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It is our privilege to collaborate with the personnel from each AIA project and our evaluation colleagues associated with each project. They guide us in describing the work and addressing evaluation issues. Our collective work is enhanced through the insight and meaningful contributions of so many talented individuals. We are inspired by their dedication and commitment to the children and families they serve.

We hold in high regard the mothers, children, and other family members who have been included in this study. It is our hope that this report accurately reflects their circumstances and their involvement with the AIA projects.

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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The evaluation team hopes that this report will clearly describe the complex issues faced by families enrolled in AIA projects and will contribute to a greater understanding of effective strategies to address their circumstances, thus resulting in excellent outcomes for children and their families.

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The issue of infant abandonment, primarily due to substance abuse and HIV, has created huge challenges for hospitals since the 1980s. While a number of solutions have been implemented to reduce lengthy infant hospital stays, the challenges of ensuring the ongoing safety, permanency, and well-being of the infants at risk of abandonment are still present.

**Abandoned Infants Assistance (AIA) Act**

- Congress passed the AIA Act in 1988, 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, the underlying social and human problems associated with infant abandonment and the impacts of HIV and substance abuse on young children are being addressed by social service agencies funded through this act that are better equipped to deal with the complex issues in determining solutions to these problems.

**AIA Projects**

Since passage of the AIA Act in 1988:

- Over 70 demonstration projects and the National Resource Center have received the U.S. Department of Health and Human Services (DHHS) funding, thereby having far-reaching effects on the lives of children and families.
- The Children’s Bureau has administered the AIA Program, awarding grants in FY 2008 to the National AIA Resource Center and 26 AIA demonstration service projects located in 17 states and the District of Columbia. These included:
  - 20 comprehensive model projects,
  - 4 family support projects for relative caregivers, and
  - 2 therapeutic recreation projects for children affected by HIV/AIDS.
- Hospitals, community-based child and family service agencies, universities, and public child welfare agencies have served as AIA grantee organizations.
- The grantees have committed to developing approaches to prevent child abandonment, with particular emphasis on addressing the effects of HIV/AIDS and drug exposure on infants and children. They have aimed 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

AIA projects began to submit de-identified participant data to the National AIA Resource Center in 1996. These descriptive data were aggregated and compiled into reports to characterize the AIA participants and services across all projects.

- 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 2008 cross-site data collected from each of the 20 comprehensive model projects, and briefly describes the 4 family support projects for relative caregivers and the 2 therapeutic recreation projects, all of which were funded during FY 2008.
- Caution should be exercised in interpreting the reported findings, due to differences in both the populations served and the interventions employed by the projects. Projects 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 projects, and some recommendations based on the findings.

Comprehensive AIA Projects in Fiscal Year 2008

Overview of Comprehensive AIA Projects

Twenty comprehensive AIA service demonstration projects were funded between October 1, 2007 and September 30, 2008 (FY 2008).

- Nineteen of 20 projects 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. One project\(^1\) did not submit participant data, reporting that services were completed for all participants prior to the beginning of FY 2008.
- This sample of 786 families includes 108 families that began and terminated AIA services in FY 2008; 247 families that began AIA services in FY 2008, but had not yet terminated at the end of FY 2008; 202 families that began AIA services prior to FY 2008 and terminated in FY 2008; and 229 families that began AIA services prior to FY 2008 and had not yet terminated at the end of FY 2008.
- The total number of individuals served by their projects was estimated for the 20 sites. Together over 4,865 constituents engaged with the AIA projects in some way during FY 2008. This estimate included 1,487 index children, 1,467 other children, 1,335 mothers, 258 fathers, and 318 other caregivers.

Profile of Newly Enrolled Families in Fiscal Year 2008

Information about characteristics of mothers, index children, and other family members was submitted at Time 1 (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.\(^2\)

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\(^1\) New Start for Infants, Denver, CO

\(^2\) 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.
Families at Program Entry

These findings describe the 320 mothers and 342 children who entered an AIA project during FY 2008. Together they represent 375 families from 19 projects.

- Medical providers and hospitals (25%), community-based social service and health agencies (19%), child welfare agencies (17%), treatment programs (13%), and self-referrals (10%) most frequently referred mothers to AIA projects.
- Eighteen projects enrolled mothers in FY 2008, with an average new enrollment of 18 participants per project. Five percent of the women were reportedly readmissions.
- These are the placement arrangements for the index children at the time that their mothers were enrolled: not yet born (13%), hospitalized (4%), living with the parent either at home (51%) or in residential treatment (5%), living with relatives (5%) or in formal kinship care (11%), living in foster care (8%), or living in another arrangement (3%).
- Other children were present in 69% of the families. Approximately 347 of the 465 other children in these families were served by AIA projects.

