ABANDONED INFANTS ASSISTANCE PROGRAM

Cross-Site Evaluation Summary
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University of Missouri – Kansas City
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An Applied Research and Interdisciplinary Training Center for Human Services • Kansas City, Missouri

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Kathryn L. Fuger, Ph.D.
Michael B. Abel, M.A.
Dawana J. Stephens, B.A.
Waheeda Hossain, M.D., MPH
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The cross-site evaluation is enhanced through the perspectives, ideas, and meaningful contributions of our evaluation colleagues and other personnel associated with each AIA project. These talented individuals guide us in describing the work and addressing evaluation issues. We are inspired by their dedication and commitment to the children and families they serve.

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We value the lives of the children, mothers, and other family members who have been included in this study. We strive to accurately reflect their circumstances and their involvement with the AIA projects in this report. We also hope that the cross-site evaluation will contribute to a greater understanding of effective strategies to address the circumstances of families affected by HIV and substance abuse, thus resulting in improved outcomes for children and their families.

For more information, please contact:

University of Missouri – Kansas City Institute for Human Development
An Applied Research and Interdisciplinary Training Center for Human Services
215 West Pershing Road, 6th Floor, Kansas City, Missouri 64108
Phone: (816) 235-1770  TTY: (800) 452-1185  Fax: (816) 235-1762  www.ihd.umkc.edu

National Abandoned Infants Assistance Resource Center
University of California – Berkeley
1950 Addison Street, Suite 104 # 7402, Berkeley, CA 94720-7402
Phone: (510) 643-8390  Fax: (510) 643-7019  E-mail: aia@berkeley.edu  http://aia.berkeley.edu


**INTRODUCTION TO THE ABANDONED INFANTS ASSISTANCE (AIA) PROGRAM**

The effects of substance abuse and HIV infection during pregnancy resulting in infant abandonment posed significant challenges for hospitals beginning in the 1980s. Since then, programs have been developed and a number of solutions have been implemented to reduce lengthy infant hospital stays. For instance, new cases of perinatal transmission of AIDS in children have been reduced by 90% since 2001. However even with these interventions, challenges for ensuring the ongoing safety, permanency, and well-being of the infants at risk of abandonment still persist across the United States.

**Abandoned Infants Assistance (AIA) Act**

In 1988, Congress passed the AIA Act, which aimed to prevent the abandonment of infants and young children and to develop family support systems or alternative safe and stable child placements, if necessary. No single program model or service delivery system has emerged to provide pathways of change for all families in which children are at risk for abandonment; early intervention efforts to instill protective factors and prevent child maltreatment vary across populations and conditions. Today, funding from the AIA Act equips collaborative initiatives to better address the complex issues associated with infant abandonment and the impacts of HIV and substance abuse on young children.

**AIA 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 76 service demonstration projects to improve the lives of vulnerable children and families.
- The Children’s Bureau has administered the AIA Program, awarding grants in FY 2009 to the National AIA Resource Center and 16 AIA demonstration service projects located in 12 states and the District of Columbia.
- Each of these projects uses a model that delivers comprehensive services to families.
- AIA grantee organizations include hospitals, community-based child and family service agencies, universities, and public child welfare agencies.

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3 These include 6 newly funded and 10 continuing projects. AIA funding for 10 previously funded projects ended in FY 2008.
The 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 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 analyzed 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 2009 cross-site data collected from each of the 16 AIA-funded projects.
- Caution should be exercised in interpreting the reported findings, due to substantial differences in the interventions employed by the 16 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 Fiscal Year 2009

Overview of Comprehensive AIA Projects

Sixteen comprehensive AIA service demonstration projects were funded between September 30, 2008 to September 29, 2009 (FY 2009).

- All 16 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. FY 2009 was the first year of AIA funding for 6 of these projects.
- This sample of 836 families includes 123 families that began and terminated AIA services in FY 2009; 303 families that began AIA services in FY 2009, but had not yet terminated at the end of FY 2009; 145 families that began AIA services prior to FY 2009 and terminated in FY 2009; and 265 families that began AIA services prior to FY 2009 and had not yet terminated at the end of FY 2009.
- The total number of individuals served was estimated by the 16 projects. Approximately 3,731 constituents engaged with the AIA projects in some way during FY 2009. This estimate included 1,309 index children, 967 other children, 1,206 mothers, 184 fathers, and 65 other caregivers.

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4 Sample size represents a 6% increase over that of FY 2008.
Profile of Newly Enrolled Families in Fiscal Year 2009

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.5

Families at Program Entry

These findings describe the 367 mothers and 360 children who entered an AIA project during FY 2009. Together they represent 426 families from 16 AIA projects.

