Abandoned Infants Assistance Program

Cross-Site Evaluation Summary
September 30, 2009 - September 29, 2010

UMKC-Institute for Human Development
An Applied Research & Interdisciplinary Training Center for Human Services • Kansas City, Missouri

Kathryn L. Fuger, Ph.D.
Michael B. Abel, M.A.
Dawana J. Stephens, B.A.
Waheeda Hossain, M.D., MPH

Prepared for the
National Abandoned Infants Assistance Resource Center
University of California-Berkeley Berkeley, California

Produced April 2012
Acknowledgements

Many contributed to the cross-site evaluation and this annual report. We are grateful for funding and support provided by the National Abandoned Infants Assistance (AIA) Resource Center at the University of California at Berkeley, as well as to their funder, the Children’s Bureau of the U.S. Department of Health and Human Services; we especially acknowledge the leadership of Patricia Campiglia. We value our longstanding working relationship and opportunity to collaborate with the National AIA Resource Center in this important work; we particularly appreciate the guidance of Jeanne Pietrzak.

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.

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 Sindhu Koppula, includes personnel who have contributed in many varied ways. The authors thank Sindhu Koppula, data for data assistance and Rachel K. Hiles for product design support.

We strive to accurately reflect the lives of mothers and children who participated in the AIA projects. We hope that the cross-site evaluation will contribute to a greater understanding of the services needed 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: aiarc@berkeley.edu  http://aia.berkeley.edu

The publication of this 2012 Cross-Site Evaluation Summary was made possible by Grant #90-CB-0158 from the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services. The contents are solely the responsibility of the authors and do not represent the official views or policies of the funding agency. Publication does not in any way constitute an endorsement by the Department of Health and Human Services. Neither do the points of view or opinions represent official positions of the Regents of the University of California or the University of Missouri-Kansas City.
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. 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. The AIA Act aimed to prevent the abandonment of infants and young children and develop family support systems or alternative safe and stable child placements, when necessary. 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. Numerous, varied early intervention approaches to instill protective factors and prevent child maltreatment have emerged to address the issues faced by families in which children are at risk for abandonment.1

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 94 service demonstration projects to improve the lives of vulnerable children and families.
- In FY 2010, the Children’s Bureau funded the National AIA Resource Center and 17 AIA demonstration service projects located in 12 states and the District of Columbia.
- These projects use a number of different models to deliver comprehensive services to families.
- Each of these projects has differences in their target population.
- AIA grantee organizations have included hospitals, community-based child and family service agencies, universities, and public child welfare agencies.
- 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 aim to build the capacity of families to provide safe, stable homes for their children, while also enhancing the capacity of foster care and other service providers to meet the complex needs of the children, when needed.

Cross-Site Evaluation

In 1996, AIA projects first submitted de-identified participant data to the National AIA Resource Center. The data were aggregated and analyzed to characterize 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 2010 cross-site data collected from each of the 17 AIA-funded projects.
- Caution should be exercised in interpreting the reported findings due to substantial differences in the interventions employed by the 17 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 2010

Overview of Comprehensive AIA Projects

Seventeen comprehensive AIA service demonstration projects were funded between September 30, 2009 and September 29, 2010 (FY 2010). See the Appendix for a list of these projects.

All 17 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 2010 was the first year of AIA funding for two of these projects.

During FY 2010, the 17 AIA projects served 911 families. The following sections of this report discuss specific subgroups of the families:

- The 590 mothers and the 555 index children that enrolled during FY 2010;\(^2\)
- The 171 mothers and 168 children with final information provided in FY 2010 prior to discharge;\(^3\)
- The 230 women served during FY 2010 who had been identified as HIV-positive or having AIDS; and
- The 561 women served in FY 2010 who had been identified as having substance abuse issues (i.e., substance abuse history, substance abuse at the time of program entry, or use during the most recent pregnancy).

Each AIA project also estimated the broader population that benefited from their program activities during FY 2010. Approximately 3,878 individuals engaged with the AIA projects in some way during FY 2010. This estimate included 1,298 index children, 1,003 other children, 1,149 mothers, 195 fathers, and 233 other caregivers.

---

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

\(^3\) Time 2 is designated as the most effective time for the AIA project to collect final information from participants prior to discharge from their program. Receipt of Time 2 data collected during FY 2010 is used as a proxy for participation having ended in FY 2010. In some instances, program participation may have continued beyond the collection of Time 2 data.
Profile of Newly Enrolled Families in Fiscal Year 2010

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.