Biological Mothers at Enrollment

Initial Mother Profile. Information from 320 biological mothers contributes to this profile at enrollment:

- Maternal age ranged from 14 to 51 years, with a mean of 29 years.
- There were 59% white/Caucasian, 27% black/African American, 8% multiracial, 4% American Indian/Alaska Native, 1% Asian, and 1% Native Hawaiian/Pacific Islander.
- The 124 participants who considered themselves Hispanic identified their race as white (64%), multiracial (15%), black/African American (2%), American Indian/Alaska native (2%), or unknown/unidentified (18%).
- Spanish was the primary language in the home of 51% of the Hispanic participants.
- Most were single and never married (65%); 20% were separated, divorced, or widowed; 13% were married; and 2% reported marital status in the category of “other.”
- Fifty-six percent had completed high school or earned a GED.
- Overall, 81% had some monthly cash income. Of those, 10% had both employment earnings and non-employment income, 28% had employment earnings only, and 80% had non-employment income only. Thirty-six percent of these mothers had TANF benefits. The mean monthly income for those with employment earnings was $961.
- Seventy-seven percent of the mothers reportedly had non-cash income at the time of enrollment, including 59% with food stamps, 58% with Medicaid, 51% with WIC, and 14% with housing subsidies or public housing.
- Most (66%) lived in a house or apartment (which they did not necessarily own), and 10% were in residential treatment at intake.
- Twenty-one percent lived with no other adults, 32% lived with their partner, 31% lived with parents or other relatives, 13% lived with non-relatives, and 19% had other living arrangements.\(^3\)
- During the most recent pregnancy, 93% of 259 mothers accessed prenatal care (53% in first trimester, 24% in second trimester, 14% in third trimester, and 2% for an undetermined amount of time).
- Among the enrollees were 18% who were pregnant at intake, 19% who had recently delivered, and 62% who had not delivered within the past 30 days.

\(^3\) More than one category could be selected.
Maternal Risk Factors. These risk factors of the 320 newly enrolled women placed the women, children, and families at risk:

- A history of substance abuse for 77%;
- HIV-positive status or AIDS for 23%; and
- Each of the following risks exhibited by at least one-fourth of mothers: adult domestic violence victimization (52%), removal of a child from the home (44%), criminal conviction (35%), psychiatric illness (34%), sexual abuse as a child (30%), and physical abuse as a child (29%).

Co-Occurring Risks. Relationships among the nine risk factors shown in the above chart were examined for the 320 mothers who enrolled in AIA projects in FY 2008. Numerous risks co-occurred with substance abuse history, HIV/AIDS, and adult domestic violence.

- These percentages of the 247 mothers who reported a history of substance abuse also experienced the following risk factors: adult domestic violence victimization (59%), a child removed from the home due to abuse or neglect (54%), criminal conviction (43%), psychiatric illness (41%), physical abuse as a child (36%), or sexual abuse as a child (36%).
- For the 75 mothers who were HIV-positive at Time 1, one or more of the following risks were identified: adult domestic violence victimization (44%), psychiatric illness (31%), sexual abuse as a child (20%), physical abuse as a child (19%), criminal conviction (17%), a child removed from the home due to abuse or neglect (16%), prostitution by mother (7%), history of selling drugs (4%), and probation and parole at intake (3%).
- For the 166 mothers who reported a history of adult domestic violence victimization, one or more of these risks occurred: a child removed from the home due to abuse or neglect (58%), psychiatric illness (51%), sexual abuse as a child (48%), physical abuse as a child (45%), criminal conviction (44%), probation and parole at intake (23%), history of selling drugs (19%), and history or prostitution (16%).
- Psychiatric illness co-occurred for 108 mothers with one or more of these risks: adult domestic violence victimization (88%), a child removed from the home due to abuse or neglect (57%), sexual abuse as a child (43%), physical abuse as a child (38%), criminal conviction (42%), probation and parole at intake (21%), history or prostitution (17%), and history of selling drugs (15%).
Substance Use. Eighty percent (257) of the 320 women entering AIA projects had identified substance abuse issues, including 247 with a substance abuse history, 160 who used during pregnancy with the index child, and 55 who were using at the time of program entry. Of these, 46% of women used 1 drug, 28% used 2 drugs, 19% used 3 drugs, and 6% used 4 or more drugs during pregnancy.