- Community-based social service and health agencies (25%), child welfare agencies (24%), medical providers and hospitals (22%), and treatment programs (11%). Eight percent were self-referred.
- Fifteen projects enrolled mothers in FY 2009, with an average new enrollment of 36 participants per project (doubling the average of new enrollments per project from FY 2008). Three percent of the women who enrolled in FY 2009 were readmissions.
- These are the placement arrangements for 312 index children in FY 2009:6 hospitalized (5%), living with the parent either at home (59%) or in residential treatment (6%), living with relatives (8%) or in formal kinship care (6%), living in foster care (9%), or living in another arrangement (7%). In addition, at the time of enrollment of 6 children whose mothers did not receive services in FY 2009, 5 were living with a biological parent and 1 was living with relatives.
- Two hundred ninety newly enrolled families had other children besides the index children. Approximately 68% of the 598 other children in the families received AIA services.

Biological Mothers at Enrollment

Initial Mother Profile. Information from 367 biological mothers contributes to this profile at enrollment:

- Maternal age ranged from 15 to 57 years, with a mean of 27 years.
- Of the mothers enrolled in FY 2009, 61% were white/Caucasian, 27% were black/African American, 9% were multiracial, and 3% were American Indian/Alaska Native.
- The 139 participants who considered themselves Hispanic identified their race as white (78%), multiracial (19%), or American Indian/Alaska native (4%).
- Spanish was the primary language in the home of 20% of the Hispanic participants.
- Most were single and never married (65%); 17% were married; 15% were separated, divorced, or widowed; and 3% reported marital status in the category of “other.”
- Fifty-five percent had completed high school or earned a GED.

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5 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.
6 This computation includes placement of 214 index children of mothers who enrolled in FY 2009, placement of 38 index children who were born in FY 2009 after their mothers enrolled, and 60 index children enrolled in FY 2009 whose mothers were not enrolled in FY 2009.
Overall, 79% had some monthly cash income. Of those, 11% had both employment earnings and non-employment income, 22% had employment earnings only, and 64% had non-employment income only. Twenty-four percent of these mothers had Temporary Assistance for Needy Families (TANF) benefits. The mean monthly income for those with employment earnings was $1,232, and the median was $1,000 (average monthly income in FY 2008 was $961).

Seventy-three percent of the mothers reportedly had non-cash income at the time of enrollment, including 72% with food stamps, 70% with Medicaid, 58% with Women, Infants and Children (WIC) benefits, and 19% with housing subsidies or public housing.

Most (75%) lived in a house or apartment (which they did not necessarily own), and 5% were in residential treatment at intake. Five percent were identified as homeless at the time of enrollment.

Twenty-nine percent lived with no other adults, 31% lived with their partner, 35% lived with parents or other relatives, 9% lived with non-relatives, and 17% had other living arrangements.

Enrolled women included 33% who were pregnant at intake, 5% who had recently delivered, and 62% who had not delivered within the past 30 days.

During the most recent pregnancy, 97% of 262 mothers accessed prenatal care (61% in first trimester, 26% in second trimester, 10% in third trimester, and <1% for an undetermined amount of time).

Maternal Risk Factors. These risk factors of the 367 newly enrolled women placed the women, children, and families at risk:

- A history of substance abuse for 64%;
- HIV-positive status or AIDS for 13%; and
- Each of the following risks exhibited by at least one-fourth of mothers: adult domestic violence victimization (41%), removal of a child from the home (24%), criminal conviction (32%), psychiatric illness (33%), sexual abuse as a child (24%), and physical abuse as a child (19%).

From FY 2008 to FY 2009, the prevalence of several risks for newly enrolled mothers was reduced. Much of this difference may be attributed to the eligibility criteria and intervention goals of the projects receiving AIA funding in FY 2009.

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7 More than one category could be selected.
8 Reduced percentages of mothers with these risk factors occurred from FY 2008 to FY 2009: substance abuse, HIV/AIDS, domestic violence, removal of a child from the home, sexual abuse, and physical abuse.
9 In FY 2009, 6 new projects received AIA funding, while funding continued for 10 of the 20 previously funded projects.
Co-Occurring Risks. Relationships among the nine risk factors shown in the above chart were examined for the 367 mothers who enrolled in AIA projects in FY 2009. Numerous risks co-occurred with substance abuse history, HIV/AIDS, and adult domestic violence.