Families at Program Entry

These findings describe the 590 mothers and 555 children who entered an AIA project during FY 2010. Together they represent 633 families from 17 AIA projects.

- The 555 index children enrolled in FY 2010 were living in these arrangements at their enrollment: with the parent either at home (58%) or in residential treatment (2%), with relatives (6%) or in formal kinship care (2%), in foster care (5%), hospitalized (2%), or in another arrangement (5%). Placement was unreported for 21% of the children.
- Three hundred eighty-two (48%) newly enrolled families had other children besides the index children. Approximately 50% of the 796 other children in the families received AIA services.
- Families were referred to the AIA project by hospitals (21%), public welfare agencies (19%), other community agencies (17%), treatment programs (9%), law enforcement or courts (4%), self-referral (16%), family or friends (2%), and other or unidentified entities (12%).

Biological Mothers at Enrollment

Initial Mother Profile. Information from 590 biological mothers contributes to this profile at entry:

- Maternal age ranged from 16 to 55 years, with a mean of 29 years.
- The race of the women enrolled in FY 2010 was white or Caucasian for 46%, black or African American for 31%, American Indian or Alaska Native for 2%, Asian for <1%, Native Hawaiian or Pacific Islander for < 1%, multiracial for 8%, and unknown for 12% of the women.
- Participants were given the opportunity to self-identify their nationality. One hundred seventy-one of the 590 women (29%) identified their nationality from countries in North America (15%), Central America (1%), the Caribbean/West Indies (3%), South America (<1%), Europe (4%), Asia (<1%), Africa (<1%), and from more than one region (6%).
- The 214 participants who considered themselves Hispanic identified their race as white (53%), multiracial (12%), American Indian/Alaska native (1%) and African American (1%), with data missing or unknown for 32%. Spanish was the primary language in the home of 24% of the Hispanic participants. The nationality was identified as Mexican or Mexican-American for 20% of Hispanic participants as well as countries in North America other than Mexico (3%), Central America (1%), the Caribbean/West Indies (8%), South America (1%), Europe (4%), from more than one region (3%), and unknown (60%).
- Most mothers were single and never married (66%); 13% were married; 13% were separated, divorced, or widowed; and the marital status of 8% was unknown or categorized as “other.”
- Fifty-four percent had completed high school or earned a GED.

---

4 Throughout this report, small variations in sample size are due to missing information on given variables. Percentages may not total 100% due to rounding computations.
5 As stated, a number of variations (e.g., in child placement, in time of delivery, and in program design) resulted in different sample sizes of mothers and children newly enrolled in FY 2010.
Overall, 410 (70%) had some monthly cash income. Of those, 10% had both employment earnings and non-employment income, 14% had employment earnings only, 65% had non-employment income only, and source was unknown for 11%. Twenty-eight percent of the 379 mothers with no employment earnings had income from Temporary Assistance for Needy Families (TANF) benefits. The mean monthly income was $1,085 for those with employment earnings and $584 for those with no employment earnings.

Sixty-seven percent of the mothers reportedly had non-cash income at the time of enrollment, including 63% with food stamps, 71% with Medicaid, 53% with Women, Infants and Children (WIC) benefits, and 20% with housing subsidies or public housing.

Most (77%) lived in a house or apartment, and 6% were in residential treatment at intake. Four percent were identified as homeless at the time of enrollment. The remaining 13% includes boarding house, single room occupancy hotel/motel (2%), supported living arrangement (3%), and incarcerated (2), other (2%) and data missing/unknown (3%).

Twenty-nine percent lived with no other adults, 26% lived with their partner, 28% lived with parents or other relatives, 7% lived with non-relatives, and 13% had other living arrangements.6 Of enrolled women, 20% were pregnant at intake, 4% had recently delivered, and 67% had not delivered within the past 30 days; the pregnancy status for 9% of mothers was not reported.

Information about prenatal care was available for 500 of the 590 newly enrolled women (85%). Prenatal care began in the first trimester for 67%, in the second trimester for 24%, and in the third trimester for 7% of the 500 mothers. Three percent received no prenatal care, and <1% received prenatal care for an undetermined amount of time.

**Maternal Risk Factors.** These known risk factors of the 590 newly enrolled women placed their families, their children, and the women themselves at risk:

- A history of substance abuse for 68%;
- HIV-positive status or AIDS for 25%; and
- Each of the following risks exhibited by at least 20% of mothers: adult domestic violence victimization (38%), psychiatric illness (31%), criminal conviction (30%), sexual abuse as a child (22%), removal of a child from the home (22%), and physical abuse as a child (20%).