- Of the 134 women with reported substance use during pregnancy (excluding tobacco use only), 52% used marijuana, 42% used cocaine (including 34% using crack cocaine and 16% using powdered cocaine), 37% drank alcohol, 16% used amphetamines, 11% used opiates, 10% used methadone, 4% used barbiturates, 2% used PCP, and 8% used some other drug. The most common combinations of drug usage were cocaine and marijuana (22%), alcohol and marijuana (20%), alcohol and cocaine (19%), amphetamine and marijuana (7%), and amphetamine and alcohol (7%). Ten percent used cocaine, marijuana, and alcohol during pregnancy. Over Eighty percent of those who used alcohol also used at least one other drug (excluding tobacco) during pregnancy.

- Ninety-one women reportedly smoked when pregnant with the index child, and 85% of those who smoked used from one to seven other substances (alcohol or other drugs), as well.

- Of the 247 women with substance abuse issues, 51% were known to have accessed treatment within the previous 6 months prior to program entry, and 19% were known to have accessed treatment earlier. Duration of treatment occurring prior to AIA program entry averaged 5 months.

- These percentages of the 171 women who accessed treatment before enrolling in an AIA project used these methods: outpatient by 57%, residential by 42%, self-help by 33%, detoxification by 16%, and inpatient hospital-based by 4%.

- These previous treatment completion rates were reported at enrollment: detoxification - 64%, residential - 47%, inpatient hospital-based treatment - 37%, and outpatient - 24%. Overall, 39% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.\(^4\)

Index Children Newly Enrolled during Fiscal Year 2008

Initial Child Profile. These characteristics describe the 342 children enrolled in FY 2008:

- Ages of children ranged from newborn to 17 years, with a mean age of 22 months (median age of 6 months). Fifty-nine percent were infants under 1 year of age.

- Distribution by gender was nearly equal for males (49%) and females (51%).

- Children were identified as white/Caucasian (45%), black/African American (37%), multiracial (13%), and American Indian/Alaska Native, Asian, or Native Hawaiian/Pacific Islander (4%).

- Thirty-nine percent of children were identified as Latino, with race of Hispanic children identified as white 68% of the time, compared to black 4%, multiracial 28%, and American Indian, Asian, or Pacific Islander 2% of the time.

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\(^4\) Because many forms of self-help treatment do not focus on completion, self-help is excluded from the analysis of completion rates in this report.
Child Risk Factors. Some birth information was reported for 317 infants enrolled in FY 2008:

- Gestational age of 288 infants ranged from 25 to 43 weeks, for a mean of 37.8 weeks. The rate of preterm births (< 37 weeks) was 26%, more than double the national average of 12.3% for 2008.\(^5\)
- Average birth weight was 2,955 grams for 282 infants, compared to a national average of 3,298 grams.\(^6\) Reported birth weights ranged from 454 grams to 3,084 grams, with 17% at risk due to low birth weight and 4% at risk due to very low birth weight\(^7\) (compared to 8.2% and 1.5% national averages in 2008, respectively).\(^8\)
- Infants spent a mean of 7.7 days in the hospital after birth, compared to a national average of 2.6 days.\(^9\) Twenty-two percent of 257 infants stayed in the hospital beyond medical necessity, and did so for a mean of 7.9 days. The reason for the extended stay was Child Protective Services involvement 70% of the time, the mother’s inability or unwillingness to care for the infant 2% of the time, and unidentified 29% of the time.
- Nineteen percent of 313 infants required some special care at birth, and 2% had congenital abnormalities.
- Of 317 children with HIV birth data, 21% were reportedly exposed to the HIV virus at birth, which is 81% of the children enrolled in FY 2008 whose mothers were HIV-positive. At the time of their program enrollment, 3% of 306 children reportedly tested positive for the HIV virus.
- Of the 223 newborns with toxicology reports, 41% tested positive for drugs. Of the 90 newborns with positive toxicology reports, the most commonly identified substances found were crack cocaine (45%), marijuana (30%), amphetamines (13%), opiates (13%), and methadone (16%).
- A child protective service case was active for 54% of the index children at Time 1.

