families, including child placement with their families and parents’ increased capacity to provide for their children. Further examination focused on the AIA project or grantee as a unit of analysis would be helpful, building on the study of the positive impacts of certain service configurations in the 2005-2008 AIA cohort.

The differences among project interventions, communities, and populations point to the need for well-designed local evaluations, as well. Ideally, both implementation studies (to sustain and replicate effective practices with fidelity) and effectiveness studies (to confirm that the interventions are not only effective, but are also more effective than other alternatives) are needed to further strengthen the evidence for the solutions generated by AIA projects.
Implications for Policy

Over the past 24 years, AIA projects have explored innovative solutions to complex social problems. Individual grantees have refined their models to address the contextual factors of their respective communities and family participants. This has resulted in stronger evidence for approaches that reach the stated goals pertaining to safety, permanency, and well-being for young children affected by substance abuse and HIV. The Cross-Site Evaluation aims to inform social policy by identifying both commonalities and distinctions among projects based on the populations served, the interventions employed, and the outcomes achieved. Effective policies will take into consideration the co-occurring challenges and risks faced by families and the need for collaborative solutions that draw on resources from various sectors of human service.

Supplemental Three-Year Findings

Introduction

The AIA Cross-Site Evaluation focused on data aggregated at the agency level until October 1996, when the focus shifted to client-focused data. While the data collection instrument developed at that time has been revised periodically, the revised instruments have continued to track many of the same variables since that time. Staggered funding cycles, however, resulted in compilation of data from varying projects in the AIA Cross-Site Evaluation. The regions of the nation, the characteristics of the populations served, and the interventions differed from year to year when new projects were awarded and previous projects ended.

While the funded projects differed in each grant cycle, within each of the following 3-year time periods, the same cadre of projects was funded:

- Cohort 1: September 30, 1996 to September 29, 1999;
- Cohort 2: September 30, 2005 to September 29, 2008; and

The cross-site evaluation team aggregated the data for each 3-year time span to gain a better perspective of the participants in these three cohorts of projects. Examining the profiles of AIA families in these successive time segments between 1996 to 2012 assists in describing the progression of issues that AIA projects addressed. Curran and Pietrzak (2001, p. 3) first developed a profile of AIA participants, “A Profile of the Client Families,” as one section of a reflective article published in The Source in 2001. The next section utilizes this narrative as a template for reporting the same information for Cohort 3. Then the profiles of all three cohorts are compared in Table 1.

Profile of Families Enrolled in AIA Projects between September 30, 2009 and September 29, 2012

AIA programs serve a diverse array of participants who are among the neediest in the health and human services systems. For the last three years, demographic data have been collected to describe mothers and children who receive AIA services.

A typical family receiving services from an AIA-funded program is headed by a mother of color (65%) who is unmarried (85%), in her late twenties (median age of 28), and has less than a high school education (45%). The typical AIA family also receives some form of government aid, including Medicaid (80%), food stamps (74%), WIC (63%) benefits, and/or TANF (25%).

Children served by AIA programs face a variety of psycho-social risk factors. For example, 3% of all the mothers served by AIA programs received no prenatal care. Many of the children served by these programs suffered from low birth weight (14%), had special care needs at birth (23%), and/or were born prematurely (21%). This is not surprising, as the overwhelming majority of mothers (79%) had a history of substance abuse, and over half (63%) reported using drugs during pregnancy. Additionally, almost half (43%) of the children who were screened for drugs had a positive toxicology for any drug(s) at birth; 10% of those screened tested positive for cocaine. Furthermore, children served by these programs are more likely to be born HIV-positive (3%) than children in the general population (<1%).

Mothers served by AIA programs confront related risk factors. They frequently report a history of domestic violence (35%), physical abuse (25%), sexual abuse (25%), and/or psychiatric illness (37%). Over one-third of them have engaged in criminal behavior (37%), and 18% are HIV-positive. In addition, over one-fourth (28%) have had children removed from their homes due to abuse or neglect.