Figure 1 displays the most common risk factors.

---

Figure 1. Initial Risk Factors Known to Be Present for Mothers Enrolling in FY 2010 (n=590)

---

6 More than one category could be selected.
Substance Use. Four hundred two (68%) of the 590 women entering AIA projects had identified substance abuse issues, including 372 with a substance abuse history, 270 who used during pregnancy with the index child, and 87 who were using at the time of program entry.

- Of the 270 women who used drugs during pregnancy with the index child, 23% used 1 drug, 29% used 2 drugs, 22% used 3 drugs, 15% used 4 drugs, and 11% used 5 or more drugs. The preceding numbers exclude the 19 women who reported using only tobacco during their pregnancies.
- One hundred fifty-nine women reportedly smoked when pregnant with the index child, and 88% of those who smoked used from one to nine other substances (alcohol or other drugs), as well.
- Of the 270 women with reported substance use during pregnancy (excluding tobacco use only), 54% used marijuana, 38% drank alcohol, 37% used cocaine (including 25% using crack cocaine and 23% using powdered cocaine), 27% used opiates (not including methadone), 18% used amphetamines, 20% used methadone, 9% used barbiturates, 3% used PCP, and 8% used some other drug. The most common combinations of drug usage were alcohol and marijuana (24%), cocaine and marijuana (20%), alcohol and cocaine (18%), methadone and other opiates (14%), opiate and cocaine (13%), and marijuana and opiate (11%). Thirteen percent used cocaine, marijuana, and alcohol during pregnancy. Eighty-six percent of those who used alcohol also used at least one other drug (excluding tobacco) during pregnancy.

Of the 421 women with substance abuse issues, 37% accessed treatment within the previous 6 months prior to program entry, and 21% accessed treatment earlier. Duration of treatment occurring prior to AIA program entry ranged from 1 month to 3 years, with an average of 4 months and 16 days.

- The 242 women who accessed treatment before enrolling in an AIA project used a range of these methods: detoxification (26%), residential (32%), outpatient (49%), inpatient hospital-based (8%), and self-help (40%).
- These previous treatment completion rates were reported at enrollment: detoxification (53%), residential (35%), outpatient (20%), and inpatient hospital-based treatment (15%). Overall, 35% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.7

Index Children Newly Enrolled during Fiscal Year 2010

Initial Child Profile. These characteristics describe the 555 children newly enrolled in FY 2010:

- Child age ranged from newborn to 17 years, with a mean of 29 months (median of 11 months).
- Fifty-one percent were male and 46% were female, with gender unknown for 3%.
- Children were identified as white/Caucasian (35%), black/African American (33%), American Indian/Alaska Native (1%), Asian (<1%), multiracial (15%), and of unknown race (15%).
- Forty-one percent of children were identified as Latino. The race of the 227 Hispanic children was identified as white (46%), black (1%), multiracial (23%), American Indian, Asian, or Pacific Islander (<1%), and unspecified (30%).

---

7 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 494 of the 555 infants enrolled in FY 2010:

- Gestational age of 443 infants ranged from 24 to 44 weeks, for a mean of 37.9 weeks (with gestational age unknown for 112 infants). The rate of preterm births (< 37 weeks) was 22%, which is greater than the national average of 12.0% for 2010.\(^8\)
- Average birth weight was 2,923 grams for 410 infants enrolled in AIA projects (with birth weight unknown for 145 infants). Reported birth weights ranged from 376 grams to 4,762 grams, with 24% at risk due to low birth weight and 3% at risk due to very low birth weight\(^9\) (compared to 8.2% and 1.5% national averages in 2010, respectively).\(^10\)
- Infants spent a mean of 9 days in the hospital after birth, compared to a national average of 2.6 days.\(^11\) Ten percent of 505 infants stayed in the hospital beyond medical necessity, and did so for a mean of 15 days. The reason for the extended stay was Child Protective Services involvement 27% of the time, the mother’s inability or unwillingness to care for the infant 3% of the time, and unidentified 70% of the time.
- Sixteen percent of the 555 infants were known to have required special care at birth, and 4% of them were known to have had congenital abnormalities.
- Of 494 children with HIV birth data, 26% were reportedly exposed to the HIV virus at birth, which is 84% of the children enrolled in FY 2010 whose mothers were HIV-positive and 3 additional children whose mothers’ HIV status were unknown. At the time of AIA enrollment, 5% of 398 children reportedly tested positive for the HIV virus.
- Fifty-nine percent of 555 newborns were tested for drugs at birth. According to available toxicology reports for 234 newborns, 44% tested positive for drugs. Of the 104 newborns with positive toxicology reports, the most commonly identified substances found were marijuana (32%), crack cocaine (31%), methadone (20%), amphetamines (15%), and opiates (9%).
- A child protective services case was active for 52% of the index children at Time 1.