- These percentages of 234 mothers who reported a history of substance abuse also experienced the following risk factors: adult domestic violence victimization (54%), criminal conviction (50%), psychiatric illness (42%), sexual abuse as a child (35%), probation or parole at enrollment (32%) a child removed from the home due to abuse or neglect (27%), physical abuse as a child (27%), and a history of selling drugs (26%).
- For the 48 mothers who were HIV-positive at Time 1, one or more of the following risks were identified: adult domestic violence victimization (48%), psychiatric illness (33%), history of substance abuse (28%) sexual abuse as a child (23%), a child removed from the home due to abuse or neglect (20%), physical abuse as a child (20%), criminal conviction (19%), probation or parole at enrollment (8%), history of selling drugs (4%), and prostitution by mother (4%).
- For the 151 mothers who reported a history of adult domestic violence victimization, one or more of these risks occurred: history of substance abuse (76%), psychiatric illness (52%), criminal conviction (50%), sexual abuse as a child (43%), physical abuse as a child (37%), a child removed from the home due to abuse or neglect (35%), history of selling drugs (29%), probation or parole at enrollment (28%), and history of prostitution (15%).
- Psychiatric illness co-occurred for 121 mothers with one or more of these risks: history of substance abuse (77%), adult domestic violence victimization (72%), sexual abuse as a child (51%), criminal conviction (48%), physical abuse as a child (42%), probation or parole at enrollment (32%), a child removed from the home due to abuse or neglect (37%), history of selling drugs (27%), and history of prostitution (14%).

Substance Use. Sixty-six percent (243) of the 367 women entering AIA projects had identified substance abuse issues, including 234 with a substance abuse history, 183 who used during pregnancy with the index child, and 60 who were using at the time of program entry. Of the women with any identified substance use 24% used 1 drug, 32% used 2 drugs, 21% used 3 drugs, 7% used 4 drugs, and 16% used 5 or more drugs during pregnancy. The preceding numbers exclude the 13 women who reported using only tobacco during their pregnancies.

- Of the 183 women with reported substance use during pregnancy (excluding tobacco use only), 60% used marijuana, 39% drank alcohol, 36% used cocaine (including 25% using crack cocaine and 23% using powdered cocaine), 33% used opiates, 20% used amphetamines, 20% used methadone, 12% used barbiturates, 2% used PCP, and 7% used some other drug. The most common combinations of drug usage were alcohol and marijuana (21%), alcohol and cocaine (19%), cocaine and marijuana (17%), marijuana and opiate (13%), opiate and methadone (13%), and opiate and cocaine. Eleven percent used cocaine, marijuana, and alcohol during pregnancy. Over Eighty-five percent of those who used alcohol also used at least one other drug (excluding tobacco) during pregnancy.
- One hundred two women reportedly smoked when pregnant with the index child, and 89% of those who smoked used from one to nine other substances (alcohol or other drugs), as well.
- Of the 256 women with substance abuse issues, 42% were known to have accessed treatment within the previous 6 months prior to program entry, and 24% were known to have accessed treatment earlier. Duration of treatment occurring prior to AIA program entry ranged from less than 1 month to 36 months, with an average of 4 months and 20 days.
These percentages of the 143 women who accessed treatment before enrolling in an AIA project used these methods: outpatient by 53%, self-help by 48%, residential by 39%, detoxification by 34%, and inpatient hospital-based by 14%.

These previous treatment completion rates were reported at enrollment: inpatient hospital-based treatment - 81%, detoxification - 67%, residential - 48%, and outpatient - 33%. Overall, 64% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.10

Index Children Newly Enrolled during Fiscal Year 2009

Initial Child Profile. These characteristics describe the 360 children enrolled in FY 2009:

- Ages of children ranged from newborn to 18 years, with a mean age of 27 months (median age of 8 months). Fifty-seven percent were infants under 1 year of age.
- Distribution by gender was nearly equal (51% males and 49% females).
- Children were identified as white/Caucasian (55%), black/African American (26%), multiracial (17%), or American Indian/Alaska Native (3%).
- Thirty-four percent of children were identified as Latino, with race of Hispanic children identified as white 65% of the time, compared to black 3%, multiracial 31%, and American Indian, Asian, or Pacific Islander 1% of the time.

Child Risk Factors. Some birth information was reported for 331 infants enrolled in FY 2009:

- Gestational age of 263 infants ranged from 25 to 43 weeks, for a mean of 37.7 weeks. The rate of preterm births (< 37 weeks) was 20%, greater than the national average of 12.1% for 2009.11
- Average birth weight was 2,955 grams for 211 infants enrolled in AIA projects. Reported birth weights ranged from 624 grams to 4,989 grams, with 21.8% at risk due to low birth weight and 5.7% at risk due to very low birth weight12 (compared to 8.2% and 1.5% national averages in 2009, respectively).13
- Infants spent a mean of 8.4 days in the hospital after birth, compared to a national average of 2.6 days.14 Nineteen percent of 256 infants stayed in the hospital beyond medical necessity, and did so for a mean of 5.6 days. The reason for the extended stay was Child Protective Services involvement 51% of the time, the mother’s inability or unwillingness to care for the infant 3% of the time, and unidentified 46% of the time.
- Twenty-four percent of 290 infants required special care at birth, and 4% had congenital abnormalities.
- Of 295 children with HIV birth data, 7% were reportedly exposed to the HIV virus at birth, which is 42% of the children enrolled in FY 2009 whose mothers were HIV-positive and one child whose mother was not HIV-positive. At the time of AIA enrollment, 2% of 315 children reportedly tested positive for the HIV virus.