**Historical Comparison of AIA Participants at Three Time Periods**

The same data summarized for 2009-2012 were also gathered for the time periods of 1996-1999 and 2005-2008. Table 1 summarizes the profile information across the three cohorts. Following are some of the differences seen in examining these three periods of time sequentially:

- Increased percentages of enrolled mothers who are white non-Hispanic;
- Increased percentages of mothers accessing Medicaid, Food Stamps, and WIC, but decreased percentages of mothers accessing Temporary Assistance for Needy Families (TANF);
- Decreased percentages of mothers who are HIV-positive;
- Decreased percentages of mothers who had not accessed prenatal care;
- Decreased percentages of children with each of the identified negative birth outcomes; and
- Among children with positive drug toxicology, a decreased percentage with positive toxicology to cocaine.

In 1996-1999, cocaine (in any form) was the drug used during pregnancy by the highest percentage of enrolled mothers (74%), followed by alcohol (56%). By 2005-2008, marijuana was used during pregnancy by the highest percentage of enrolled mothers (46%), followed by cocaine (41%). The percentage using marijuana during pregnancy continued to be the highest in 2009-2012 (46%), while cocaine usage declined to 20%, while opiate usage began to increase again (25%). Poly-drug usage was common during all three time periods. This information is also presented in Table 1.
Table 1. Three-Year Profile Information for Project Cycles

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Mother of color (all racial/ethnic categories except white non-Hispanic)</td>
<td>82%</td>
<td>66%</td>
<td>65%</td>
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<tr>
<td>Unmarried</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Median age</td>
<td>31 years</td>
<td>27 years</td>
<td>28 years</td>
<td></td>
</tr>
<tr>
<td>High school graduation or GED</td>
<td>58%</td>
<td>48%</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>Accessing these forms of government assistance:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>58%</td>
<td>58%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Food stamps</td>
<td>55%</td>
<td>60%</td>
<td>74%</td>
<td></td>
</tr>
<tr>
<td>WIC</td>
<td>43%</td>
<td>52%</td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance (formerly TANF)</td>
<td>45%</td>
<td>29%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Mothers’ risk factors at enrollment:</td>
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<tr>
<td>History of substance abuse</td>
<td>87%</td>
<td>78%</td>
<td>79%</td>
<td></td>
</tr>
<tr>
<td>Drug usage during pregnancy</td>
<td>56%</td>
<td>65%</td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>Drugs used during pregnancy by the highest percentages of participants (excluding tobacco)²</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine (in any form)</td>
<td>74%</td>
<td>41%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>56%</td>
<td>32%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td>37%</td>
<td>46%</td>
<td>46%</td>
<td></td>
</tr>
<tr>
<td>Opiates (other than methadone)</td>
<td>33%</td>
<td>16%</td>
<td>25%</td>
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</tr>
<tr>
<td>History of domestic violence</td>
<td>29%</td>
<td>50%</td>
<td>35%</td>
<td></td>
</tr>
<tr>
<td>History of physical abuse</td>
<td>27%</td>
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<td>25%</td>
<td></td>
</tr>
<tr>
<td>History of sexual abuse</td>
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<tr>
<td>History of psychiatric illness</td>
<td>27%</td>
<td>37%</td>
<td>37%</td>
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</tr>
<tr>
<td>Engagement in criminal behavior</td>
<td>49%</td>
<td>35%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>HIV-positive</td>
<td>33%</td>
<td>21%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Previous removal of children from the home due to abuse or neglect</td>
<td>36%</td>
<td>44%</td>
<td>28%</td>
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<tr>
<td>No prenatal care</td>
<td>19%</td>
<td>9%</td>
<td>3%</td>
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<tr>
<td>Characteristics of children at birth:</td>
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<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>38%</td>
<td>24%</td>
<td>14%</td>
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</tr>
<tr>
<td>Special care needs</td>
<td>30%</td>
<td>20%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Preterm birth</td>
<td>37%</td>
<td>25%</td>
<td>21%</td>
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</tr>
<tr>
<td>Positive toxicology to any drugs</td>
<td>66%</td>
<td>42%</td>
<td>43%</td>
<td></td>
</tr>
<tr>
<td>Positive toxicology to cocaine</td>
<td>45%</td>
<td>19%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>HIV-positive</td>
<td>10%</td>
<td>4%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

¹September 30, 1996-September 29, 1999; September 30, 2005-September 29, 2008; and September 30, 2009-September 29, 2012

² Percentages are based on the number of women who reported substance use while pregnant with the index child.
Appendix


The following profiles describe the projects, their goals and activities, and the populations that they served during 2011-2012. Many, but not all, of these projects are currently in operation.