**Birth Outcomes for Infants of Mothers Served during Pregnancy.** For 72 infants that enrolled during FY 2010, the mother was pregnant at enrollment in the AIA project. When comparing their birth information to the birth information of infants whose mothers did not enroll during pregnancy, no statistically significant differences were found.

---


\(^9\) Very low birth weight is defined as < 1,500 grams; low birth weight is defined as 1,500 - 2,499 grams.


Families that Completed Participation in Fiscal Year 2010

Biological Mothers

Length of Participation of Mothers. AIA projects provided Time 2 information for 171 participants in FY 2010.12 The length of time between Time 1 and Time 2 data collection points was available for 162 of the mothers; by Time 2 they had participated in the AIA project an average of 7 months 23 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 158 participants.

- AIA projects provided a number of direct services to mothers, including case management for 87% and each of the following services for at least 50% of mothers: in-home services, parenting classes, food and clothing donations, outpatient drug treatment, and transportation.13 Services were provided to support biological fathers or the mother’s partner for 30% of AIA families by completion.14
- AIA projects referred more than half of participating mothers to primary medical care, including prenatal and postnatal care.15

Changes over Time in Sources of Income. A number of statistically significant changes occurred between Time 1 and Time 2 in the sources of cash income and non-cash income benefits of participating mothers.16 The percentage of mothers with employment income increased from 28% to 37%, and the percentage receiving TANF benefits for their children increased from 29% to 32%. In contrast, there was a small but statistically significant decrease from 21% to 19% of mothers receiving income from spouse, family, or friends (which includes alimony and child support). Mean monthly cash income showed statistically significant increases from $688 at Time 1 to $798 at Time 2.17 Also, statistically significant increases over time were seen in the percentages of families receiving Medicaid, housing subsidies, WIC benefits, and food stamps. Figure 2 presents these findings.

![Figure 2. Changes over Time in Sources of Income during AIA Participation](image)

12 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.
13 Sample size for the various types of services ranged from 95 to 158. Persons not needing a given service were excluded from the sample for that service.
14 Sample size for services to support the biological father or the mother’s partner was 67.
15 Sample size was 118 for primary medical care, 65 for prenatal care, and 71 for postnatal care.
16 Sample sizes for the sources of income ranged from 93 to 103.
17 Cash income amounts were reported for 81 participants.
Time 2 Participation Status for Mothers. Projects provided information about the AIA program status of participants at Time 2. Of the 171 participants, 23% completed the program, 33% continued to receive additional program services, 11% withdrew, 3% relocated, 3% transferred to another agency, 10% left for other unspecified reasons, and 16% were unable to be located. Two mothers (1%) died in FY 2010.18

Time 2 Results for Mothers Based on AIA Program Participation. Time 2 results were compared for two groups of participants: (1) 95 mothers who either continued to receive AIA services at Time 2 or completed AIA program requirements, and (2) 76 mothers who prematurely discontinued participation in the AIA project without completion. Statistically significant differences were seen in the percentages of mothers in these two groups experiencing the following positive outcomes: living in a house or apartment, no other adults living in the household, no active CPS case, placement of the index child with the parent, and absence of alcohol and drug use. The percentage of women achieving each outcome was higher for those who actively remained in the AIA program to completion than for those who discontinued their involvement prematurely. Figure 3 presents the statistically significant differences associated with program participation at Time 2.

Index Children

Length of Participation of Child. The length of time between Time 1 and Time 2 was documented for 142 of the 168 children who completed participation with AIA projects during FY 2010.19 Logically, the duration was similar to that reported for mothers. Children spent an average of 6 months, 26 days in AIA programs, with length of time ranging from 2 days to 5 years, 3 months.

Child Services Received. Time 2 data for 168 children indicated the services they received from the AIA project and/or other agencies to which their family was referred.20

- A majority of children received case management (82%), infant development assessment (71%), and child development/education services (70%) directly from the AIA projects.
- Children were most frequently referred by AIA projects to community partners for these types of services: health care (56%), nutrition services (39%), and child care (36%).