Birth Outcomes for Infants of Mothers Served during Pregnancy. Some birth outcome information was reported for 44 of the 45 infants of mothers who were prenatally enrolled in the AIA project, with the following results:

- Mean gestational age of 38.6 weeks (preterm birth for 15%),
- Mean birth weight of 3,208 grams (low birth weight for 13% of births and no cases of very low birth weight),
- Special care needs for 16%,
- No congenital abnormalities,
- Immunizations current for 94% of the infants by the Time 1 assessment,
- Median of 3.0 days and mean of 4.3 days in the hospital,
- Median of 3.0 days and mean of 3.2 days beyond medical necessity,
- No CPS involvement for 66% of families,
- Seventy-eight percent of the subset of 36 substance-exposed infants had a negative toxicology at birth.

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\(^7\) Very low birth weight defined as < 1,500 grams; low birth weight defined as 1,500 - 2,499 grams


Families that Completed Participation in Fiscal Year 2008

Biological Mothers

Length of Participation of Mothers. AIA projects provided Time 2 information for a total of 298 participants. The length of time between the Time 1 and Time 2 data collection points was available for 260 of the mothers who completed participation with AIA projects in FY 2008. They participated an average of 11 months 13 days (range from 27 days to 5 years 9 months).

Services Received by Mothers. Time 2 data also documented the services delivered to the 298 participants by the project and by other agencies to which they were referred.

- AIA projects provided a number of direct services to mothers, including case management for 81% and each of the following services for at least 40% of mothers: food and clothing donations, in-home services, parenting classes, transportation, and recovery support.
- AIA projects referred more than 30% of mothers for primary medical care, prenatal care, financial and entitlement assistance, mental health counseling, and outpatient drug treatment.

Changes over Time in Sources of Income. The percentage of 272 mothers with income from employment increased significantly from 25% to 38% between Time 1 and Time 2. A statistically significant increase occurred in the percentage of 269 mothers with housing subsidies (from 17% to 23%) from Time 1 to Time 2. Mean monthly cash income from all sources for 215 families showed statistically significant increases – from $753 at Time 1 to $913 at Time 2.

Termination Information for Mothers. Information about participants’ status was available for 263 of 298 participants at Time 2. Of these, 39% completed the program, 12% lost contact, 11% withdrew, 10% were non-compliant, 3% relocated, 1 participant (<1%) was transferred to another agency, 1 participant (<1%) was institutionalized, 14% left for other reasons, and 11% continued to receive additional program services. There were no known deaths among participants in FY 2008.

Results at Completion of Program by Mothers. For 237 of the 298 participants, projects assessed whether they completed their AIA program requirements by the time they were discharged. They determined that 103 participants (44%) successfully completed the program and 134 participants (57%) did not. These statistically significant positive outcomes were associated with families at program completion:

- Placement of the index child with the biological parents (89% of the time for mothers who successfully completed the AIA program, compared to 68% for mothers who did not);
- No active child protective services cases by the time of AIA program completion (for 79% of families in which mothers completed AIA programs successfully, compared to 58% of those who did not);

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10 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.
• Mothers living in a house or apartment by the time of discharge (for 87% of the mothers who fulfilled the AIA program requirements and 74% of those who did not);
• Families that had cash income (96% of the time for mothers who successfully completed the AIA program, compared to 84% for mothers who did not);
• Mothers who accessed WIC benefits (for 66% of the families in which mothers completed AIA programs successfully, compared to 47% of those who did not);
• Mothers that were not using drugs or alcohol (for 96% of the mothers who fulfilled the AIA program requirements and 84% of those who did not).

Index Children

Length of Child Participation. The length of time between Time 1 and Time 2 was documented for 281 of the children who completed participation with AIA projects during FY 2008. The duration was similar to that reported for mothers. Children spent an average of 10 months 20 days in AIA programs, with length of time ranging from 1 day to 4 years 11 months.

Child Services Received. Time 2 data for 305 children indicate the services they received from the AIA project and/or other agencies to which their family was referred.11

• A majority of children received case management (73%), child development/education services (54%), and developmental screening and assessment (50%) directly from the AIA projects.
• Children were most frequently referred by AIA projects to these types of services: health care (65%), nutrition services (37%), child care (32%), and legal advocacy (27%).

Child Termination Information. The reason for termination from the AIA project was identified for 288 of the children: completion of program requirements (37%), unspecified reasons (16%), loss of contact (15%), caregivers’ withdrawal from the program (10%), relocation (2%), adoption (2%), change in child placement (1%), referral or transfer to another program (1%), institutionalization of the child (4%), and continuation of services after data submission (12%). None of the children served in FY2008 were terminated due to death.