Cherish the Families (North Ft. Lauderdale, FL). Cherish the Families is a home-based family support program that provides comprehensive transdisciplinary services to meet the complex needs of families affected by substance abuse and/or HIV. The program's goal is to prevent the abandonment of children under age three who are in the dependency system. This includes enhancement of the stability of children’s child care placements by provision of training and coaching to enhance teachers' abilities to create emotionally supportive environments and to address challenging behaviors which children in foster care often present.

CRADLES (Austin, TX). Cradles is an 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.

Early Support for Lifelong Success (New York, NY). The Family Center’s Early Support for Lifelong Success (ESLS) Program aims to increase safety, well-being and permanency for HIV-exposed children ages 0-7 through comprehensive home-based services which include developmental and family assessment, parent support and education, social and developmental activities, play therapy, individual and family counseling, case management, advocacy, medical case management, permanency planning, legal services and diverse psycho-educational and support groups.

Family Centered Home Visitation (Philadelphia, PA). Family Centered Home Visitation provides comprehensive home-based support services, with an 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.

Family Connect (Pinellas Park, FL). Home-based support services include counseling, and parenting skills training designed to improve family functioning with an emphasis on substance abuse, HIV/AIDS and other environmental issues that impact the safety of children and stability of the family.

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

Family Outpatient Program (El Paso, TX). Services provided by the Family Outpatient Program include trauma-informed substance abuse and mental health treatment, in-home parenting, activities to promote attachment with their child, childcare and transportation assistance. Family education and counseling are also provided to the extended family.

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

FRESH Start (Holyoke, MA). FRESH Start is a peer-mentoring home visiting program for substance using pregnant women and new parents providing intensive case management, recovery coaching, parenting support, developmental assessments for infants through referral, and cross-systems collaboration and training.

Great Starts (Knoxville, TN). Great Starts offers structured, long-term treatment for women who are pregnant or have given birth to drug-exposed and/or HIV-positive children.
Healthy Connections for Intact Families (Toledo, OH). St. Vincent Mercy Medical Center’s Intact Families program provides care coordination and mental health services integrated with outpatient healthcare facilities in collaboration with Family Drug Court, residential facility, and chemical dependency treatment. The program provides supportive services for women who are pregnant or within three months of the birth of their babies.

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

Mission Inn (Grand Rapids, MI). Mission Inn serves infants and young children who have been or are affected by substance abuse or HIV/AIDS. All services are community-based and primarily delivered using a home visiting model. Other services include, but are not limited to: case coordination, substance abuse treatment, home-based infant mental health services, developmental assessments, and training and education.

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.

Project Stable Home (Los Angeles, CA). Project Stable Home is a relationship-based, multidisciplinary home visitation program to support child-parent attachment and protective factors to prevent neglect, abuse and abandonment of at-risk children from birth to age three.

Reflejos Familiares (Albuquerque, NM). Reflejos Familiares (Family Reflections) offers intensive, relationship-based case management and developmental services in the home to families affected by substance abuse including pregnant women and families with children up to 3 years of age. Parent infant support groups are provided using the Circle of Security Parenting© program.

TIES (Kansas City, MO). TIES (Teams for Infants Endangered by Substance abuse) is a comprehensive program built on trusting relationships with families. TIES provides home-based goal planning and parenting guidance to pregnant and postpartum women and their families affected by substance abuse. An evidence-informed Blueprint of the TIES model was created to assess its implementation and its replication in other communities.