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10 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.
12 Very low birth weight defined as < 1,500 grams; low birth weight defined as 1,500 - 2,499 grams
• Of the 187 newborns with toxicology reports, 39% tested positive for drugs. Of the 73 newborns with positive toxicology reports, the most commonly identified substances found were methadone (18%), marijuana (17%), crack cocaine (16%), opiates (10%), and amphetamines (3%).
• A child protective service case was active for 49% of the index children at Time 1.

Birth Outcomes for Infants of Mothers Served during Pregnancy. Some birth outcome information was reported for 60 of the 68 infants of mothers who were prenatally enrolled in the AIA project, with the following results:
• Mean gestational age of 38.2 weeks (preterm birth for 10%),
• Mean birth weight of 3,034 grams (low birth weight for 9% of births and very low birth weight for 6%),
• Special care needs for 29%,
• Congenital abnormalities for 6%,
• Immunizations current for 100% of the infants by the Time 1 assessment,
• Median of 3.0 days and mean of 7.5 days in the hospital,
• Median of 0 days and mean of 0.9 days in the hospital beyond medical necessity,
• No CPS involvement for 64% of families, and
• Forty-nine percent of the subset of 46 substance-exposed infants had a negative toxicology at birth.

Families that Completed Participation in Fiscal Year 2009

Biological Mothers

Length of Participation of Mothers. AIA projects provided Time 2 information for 262 participants in FY 2009.\textsuperscript{15} The length of time between Time 1 and Time 2 data collection points was available for 210 of the mothers; they participated in the AIA project an average of 11 months 16 days (range from 4 days to 5 years 3 months).

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 240 participants.
• AIA projects provided a number of direct services to mothers, including case management for 77% and each of the following services for at least one-half of mothers: in-home services, parenting classes, food and clothing donations, and transportation. Services were provided to support biological fathers or the mother’s partner for over one-third of AIA families by completion.\textsuperscript{16}

\footnotesize\textsuperscript{15} 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.

\footnotesize\textsuperscript{16} Sample size for the various types of services ranged from 151 to 240. Persons not needing a given service were excluded from the sample for that service.
AIA projects referred more than one-half of mothers for primary medical care including prenatal and postnatal care, family planning, psychotropic medication management, HIV services (including treatment, screening, education and prevention), financial and entitlement assistance, child care, legal support, and mental health counseling.  

Changes over Time in Sources of Income. A statistically significant increase occurred in the percentage of 175 mothers receiving TANF benefits for their children (from 33% at Time 1 to 42% at Time 2). Unlike FY 2008, the percentage of mothers with employment income did not increase significantly between Time 1 and Time 2 in FY 2009. Statistically significant percentage changes over time were also seen in housing subsidies for 182 families (from 15% to 22%); WIC benefits for 172 mothers (from 53% to 65%); and food stamps for 175 participants (from 69% to 78%). Mean monthly cash income from any source for 117 families showed statistically significant increases from $725 at Time 1 to $871 at Time 2.

Time 2 Information for Mothers. Projects provided information about the program status of 211 of the 262 participants at Time 2. Of these 211 participants, 41% completed the program, 19% withdrew, 5% relocated, 4% were non-compliant, 2% transferred to another agency, 1% was institutionalized, 18% left for other unspecified reasons, and 9% continued to receive additional program services. One mother (<1%) died in FY 2009 due to illness.

Results at Completion of Program by Mothers. For 222 of the 262 participants, projects assessed whether they completed their AIA program requirements by the time they were discharged. Of the 222 assessed, they determined that 86 participants (39%) successfully completed the program and 136 participants (61%) did not. These statistically significant differences in positive outcomes were associated with successful program completion:

- Mothers not using drugs or alcohol (for 95% of the mothers who fulfilled the AIA program requirements and 83% of those who did not);
- Placement of the index child with the biological parents (for 88% of mothers who successfully completed the AIA program, compared to 58% of mothers who did not);
- No active child protective services cases by the time of AIA program completion (for 82% of families in which mothers completed AIA programs successfully, compared to 63% of those who did not);
- Families that had cash income (94% of the time for mothers who successfully completed the AIA program, compared to 76% for mothers who did not);
- Mothers with employment earnings (42% of the time for mothers who successfully completed the AIA program, compared to 21% for mothers who did not); and
- Mothers living in a house or apartment by the time of discharge (for 79% of the mothers who fulfilled the AIA program requirements and 61% of those who did not).

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17 Sample size for the various types of services ranged from 87 to 201. Persons not needing services were excluded from the sample.
Index Children

Length of Child Participation. The length of time between Time 1 and Time 2 was documented for 214 of the 253 children who completed participation with AIA projects during FY 2009. The duration was nearly identical to that reported for mothers. Children spent an average of 11 months 9 days in AIA programs, with length of time ranging from 4 days to 5 years 6 months.