Child Results at Program Completion. Projects assessed the completion of child components of their AIA program for 239 of the families. They determined that 105 families with enrolled children (including families in which the mother was not enrolled) (44%) successfully completed the child components, and 134 families (56%) did not. Consistent with the findings for mothers’ Time 2 data, these statistically significant positive outcomes were seen:

• When program requirements were successfully completed, the child was living at home with the biological parent 92% of the time, compared to 69% for the families in which the program was not successfully completed.
• Child protective service cases were active for only 21% of the families with successful child program completion, compared to active cases for 50% of the families that did not complete these aspects of the program.

11 Sample size for the various types of child services ranged from 232 to 280.
Differences Associated with HIV/AIDS Status of Participants

Participant Characteristics. One hundred ninety-one mothers that received AIA services in FY 2008 were HIV-positive or had AIDS. 12

- Of these, 66% were served by 3 projects, and the remaining 34% were spread across 8 other projects.
- These percentages of mothers with HIV/AIDS had a history of each of the following risk factors: domestic violence (58%), substance abuse (47%), psychiatric illness (46%), sexual abuse as a child (38%), physical abuse as a child (31%), criminal conviction (23%), removal of a child from the home (20%), and history of prostitution (13%). 13
- Twenty-one percent of mothers with HIV had used drugs or alcohol during pregnancy. 14
- Nearly all of the mothers with HIV/AIDS had cash income at intake (88%). 15

Services Accessed. By Time 2, these services related to HIV/AIDS were accessed by most participants in this subset: HIV education and prevention (93%), HIV treatment (89%), HIV screening and assessment (88%), pre and post HIV test counseling (83%), legal/advocacy services (62%), and permanency planning (59%). 16

Results at Program Completion. At program completion, 93% of the index children of 71 mothers with HIV/AIDS were living with a biological parent, 3% were in adoptive or pre-adoptive homes, and 4% had been placed in foster care or another arrangement. Eighty percent of non-index children were living with the biological parent at Time 2.

Child HIV Status. Of 154 infants exposed to HIV at birth, only 32 were identified as HIV-positive at intake, while the status was negative for 102 and unknown for 19 infants. One infant that tested negative at birth tested HIV-positive at intake. Of the 33 children that were HIV-positive at intake, only 8 were documented as HIV-positive by Time 2 (all positive since birth exposure); 9 were negative, and the status of the other 16 children was unknown.

Differences Associated with Substance Abuse Issues of Participants

Participant Characteristics. Data were examined separately for the 611 mothers with identified substance abuse issues who received services in FY 2008, including 583 with a substance abuse history, 409 who used during pregnancy with the index child, and 143 who were using at the time of program entry. These characteristics differed at enrollment for the 611 substance-abusing and 166 non-substance-abusing mothers served in FY 2008: 17

- Larger percentage who were pregnant or had recently delivered among the substance-abusing population than the non-substance-abusing population (37% vs. 21%);
- Higher rate of children removed from the home prior to enrollment (53% vs. 12%);
- Higher rate of domestic violence (60% vs. 39%);
- Higher rate of prostitution (16% vs. 1%);

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12 HIV/AIDS status was negative for 481 and unknown for 105 of the 777 mothers served in FY 2008.
13 The sample size for the individual participant characteristics ranged from 111 to 180.
14 Sample size is 154.
15 Sample size is 187.
16 Sample size for the various types of service ranged from 24 to 46. Persons not needing services were excluded from the sample.
17 Substance abuse issues were unknown at intake for 20 of the 777 mothers served in FY 2008. The sample size for the individual participant characteristics ranged from 604 to 706.
• Lower incidence of HIV/AIDS (17% vs. 74%);
• Higher rate of criminal conviction (47% vs. 6%) and probation/parole status (27% vs. 2%);
• Lower rate of employment (25% vs. 30%);
• Lower percentage with any cash income at enrollment (76% vs. 90%); and
• Lower percentage of index children living at home with a biological parent (43% vs. 77%).

Substance Abuse Treatment. Between the time of enrollment and Time 2, 154 mothers with documented substance abuse problems were known to have accessed substance abuse treatment, with these outcomes:
• The length of time in treatment ranged from less than 1 month to 47 months, for a mean duration of 7 months 7 days.18
• Outpatient treatment and self-help programs were drug treatment methods accessed by the highest percentages of mothers (64% and 49%, respectively). Other forms included residential treatment (28%), detoxification (5%), and other forms of treatment (8%).
• The most commonly reported concurrent substance abuse treatment methods were self-help with outpatient treatment (32%), self-help with residential treatment (16%), and residential with outpatient treatment (8%).
• These treatment completion rates were reported for mothers who accessed at least one type of treatment while enrolled in AIA projects: 58% for outpatient, 68% for residential, and 40% for detoxification. Altogether, 44% of the 144 women who accessed treatment were known to have completed at least one form of treatment during their AIA involvement.19