---

18 Cause of death of one participant was illness, and cause of death was unknown for the other participant.
19 AIA projects assessed whether children received services through the completion of the program independent of whether the biological mother completed the program.
20 Sample size for the various types of child services ranged from 92 to 134. Children not needing services were excluded from the sample.
**Time 2 Participation Status for Children.** The following AIA program status was identified at Time 2 for 168 of the children: completion of program requirements (20%), continuation of services after data submission (35%), caregivers' withdrawal from the program (8%), loss of contact (16%), relocation (1%), referral or transfer to another program (11%), child death (1%), and discontinuation for unspecified reasons (8%). The cause of death for the two children was unknown.

**Time 2 Results for Children Based on AIA Program Participation.** Completed or continued participation was achieved for 92 of the 168 children (55%) at Time 2, while participation was prematurely discontinued for 76 children (45%), independent of whether the biological mother completed the program or not. Consistent with the findings for mothers, statistically significant positive outcomes were seen pertaining to the absence of child protective services by Time 2 and the placement of the child with the biological parent at Time 2. See Figure 4.

![Time 2 Participation Status for Children](image)

**Figure 4. Differences in Results Based on Child's AIA Program Participation at Time 2**

<table>
<thead>
<tr>
<th>Placement of Index Child with Biological Parent (n=39, 85)</th>
<th>Discontinued Participation</th>
<th>Completed or Continued Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>67%</td>
<td>93%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No Active Child Protective Services Case (n=29, 86)</th>
<th>Discontinued Participation</th>
<th>Completed or Continued Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>55%</td>
<td>83%</td>
<td></td>
</tr>
</tbody>
</table>

**Differences Associated with HIV/AIDS Status of Participants**

**Participant Characteristics**

Two hundred thirty of the 900 mothers who were served by AIA projects in FY 2010 were HIV-positive or had AIDS.\(^{21}\) Of these, 97% were served by five AIA projects, and the remaining 3% were dispersed among three other AIA projects.

The index child was typically living with the biological parent (84%); 6% were living with other relatives, 4% were in adoptive or pre-adoptive homes, 2% were in foster care, and 4% were in other or unknown placements. One hundred forty-eight women also had a total of 283 non-index children, including 230 who lived in the home.

Differences were seen in the incidence of HIV-positive status or AIDS among the AIA participants, based on race/ethnicity. The racial/ethnic composition of the HIV/AIDS population served by AIA projects was 23% Hispanic (any race), 70% non-Hispanic African-American (black), 6% non-Hispanic Caucasian (white), and 2% other or unreported race/ethnicity.

Most participants with HIV/AIDS had cash income at intake (83%), although 16% had no cash income and this information was unknown for 2%.

\(^{21}\) HIV/AIDS status was negative for 503 and unknown for 167 of the 900 mothers served in FY 2010.
Ten percent of mothers with HIV/AIDS had used drugs or alcohol during pregnancy, while 44% had not; it was unknown whether drugs or alcohol were used during pregnancy of 46% of the mothers with HIV. Mothers with HIV/AIDS had a history of the risk factors displayed in Figure 5.

![Figure 5. Risk Factors for Mothers with HIV/AIDS Status (n=230)](image)

**Services Accessed**

Only 24 women with an identified HIV-positive or AIDS diagnosis had completed Time 2 in FY 2010. By Time 2, the following services had been accessed by these percentages of the women with HIV/AIDS who needed them: case management (96%), medical care (94%), in-home services (91%), HIV treatment (90%), legal/advocacy services (80%), mental health counseling (75%), HIV education and prevention (74%), parenting classes (73%), HIV screening and assessment (70%), financial/entitlement assistance (69%), pre- and post-HIV test counseling (67%), housing assistance (60%), and permanency planning (55%), adult education assistance (50%).

**Child Placement at Time 2**

According to Time 2 child placement information for mothers with HIV-positive status or AIDS:

- Sixteen of 17 index children lived at home with the biological parent (82% without CPS involvement and 12% with CPS involvement), and one child lived in a foster care home (placement unknown for 7 children).
- Twelve of the women also had a total of 29 non-index children. Eighteen non-index children lived in the homes of 8 biological parents.

**Child HIV Status**

Due to medical advances, only 29 of 138 infants exposed to HIV at birth were identified as HIV-positive at intake, while the status was negative for 93 and unknown for 16 infants. One infant who tested negative at birth tested HIV-positive at intake, but since the child had not completed the program in FY 2010, status at Time 2 was unknown. Of the 29 children that were HIV-exposed at birth and HIV-positive at intake, only 4 were documented as HIV-positive by Time 2; 4 were negative, and the status of the other 21 children was unknown. Two children who tested negative at birth and at Time 1 tested positive at Time 2.