Child Services Received. Time 2 data for 253 children indicated the services they received from the AIA project and/or other agencies to which their family was referred.

- A majority of children received case management (76%), child development/education services (67%), and infant development assessment (60%) directly from the AIA projects.
- Children were most frequently referred by AIA projects to these types of services: health care (83%), HIV screening (79%), nutrition services (57%), legal advocacy (57%), child care (51%), and nurse visits (51%).

Time 2 Information for Children. The AIA program status was identified at Time 2 for 241 of the children: completion of program requirements (35%), unspecified reasons (18%), loss of contact (13%), caregivers’ withdrawal from the program (13%), relocation (4%), adoption (3%), referral or transfer to another program (1%), child death (1%), child institutionalization (<1%), 1 child was returned to a biological parent or relative not participating in the program (<1%), and continuation of services after data submission (10%). One of the three child deaths was due to congenital illness; the cause of death for the other two children was unknown.

Child Results at Program Completion. Projects determined whether successful completion of child-related components of the AIA program occurred; successful program completion occurred for 85 of 217 enrolled children (39%) and did not occur for 132 children (61%). Consistent with the findings for mothers’ Time 2 data, these statistically significant positive outcomes were seen:

- Ninety-three percent of the children with program requirements successfully completed were living at home with the biological parent, compared to 62% of the children when these requirements were not successfully completed; and
- Child protective service cases were active for only 13% of the children whose families successfully completed the child-related aspects of the program, compared to active cases for 37% of the children whose families did not complete these aspects of the program.

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18 AIA projects assessed whether children received services through the completion of the program independent of whether the biological mother completed the program.
19 Sample size for the various types of child services ranged from 69 to 213. Children not needing services were excluded from the sample.
20 AIA projects assessed whether children received services through the completion of the program independent of whether the biological mother completed the program.
21 Among the 85 children from 82 families, one mother was not enrolled in an AIA program.
Differences Associated with HIV/AIDS Status of Participants

Participant Characteristics. One hundred ninety-six mothers that received AIA services in FY 2009 were HIV-positive or had AIDS.22

- Of these, 85% were served by 3 projects, and the remaining 16% were spread across 8 other projects.
- These percentages of mothers with HIV/AIDS had a history of the following risk factors: domestic violence (54%), substance abuse (47%), psychiatric illness (48%), sexual abuse as a child (39%), physical abuse as a child (30%), criminal conviction (26%), removal of a child from the home (20%), and history of prostitution (5%).23
- Twenty-two percent of mothers with HIV had used drugs or alcohol during pregnancy.24
- Nearly all of the mothers with HIV/AIDS had cash income at intake (90%).25

Services Accessed. By Time 2, these services related to HIV/AIDS were accessed by most participants in this subset: HIV education and prevention (100%), HIV treatment (100%), HIV screening and assessment (100%), pre and post HIV test counseling (100%), legal/advocacy services (33%), and permanency planning (59%).26

Results at Program Completion. At program completion, 82% of the index children of 56 mothers with HIV/AIDS were living with a biological parent, 4% were in adoptive or pre-adoptive homes, and 14% had been placed in foster care or another arrangement. Seventy-nine percent of non-index children of mothers with HIV/AIDS were living with the biological parent at Time 2.

Child HIV Status. Of 103 infants exposed to HIV at birth, only 20 were identified as HIV-positive at intake, while the status was negative for 73 and unknown for 10 infants. Two infants who tested negative at birth tested HIV-positive at intake, one of whom was still positive at Time 2. Of the 20 children that were HIV-exposed at birth and HIV-positive at intake, only 3 were documented as HIV-positive by Time 2; 4 were negative, and the status of the other 13 children was unknown. Two children who were negative at birth and at Time 1 were positive at Time 2.

Differences Associated with Substance Abuse Issues of Participants

Participant Characteristics. Data were examined separately for the 537 mothers with identified substance abuse issues who received services in FY 2009, including 506 with a substance abuse history, 390 who used during pregnancy with the index child, and 136 who were using at the time of program entry. These characteristics differed at enrollment for the 537 substance-abusing and 137 non-substance-abusing mothers served in FY 2009:27

- Larger percentage who were pregnant or had recently delivered among the substance-abusing population than the non-substance-abusing population (40% vs. 19%);
- Higher rate of children removed from the home prior to enrollment (41% vs. 14%);
- Higher rate of domestic violence (59% vs. 42%);
- Higher rate of prostitution (14% vs. 3%);

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22 HIV/AIDS status was negative for 507 and unknown for 49 of the 752 mothers served in FY 2009.
23 The sample size for the individual participant characteristics ranged from 60 to 178.
24 Sample size is 125.
25 Sample size is 193.
26 Sample size for the various types of service ranged from 5 to 50. Persons not needing services were excluded from the sample.
27 Substance abuse issues were unknown at intake for 35 of the 831 mothers served in FY 2008. The sample size for the individual participant characteristics ranged from 495 to 529.
Lower incidence of HIV/AIDS (13% vs. 50%);
Higher rate of criminal conviction (46% vs. 8%) and probation/parole status (30% vs. 4%);
Lower rate of employment (24% vs. 30%);
Lower percentage with any cash income at enrollment (78% vs. 86%); and
Lower percentage of index children living at home with a biological parent (53% vs. 78%).