Other Accessed Services. The highest percentages of participants with substance abuse issues accessed these other needed services: parenting classes and training (91%), recovery support (89%), mental health counseling and therapy (81%), legal/advocacy services (80%), and family planning (79%).20

Results at Completion. A number of positive outcomes were seen for the substance-abusing participants with information at program completion:
• Seventy-four percent of the index children were living at home with the biological parents, 11% were placed in foster care, 6% were living with relatives or in formal kinship foster care, 4% were in pre-adoptive or adoptive homes, and 5% were in other living arrangements.21
• Fifty-three percent of non-index children were living with the biological parent at Time 2.
• Drug use at Time 2 was known for 187 of the participants who had substance abuse issues when they enrolled, and 89% were not using at Time 2.

18 Length of time in treatment was documented for 153 participants.
19 As stated previously, since many forms of self-help treatment do not focus on completion, self-help is excluded from the analysis of completion rates.
20 Sample size for the various types of service ranged from 128 to 190. For each type of service, the sample was limited to the participants identified as needing the given service.
21 Sample size was 219 participants.
Racial/Ethnic Differences in Characteristics and Services

Characteristics of participants and AIA services were examined by racial/ethnic categories to determine patterns of risk and needs for support. Of the 828 families served during FY 2008, 31% were Hispanic (any race), 34% were non-Hispanic African-American (black), 29% were non-Hispanic Caucasian (white), 4% were another race and non-Hispanic, and the race and ethnicity were unreported for 3%. For this discussion, the first three groups will be compared to determine if there were differences in the family or individual characteristics, the risk factors, and the supportive services provided. These differences are specific to the actual participants in the AIA projects and are not meant for generalization to racial or ethnic groups as a whole. The purpose of describing these differences is to identify the characteristics, risk factors, and unmet needs of the current participants in order to better inform future program activities.

Characteristics. The populations differed in these statistically significant ways:

- Percentage speaking Spanish in the home (50% of Hispanic, 0% of black, 0% of white participants);
- Percentage graduating from high school (38% of Hispanic, 56% of black, 65% of white participants);
- Percentage with cash income (87% of Hispanic, 82% of black, 68% of white households); and
- Percentage in which mother was only adult in the household (17% of Hispanic, 36% of black, 16% of white households).

Risk Factors. These statistically significant differences in risk factors were seen when comparing these three racial/ethnic groups of AIA participants:

- Children removed from the homes of 35% of Hispanic, 36% of black, and 60% of white mothers;
- Incidence of prostitution in 7% of Hispanic, 16% of black, and 18% of white populations;
- HIV+ status or AIDS in 24% of Hispanic, 59% of black, and 6% of white participants;
- History of criminal conviction for 30% of Hispanic, 32% of black, and 57% of white participants;
- Current probation/parole status for 17% of Hispanic, 12% of black, and 38% of white participants;
- Substance abuse history for 70% of Hispanic, 70% of black, and 97% of white participants;
- History of psychiatric illness for 31% of Hispanic, 39% of black, and 47% of white participants;
- Physical abuse as a child for 40% of Hispanic, 28% of black, and 37% of white participants;
- History of selling drugs for 14% of Hispanic, 15% of black, and 28% of white participants;
- Were using drugs or alcohol at intake for 14% of Hispanic, 23% of black, and 25% of white participants.

Differences in Substance Abuse and Treatment Prior to Enrollment. These differences in drug usage were seen for the three groups:

- Amphetamine use by 22% of Hispanic, 4% of black, and 19% of white participants;
- Barbiturates use by 3% of Hispanic, 1% of black, and 6% of white participants;
- Cocaine use by 21% of Hispanic, 26% of black, and 36% of white participants;

22 Race and ethnicity of the mother were used if there were differences between mother and child race/ethnicity. Sample size differed from item to item.
In addition, the racial/ethnic groups differed in whether they accessed the service directly from the AIA project or from another community agency to which they were referred.\(^{24}\)  
- Case management for both mothers and children was typically provided by the AIA project for all three racial/ethnic groups. However, a higher percentage from the Hispanic group was referred elsewhere for these services, compared to the black and white groups. Transportation services, which approached statistical significance, followed a similar pattern.  
- Child development and education services were also most frequently provided by the AIA project for all three groups, but unlike the above trend, referrals to other agencies were more common for the two non-Hispanic groups than for the Hispanic group.