---

22 Sample size for the various types of service ranged from 3 to 19. Persons not needing a given service were excluded from the sample for that service. Only the services reported as being needed by at least 12 of the 24 women are listed.

23 Sample with information about HIV exposure is 824 children.
Differences Associated with Substance Abuse

Participant Characteristics

Initial information about substance abuse was available for 700 of the 900 women served by AIA projects in FY 2010; of these, 561 (80%) were initially identified with substance abuse issues. This group included 535 mothers with a substance abuse history, 404 who used during pregnancy with the index child, and 132 who were using at the time of program entry. In a comparison of the 561 women with substance abuse issues and the 139 women without identified substance abuse issues at enrollment, the following statistically significant differences were found:

- A lower percentage of substance users had any cash income at enrollment (73% vs. 84%);
- A higher percentage of substance users entered while pregnant or shortly after delivery (37% vs. 14%);
- A lower percentage of substance users had index children living with a biological parent (76% vs. 88%);
- Substance users had a higher rate of children removed from the home prior to enrollment (30% vs. 12%);
- A higher percentage of substance users had a history of psychiatric illness (45% vs. 16%);
- Substance users had a higher rate of prostitution (16% vs. 2%); and
- Substance users had higher rates of criminal conviction (46% vs. 6%) and probation/parole status (28% vs. 3%).

Racial/Ethnic Differences in Substance Abuse

The racial/ethnic composition of the substance-abusing population served by AIA projects was 38% Hispanic (any race), 22% non-Hispanic African-American (black), 35% non-Hispanic Caucasian (white), and 5% other or unreported race/ethnicity. When examining the drug usage of substance-abusing participants from the three most prevalent racial/ethnic groups, statistically significant differences were seen in their usage of 7 specific drugs and tobacco:

- Marijuana use by 30% of Hispanic, 32% of black, and 39% of white participants;
- Opiate use by 26% of Hispanic, 5% of black, and 31% of white participants;
- Methadone use by 19% of Hispanic, 1% of black, and 22% of white participants;
- Amphetamine use by 19% of Hispanic, 4% of black, and 18% of white participants;
- Barbiturate use by 5% of Hispanic, 1% of black, and 17% of white participants;
- Crack cocaine use by 13% of Hispanic, 33% of black, and 25% of white participants; and
- Tobacco use by 39% of Hispanic, 57% of black, and 56% of white participants.

---

24 The sample size for the individual participant characteristics ranged from 552 to 675.
25 The sample size for usage of the individual drugs ranged from 418-445.
Co-Occurring Risks

Relationships among the nine risk factors documented at intake were examined for the 561 mothers served by AIA projects in FY 2010. Figure 4 displays risks co-occurring with substance abuse problems.

![Figure 4. Risk Factors for Mothers with Substance Abuse Issues (n=561)]

Drug Usage and Substance Abuse Treatment by Time 2

The sample of 171 women with Time 2 data submissions in FY 2010 includes 131 women with substance abuse issues. Substance abuse problems were known at the enrollment of 124 women and were discovered during the AIA program participation of 7 women. It was determined that 52% of the 131 women were not using drugs at Time 2, while 18% were known to be using drugs at that time. The drug usage of 30% was unknown.

Eighty participants (61%) were known to have accessed treatment during AIA program participation, while 8% had not. Access to treatment for the remaining 31% during their AIA participation was unknown.

- The length of time in treatment ranged from less than 1 month to 24 months, with a mean duration of 6 months.\(^{26}\)
- Outpatient treatment was accessed by the highest percentage of the 80 mothers (76%). Other forms included self-help programs (43%), residential treatment (33%), detoxification (18%), hospital-based (5%), and other unspecified treatment options (8%).
- Of the 44 women who reported more than one type of treatment occurring since Time 1, the most commonly reported concurrent substance abuse treatment methods were outpatient with self-help (61%), residential with outpatient treatment (36%), residential treatment with self-help (39%), detoxification with residential treatment (16%), and outpatient treatment with detoxification (11%).
- The following treatment completion rates were reported for mothers who accessed at least one type of treatment while enrolled in AIA projects: 41% for outpatient treatment, 71% for residential treatment, 50% for detoxification, 50% for hospital-based, and 50% for other unspecified treatment options. Altogether, 42% of the women who accessed treatment were known to have completed at least one form of treatment during their AIA involvement.\(^{27}\)

\(^{26}\) Length of time in treatment was documented for 64 participants.