**Substance Abuse Treatment.** Between the time of enrollment and Time 2, 146 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 25 months, for a mean duration of 5 months 28 days.\(^{28}\)
- Outpatient treatment was accessed by the highest percentage of mothers (76%). Other forms included residential treatment (28%), self-help programs (9%), detoxification (6%), and other forms of treatment (5%).
- Of the 28 women who reported more than one type of treatment occurring since Time 1, the most commonly reported concurrent substance abuse treatment methods were residential with outpatient treatment (43%), detoxification with residential treatment (25%), and self-help with outpatient treatment (25%).
- These treatment completion rates were reported for mothers who accessed at least one type of treatment while enrolled in AIA projects: 44% for outpatient treatment, 35% for residential treatment, and 22% for detoxification. Altogether, 30% of the 146 women who accessed treatment were known to have completed at least one form of treatment during their AIA involvement.\(^{29}\)

**Other Accessed Services.** The highest percentages of participants with substance abuse issues accessed these other needed services: parenting classes and training (91%), mental health counseling and therapy (90%), recovery support (85%), family planning (84%), and legal/advocacy services (79%).\(^{30}\)

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\(^{28}\) Length of time in treatment was documented for 153 participants.

\(^{29}\) 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.

\(^{30}\) Sample size for the various types of service ranged from 104 to 137. For each type of service, the sample was limited to the participants identified as needing the given service.
Results at Completion. A number of positive outcomes were seen for the substance-abusing participants with information at program completion:

- Sixty-nine percent of the index children were living at home with the biological parents, 12% were living with relatives or in formal kinship foster care, 11% were placed in foster care, 3% were in pre-adoptive or adoptive homes, and 6% were in other living arrangements.31
- Sixty-one percent of non-index children were living with the biological parent at Time 2.
- Drug use at Time 2 was known for 135 of the participants who had substance abuse issues when they enrolled, and 84% were not using at Time 2.

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 836 families served during FY 2009, 30% were Hispanic (any race), 31% were non-Hispanic African-American (black), 29% were non-Hispanic Caucasian (white), and 5% were another race and non-Hispanic; the race and ethnicity were unreported for 5%.32 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 (32% of Hispanic, 0% of black, 0% of white participants);
- Percentage graduating from high school (42% of Hispanic, 58% of black, 62% of white participants);
- Percentage with cash income (87% of Hispanic, 86% of black, 71% of white households); and
- Percentage in which mother was only adult in the household (19% of Hispanic, 39% of black, 21% 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 29% of Hispanic, 24% of black, and 50% of white mothers;
- HIV+ status or AIDS in 16% of Hispanic, 66% of black, and 7% of white participants;
- History of criminal conviction for 38% of Hispanic, 29% of black, and 47% of white participants;
- Current probation/parole status for 24% of Hispanic, 16% of black, and 34% of white mothers;
- Substance abuse history for 78% of Hispanic, 56% of black, and 90% of white participants;
- History of psychiatric illness for 36% of Hispanic, 40% of black, and 54% of white participants;
- History of domestic violence for 62% of Hispanic, 40% of black, and 56% of white participants.

31 Sample size was 149 participants. Percentages do not add to 100 due to rounding.
32 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.
Differences in Substance Abuse and Treatment Prior to Enrollment. These differences in drug usage were seen for the three groups:

- Amphetamine use by 21% of Hispanic, 1% of black, and 11% of white participants;
- Cocaine use by 16% of Hispanic, 16% of black, and 23% of white participants;
- Opiate use by 20% of Hispanic, 3% of black, and 17% of white participants;
- Tobacco use by 37% of Hispanic, 33% of black, and 61% of white participants);
- Methadone use by 14% of Hispanic, 0% of black, and 13% of white participants;
- Percentage with treatment history prior to AIA enrollment (56% for Hispanic, 35% for black, and 71% for white participants); and
- Percentage accessing self-help treatment prior to AIA enrollment (31% for Hispanic, 17% for black, and 23% for white participants).

Differences in Program Services. Some statistically significant differences were seen in service delivery to the three racial/ethnic groups.

Groups differed in whether a needed service was accessed.\textsuperscript{33} Obstacles more frequently prevented Hispanic participants from accessing services, although no detail is provided concerning the barriers (e.g., whether the service was unavailable, whether the service did not meet the constraints of the participant’s situation, or whether the participant refused).