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\(^{23}\) For each type of service, the computations excluded the individuals for whom the service was not applicable.  
\(^{24}\) For each type of service, the computations excluded the individuals for whom the service was not accessed or was not needed.
• Half or more of Hispanic participants were referred to another community agency for the following needed services, whereas a majority of black participants and white participants accessed these services directly from AIA projects: family planning, peer counseling, residential facility for women with their children, and services for biological fathers and/or mother’s partners.

• AIA projects typically referred participants to other community agencies for the following services. A higher percentage of white participants than black or Hispanic participants, however, received these services directly from the AIA project: child care services (according to both the parent and child service data), domestic violence services, outpatient drug treatment, psychotropic medication management, and pre/post HIV test counseling.

• The majority from each group who needed these services accessed them directly from the AIA project, but an even higher percentage (>90%) from the black group accessed them from the AIA project: parenting classes/training/support, infant developmental screening/assessment, and infant massage.

**SUPPLEMENTAL AIA PROGRAMS**

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

**Kinship Care Projects**

Four kinship care projects served relative caregivers of children whose parents were unable to care for them due to HIV or substance abuse, with 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.

**Therapeutic Recreation Projects**

Two therapeutic recreation projects addressed the social isolation of children and youth affected by HIV/AIDS. One project offered psycho-educational learning modules and summer day camp for youth, while the other provided a year-round support network and camp for children.


**DISCUSSION AND IMPLICATIONS**

**Program Goals**

These goals have guided the AIA program since its inception:

- 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 Cross-Site Evaluation for FY 2008 documents the multiple risks experienced by families participating in the AIA program. AIA projects and their networks of support through referral provided a breadth of services to strengthen the enrolled families.

**Risks Experienced by Families**

Mothers and children served by AIA projects faced multiple challenges and co-occurring risks requiring numerous interventions to meet their needs for support. In addition to issues with substance abuse or a diagnosis of HIV/AIDS, many of the mothers enrolling in AIA programs were victims of domestic violence and/or childhood physical and sexual abuse. Compounding factors of psychiatric illness, criminal conviction, or prostitution further contributed to the complexity of challenges these families faced. At program entry, approximately one-third of the children were not living with their biological mothers, but rather, were placed with relatives, in foster care, or in other arrangements. Child protective services were active for a majority of the children.

Effects of these risks were seen in birth outcomes; infants had a higher rate of preterm births, lower birth weight, and longer hospital stays after birth than children whose families were not experiencing these severe risks. Almost half of the children tested for drugs at birth had a positive toxicology.

As in previous years, AIA projects provided coordinated, systemic networks of care to reduce the impact of these risks and to bring stability to the participating mothers and their children. AIA projects often provided comprehensive case management and either delivered needed direct services to clients or referred them to other agencies. Results of these interventions suggest that families benefited from their participation in AIA projects.
Benefits to Children

Numerous benefits for children whose families received services in AIA were confirmed by the findings from FY 2008:

- Case management is essential for ensuring that AIA projects provide coordinated care that maintains a primary focus on the best interests of children. Child welfare agencies, health providers, treatment programs, courts, and various community organizations collaborate with AIA projects for planning, referring families, and providing services.
- AIA projects frequently provide child development and education services, developmental screening and assessment, and often refer children for health care, nutrition services, child care, and legal advocacy services.
- Mothers’ successful completion of AIA program requirements is significantly correlated with children remaining in their home, which is a major goal of the AIA Act. In situations where it is not possible for the child to remain with the mother, stable, permanent environments and relationships for children are facilitated through AIA permanency planning services to place children in alternative supportive settings (e.g., formal kinship care settings).
- Mothers’ successful completion of AIA program requirements is also associated with factors that affect their children’s stability, such as having cash income, living in a house or apartment, having no active child protective services case, and not using drugs or alcohol.
- Infants in the AIA program who are exposed to HIV/AIDS at birth demonstrate good outcomes, with most HIV-exposed children remaining HIV-negative.
- Mothers improved their capacity for parenting as they progressed through AIA interventions, including substance abuse treatment, counseling, and recovery support.
- Mothers who received services during pregnancy had positive birth outcomes (e.g., mean birth weight and gestational age in normal range), and most infants spent no days in the hospital beyond medical necessity. More than three-fourths of infants who were prenatally substance-exposed whose mothers were enrolled prenatally had a negative toxicology report at birth.