\(^{27}\) Since many forms of self-help treatment do not focus on completion, self-help is excluded from the analysis of completion rates. In this instance, 1 of the 80 participants who accessed treatment was excluded due to self-help being the only form of treatment.
Other Accessed Services

By Time 2, the highest percentages of participants with substance abuse issues accessed these other needed services: case management (97%), parenting classes and training (89%), in-home services (83%), medical care (79%), transportation (76%), recovery support (62%), food and clothing donations (71%), peer counseling (67%), mental health counseling (62%), financial services (68%), legal/advocacy services (63%), and housing or rental assistance (62%).

Child Placement at Time 2

Time 2 information about the placement of their children was provided for over 100 of the 131 participants with substance abuse problems. Findings include:

- Index child placement information was available for 101 of the participants with substance abuse issues. The index child was living with the biological parent at home 82% of the time and living with the parent in residential treatment 4% of the time. Seven percent of the index children were living with relatives or in formal kinship foster care, 3% were placed in foster care, 2% were hospitalized, and 2% were in other living arrangements.
- Both Time 1 and Time 2 information was available about the placement of the non-index children in the families of 107 mothers. For 18 mothers, 28 of the non-index children who did not live with them at intake were living with them at Time 2. For 11 mothers, 18 children who lived with them at intake were no longer living with them. The number of other children living in the home was unchanged for the remaining 78 mothers.

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.

---

28 Sample size for the various types of service ranged from 36 to 120. For each type of service, the sample was limited to the participants identified as needing the given service.

29 The placement of the index child was unknown for 30 of the 131 mothers.
Implications for Policy

This report summarizes characteristics of participants in the AIA program, including both risk factors and strengths of the families. While the interventions employed by AIA projects varied greatly, services to address issues posed by HIV/AIDS and substance abuse, as well as other co-occurring risks, resulted in a number of positive outcomes that have relevance for social policy.

Benefits for Children

Accessing Child-Related Services. Children benefited directly and indirectly from numerous services their families received in FY 2010:

- AIA projects provided case management for most children, coordinating efforts across child welfare agencies, health providers, treatment programs, courts, and other organizations.
- A large majority of AIA projects provided child development and education services and infant development assessment directly to the families. In addition, many facilitated child referrals to agencies for health care, nutrition services, and child care.

Positive Outcomes for Children. Mothers who successfully continued or completed program objectives in the AIA project had statistically better outcomes than those who discontinued without success, particularly with regard to having their children remain in the home and having no active child protective services case. This suggests that the availability of capable professionals to provide the child development and assessment services and organizations for referral are critical components of a comprehensive intervention that is responsive to individual needs. These services, in turn, give the parents the capacity to better address their children’s needs on a day-to-day basis.

Alternatives for Children. Additionally, when other placement options and the involvement of child protective services are needed to ensure the children’s well-being, the availability of such alternatives is critical. The roles of AIA program personnel and the relationships that they build with families often give them a vantage point to determine best placement options.

Benefits for Mothers

Accessing Parent Services. In FY 2010, AIA projects provided coordinated case management and avenues for families to access an array of individualized services.

- Mothers often accessed in-home services, parenting classes, food and clothing donations, outpatient drug treatment, and transportation directly from the AIA projects.
- Mothers typically received referrals from AIA projects to other agencies for primary medical care and prenatal and postnatal care.
- Increases in the percentages of women accessing TANF, Medicaid, housing subsidies, WIC, and food stamps during their participation in AIA programs point to the benefit of interventions that help meet basic subsistence needs while mothers focus on their recovery, health care, and preparation for employment.
- A statistically significant increase in mean cash income over time and the increased percentage of women with employment income over time are promising findings pointing toward long-term stability.
Positive Outcomes for Mothers and Families. Mothers’ success in continuing or completing their AIA program objectives was also associated with factors that affected their children’s stability.

- This success was most notably associated with higher percentages of mothers having their children live with them and higher percentages of mothers not using drugs or alcohol, when compared to those who discontinued without achieving the program objectives.
- Other differences associated with successful participation in the AIA project include living in a house or apartment, having no other adults live in the household, and having no active child protective services case.