- Lower percentages of Hispanic participants than black or white participants accessed each of these needed services: child care for the parent, family planning, housing and rental assistance, financial and entitlement assistance, infant development screening and assessment, domestic violence services, permanency planning services, vocational/employment/training assistance, case management, and day care services for the child.
- Roughly half or more of those in each racial/ethnic group who needed substance abuse treatment accessed it, but the percentages differed: 64% of Hispanic, 48% of black, and 87% of white participants who needed treatment.
- Higher percentages of white participants than Hispanic or black participants accessed each of the following services that they needed: domestic violence services, psychotropic medication management, child care, financial/entitlement assistance, and permanency services.
- Higher percentages of black participants than Hispanic or white participants accessed needed HIV education and prevention and treatment services, housing and rental assistance, parenting training and support services, family planning services, and in-home services. Conversely, lower percentages of black participants than white or Hispanic participants accessed needed residential facility for women and children, outpatient drug treatment, and public health nurse visits.

\textsuperscript{33} For each type of service, the computations excluded the individuals for whom the service was not applicable.
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.34

- 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 black group was referred elsewhere for these services, compared to the Hispanic and white groups.
- Child development and education services were most frequently provided by the AIA project for the Hispanic and black groups. For the white group, the percentage receiving services from AIA projects and the percentage receiving services from other referred agencies were similar (45% and 37%, respectively).
- Roughly 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: peer counseling and residential facility for women with their children.
- 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, family planning services, outpatient drug treatment, psychotropic medication management, and HIV screening/assessment/treatment services.
- 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, child development/education services, in-home services, and infant massage.

34 For each type of service, the computations excluded the individuals for whom the service was not accessed or was not needed.


**Discussion and Implications**

**Program Goals**

The following goals have guided the AIA program since its inception:

- 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.

**Implications for Policy**

The FY 2009 Cross-Site Evaluation describes salient features of families in the AIA program, which include the risk factors that families experience and their strengths. The multi-faceted interventions implemented by AIA projects have produced valuable benefits for families. These benefits can inform social policy in positive ways.

**Risks and Protective Factors Experienced by Families**

Families enrolled in AIA projects in FY 2009 faced multiple challenges and co-occurring risk factors that place their children at risk of abandonment. In addition to having a diagnosis of HIV/AIDS or issues with substance abuse, mothers who enrolled in AIA programs often experienced domestic violence as adults and/or physical and sexual abuse as children. A mother’s criminal conviction or psychiatric illness frequently co-occurred with these other factors, as well. Over one-third of the children were not living with their biological mothers at program entry, and child protective services were active for nearly half of the children.

Differences in risks appeared in FY 2009, most likely attributable to changes from FY 2008 to FY 2009 in which projects received AIA funding. While the prevalence of several maternal risk factors decreased among those newly enrolled, selling drugs emerged as a risk that co-occurred with substance abuse, domestic violence, and psychiatric illness.

Effects of these risks were seen in birth outcomes; on average, infants had a higher rate of preterm births, lower birth weight, and longer hospital stays after birth than the national average. Almost one-fourth of the children required special care at birth, and more than one-third of the children with a toxicology screening at birth tested positive for drugs.

Despite these risks, numerous protective factors were also present – from programmatic supports, natural supports, and the family members themselves. For example, most mothers accessed prenatal care, lived in a house or apartment, had both cash and non-cash income, and qualified for Medicaid benefits. Building on these protective factors, AIA projects provided coordinated networks of care to strengthen the participating families and reduce the impact of the identified risks. AIA projects delivered comprehensive case
management and other needed services either directly or through referral to other agencies. Families’ participation in AIA projects opened the door to many benefits related to these interventions.

**Benefits for Children**

Numerous benefits for children resulted from services received by their families in FY 2009:

- AIA projects provided case management services for most children, coordinating efforts across child welfare agencies, health providers, treatment programs, courts, and other community organizations.
- AIA projects often provided child development and education services and infant developmental assessment, as well as child referrals to agencies for health care, HIV screening, nutrition, legal advocacy, child care, and nurse visitation services.
- Mothers’ successful completion of AIA program requirements was highly correlated with their children remaining in the home, which is a major goal of the AIA Act. AIA permanency planning services were often provided to establish stable, permanent environments and relationships for children when it was not possible for them to remain with their mother. These services often resulted in children being placed in alternative supportive settings (e.g., formal kinship care settings).
- Mothers’ successful completion of AIA program requirements was also associated with factors that affect their children’s stability, such as having cash income, employment earnings, 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 were exposed to HIV/AIDS at birth demonstrated good outcomes, with most HIV-exposed children remaining HIV-negative. Additionally, several that tested HIV-positive at birth were found to be HIV-negative by program completion.
- Infants of mothers who received services during pregnancy generally had positive birth outcomes (e.g., mean birth weight and gestational age within the normal range), and most infants spent no extra days in the hospital beyond medical necessity. About half of the prenatally substance-exposed infants whose mothers were enrolled during pregnancy had a negative toxicology report at birth.