Benefits to Mothers

AIA services received by mothers in FY2008 generally included coordinated case management from the AIA projects to address their complex circumstances. They frequently accessed food and clothing donations, in-home services, parenting classes, transportation, and recovery support directly from AIA programs. Mothers were often referred to partnering agencies for primary medical care, prenatal care, financial and entitlement assistance, mental health counseling, and outpatient drug treatment.

 Mothers who participated in AIA projects in FY 2008 realized many positive outcomes, suggesting that assistance provided through AIA projects benefited families. These significant gains were seen over the duration of their participation:

- Increase in the amount of monthly cash;
- Higher percentage of women with employment earnings; and
- Higher percentage of women accessing housing subsidies.
Successful completion of AIA program requirements is most notably associated with mothers having their children living with them. It is also associated with these factors that contribute to family stability: living in a house or apartment, accessing WIC benefits, not using drugs or alcohol, and having no active child protective services cases. The AIA projects provide opportunities for mothers with substance abuse or HIV/AIDS issues to address these specific risks, with positive results:

- A high percentage of mothers with substance abuse issues at enrollment were no longer using at discharge; and
- A high percentage of mothers with HIV/AIDS had their children living with them at discharge, suggesting attention to their own health care and parenting.

**Benefits to Kinship Caregivers**

During FY 2008, supplemental kinship care projects continued to support relative caregivers with children placed in their care due to HIV/AIDS or substance abuse. They provided services similar to those that biological mothers accessed through the comprehensive projects, but tailored to the unique needs of relative caregivers. Stabilizing the family and supporting the caregivers was a focus of their program activities.

**Implications for Projects**

The positive outcomes for families enrolled in AIA programs suggest that projects continue to provide coordinated support and services to address the multiple serious challenges faced by vulnerable mothers and children. Following are some additional implications of the findings.

**Services Recommended Based on FY 2008 Findings**

Due to significant findings showing an association between many intervention services of AIA projects and positive outcomes for children and families, continued availability of these interventions is warranted for mothers with substance abuse or HIV/AIDS issues and their children. Differences in the delivery and access of services were found for participants among mothers and children of different races or ethnicities. When services were needed, a lower percentage of Hispanic participants accessed many of the services offered by AIA projects, including psychotropic medication management, outpatient and residential drug treatment, child care, family planning, services to the biological father or the mother’s partner, transportation, residential treatment for women and children, child development and educational services for the child, infant development a screening and assessment, and case management. A higher percentage of black participants did not access needed substance abuse treatment and in-home services. Further study of barriers that influence the participation of Hispanic and black participants is recommended.

Improvement over time in income and employment suggest that interventions with an emphasis on employability, self-sufficiency skills, and education are beneficial. Additionally, supports for such basic needs as food and clothing, transportation, nutrition services, and child care enable mothers to focus on their recovery, health care, and employment needs.
An Individualized Approach to Service Delivery

Most AIA projects served diverse racial/ethnic populations and addressed challenges associated with substance abuse, HIV, and other risks for highly vulnerable mothers and children. Individualization in the way that services and supports are configured appears to be useful in addressing the co-occurring risks presented by many families served in FY 2008. AIA projects appear to be integrating services (such as permanency planning for HIV populations) with other comprehensive, coordinated services. The delivery of concurrent services suggests that this approach is appropriate for the population served. For sustainability and replication, clarifying service delivery models used by AIA projects would be beneficial to the field, particularly the following features:

- The planning and decision-making processes used to prioritize risks and interventions for individual families,
- The procedures for coordinating concurrent interventions, and
- The configuration of community partnerships to maintain a coordinated, systemic interagency response to the identified needs of this population.

Implications for Evaluation

AIA projects continue to evolve, adapting their interventions in response to changing circumstances of families and changing dynamics within communities. Examination of subsets of participants is recommended to understand the association between the challenges families face and the interventions that lead to improvement. Continued study of the co-occurrence of risks, the use and development of applicable assessment instruments, and the development of intervention models to address families’ challenges is warranted. It may be useful to supplement quantitative data with qualitative descriptions of families and interventions, e.g., brief case studies or vignettes that articulate issues families face, interventions that work, and outcomes that are achieved.
**APPENDIX**

**Comprehensive AIA Project Profiles**

**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).** Project 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.

**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.

**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.

**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.

**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.

**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.

**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).** Project 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.

**Supplemental AIA Project Profiles**

**Kinship Care Projects**

**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 project 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 ensuring 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 Projects**

**Camp Heartland (Milwaukee, WI).** Camp Heartland provides year-round support and recreational projects 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.