Alternatives for Parents. Policies that preserve access to coordinated, supportive services continue to reap benefits in the form of stabilized families. Case management, general services that help families meet basic needs, specialized services that address serious risk factors, and educational and employment services that foster long-term stability are all vital components of a comprehensive approach to provide protection, permanency, care, and support for young children at risk of abandonment. AIA projects rely on systemic opportunities to coordinate with other organizations and to help families access such stabilizing services.

Implications for Practice

Characteristics of families enrolled in AIA projects point to standards of practice for building relationships with families, coordinating and delivering services, and strengthening participants’ self-efficacy in making positive changes for themselves and their children. Following are additional implications based on FY 2010 findings, which may assist in determining practices and strategies that promote improvements for families.

Risks and Protective Factors Experienced by Families

Parent Risks. As in previous years, AIA participants in FY 2010 faced serious problems related to substance abuse and/or a diagnosis of HIV/AIDS. Many also experienced domestic violence as adults and/or physical and sexual abuse as children. A mother’s criminal conviction or psychiatric illness frequently compounded the other risks. Based on the severity of these challenges, over 20% of children were not living with their biological mothers at program entry, and child protective services were active for half of the children.

Child Risks. Effects of these risks were seen in the birth outcomes of infants enrolled in FY 2010. On average, infants had a higher rate of preterm births, lower birth weight, and longer hospital stays after birth than the national averages. High incidence of positive drug tests, HIV exposure, and special health care needs at birth also accompanied other risks.

Protective Factors. Without underestimating the seriousness of such risks, it is important to also note the strengths and protective factors present in participating families. Indications of these strengths include mothers’ residence in a house or apartment, access to both cash and non-cash income, participation in prenatal care, and eligibility for Medicaid and other public benefits. Other potential protective factors to assess and strengthen, when possible, are the availability of program supports, a network of family and friends, resourcefulness and coping skills of participants, and the disposition and resilience of children, with the intent of enriching the family and promoting good outcomes.
Professional Practice Recommendations Based on FY 2010 Findings

From the descriptions of the participating families, it can be inferred that finely tuned professional skills, not only packages of services, are necessary to effectively engage with them. Best practices for implementing AIA interventions with this population are needed. Many phrases in human services suggest qualities of professional practice that are needed. For example, trauma-informed, strengths-based, family-centered, and individualized refer to skills for active listening, engaging participants, building trust and rapport, being responsive to change and individual differences, and helping individuals prioritize and make decisions. Skills are also needed for imbedding the intervention in family systems and service systems and the community at large. The presenting characteristics of AIA participants also imply the need for intensive and ongoing reflective supervision and support for frontline personnel involved with the families.

Implications for Evaluation

Grantees with AIA funding this year include 13 continuing grantees, 2 new grantees, and 2 returning grantees that were funded prior to FY 2009. FY 2010 begins a 3-year period in which most or all of the grantees will continue to receive AIA funding for their communities. This is an opportune time to collect detailed data describing 3 years of service to their selected populations, to determine the similarities and differences across projects, and to grasp the contexts of their interventions.

Strategies are underway to focus on the desired outcomes for children specified in the AIA legislation. Data collection for FY 2013 will pilot additional instruments to capture more accurate information from project personnel regarding their professional judgment of the following: child safety, child permanence, child well-being. A survey to assess protective factors for the child and family will be introduced to Project Directors and Evaluators for possible piloting in the AIA projects. Furthermore, it is recommended that efforts continue in the selection or development of consistent rubrics across projects for measuring a participant’s engagement with the AIA project and successful completion of the program. These efforts will enhance the ability of the cross-site evaluation to determine the degree to which children and families are accessing and benefiting from the interventions implemented by the AIA projects.

Additional cross-site data collection at the program level is recommended to supplement the participant-focused evaluation. Measurement of interagency collaboration, professional training, organizational infrastructure, and contextual factors in a community would assist in defining the roles and the “reach” of AIA projects within their communities and in determining the necessary elements for a systemic approach.

Renewed efforts to supplement statistical information with descriptive qualitative information from personnel and participants would enhance the cross-site evaluation. Greater understanding is needed about the practices used to engage and motivate participants, to foster creative decision-making, and to build participants' self-efficacy and competency. As a supplement to the individual grantee evaluation reports, the cross-site evaluation could explore commonalities across projects and program models in describing these professional practices to promote positive change in participants.
Appendix

AIA Project Profiles – FY 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**TIES (Kansas City, MO).** TIES is a comprehensive, interagency home-based program serving substance-abusing mothers prenatally and postpartum with their infants and other family members.