**Benefits for Mothers**

Mothers in FY 2009 generally received coordinated case management services from the AIA projects to address the complex challenges placing their children at risk for abandonment. They frequently accessed in-home services, parenting classes, food and clothing donations, and transportation directly from AIA projects. The AIA projects often referred mothers to other agencies for primary medical care, prenatal and postnatal care, family planning, psychotropic medication management, HIV services, financial and entitlement assistance, child care, legal support and mental health counseling.

A number of positive outcomes seen for mothers who participated in AIA projects in FY 2009 suggest that the assistance they received benefited their families. These significant gains were seen over the duration of their participation:

- Increase in the amount of monthly cash,
- Higher percentage of women accessing housing subsidies,
- Higher percentage of mothers receiving WIC benefits, and
- Higher percentage of mothers receiving food stamps.

Successful completion of AIA program requirements is most notably associated with mothers not using drugs or alcohol and mothers having their children live with them. These factors contributing to family stability
were found to be statistically different for mothers who successfully completed an AIA program, compared to those who did not: no active child protective services cases, having monthly cash income, having employment earnings, and living in a house or apartment. The AIA projects provide opportunities for mothers with substance abuse or HIV/AIDS issues to address these specific risks, with positive results at program completion:

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

**Implications for Projects**

The positive outcomes for families participating in AIA programs suggest the effectiveness of coordinated supports and services to address their multiple challenges. Following are some additional implications related to the process of determining the supports families need, as well as the services they receive.

**Service Recommendations Based on FY 2009 Findings**

The positive outcomes for families served by AIA projects, especially when mothers and children completed the program, suggest that AIA interventions meet crucial needs for this population. AIA projects should bear in mind cultural and other influences on the family when individualizing the interventions and considering alternatives. For example, personnel should determine the reasons that lower percentages of Hispanic participants accessed many needed basic services and lower percentages of black participants accessed needed substance abuse treatment. Racial and ethnic differences may influence whether families receive services directly from AIA projects or from other community agencies through referral. Further study of barriers that affect the participation of Hispanic and black participants is particularly recommended.

Improvement over time in access to housing subsidies, WIC, and food stamps suggests that supports to meet basic subsistence needs are beneficial to AIA participants. Additionally, the statistically significant increase over time in cash income, particularly TANF, points to the benefit of interventions that help meet gaps while mothers focus on their recovery, health care, and preparation for employment.

**An Individualized Approach to Service Delivery**

AIA program personnel generally coordinate and individualize the configuration of supports to address the unique circumstances of enrolled families. This approach to intervention is useful in addressing racial, ethnic, and other cultural differences. It also allows care coordinators to plan comprehensively with community partners and natural support systems to best meet the specific needs of families. The central role of AIA projects in coordinating comprehensive services over time promotes the development of both trusting relationships and flexible intervention plans that support families when their circumstances change. Even
though no singular program model or service delivery system has surfaced to address all risks for child abandonment, continued refinement and clarification of these dynamic processes is beneficial to the field for the development of sustainable and replicable solutions. It is important to reflect on these aspects of the AIA project activities:

- Processes for prioritizing risks and making decisions with individual families,
- Processes for coordinating concurrent interventions, and
- Processes for establishing and maintaining a coordinated, systemic interagency response to the identified needs of this population.

**Implications for Evaluation**

During this year when the configuration of the AIA program changed due to allocation of funding to 6 new projects and 10 continuing projects, it is particularly important to collect accurate information about the participating families and the services delivered. Co-occurring risks and concurrent interventions add to the complexity of these portraits of AIA projects and the families they serve. Quotations and other qualitative information from personnel and participants would complement the statistical information to depict the issues that families face, the interventions that work, and the outcomes that are achieved. Furthermore, selection of a consistent rubric across projects for measuring a family’s engagement with the AIA project would assist the cross-site evaluation in determining the linkage between interventions and outcomes.

A hallmark of AIA projects is their capacity to develop collaborative partnerships and integrated service delivery systems. Thus, in addition to the current focus on the AIA participant as the unit of analysis, it would be useful to examine the project as the unit of analysis, measuring the nature and level of collaboration in its relationships with other organizations. Administration of a survey to the AIA Project Directors pertaining to their interagency partnership activities is recommended. Analysis of these survey results may serve as a first step in examining the roles of AIA projects in strengthening cross-systems collaboration to achieve the AIA program goals.
APPENDIX

Comprehensive AIA Project Profiles

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.

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). 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.

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

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 III (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.

FRESH Start (Holyoke, MA). 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). 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.

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.
Nuestras Familias (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.

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.

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