Fiscal Year 2007: 
October 1, 2006 – September 30, 2007

Abandoned Infants Assistance Program 
CROSS-SITE EVALUATION REPORT SUMMARY

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In addition, the collaboration we have experienced with personnel from each of the AIA projects and evaluation partners has assisted us in describing the work they do and addressing the evaluation issues pertaining to the cross-site evaluation. Their insights have enhanced this work and inspired us. We are privileged to work with so many talented individuals who believe in this work and the importance of evaluating it collectively.

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

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

- Statistical Consultation and Support – Waheeda Hossain
- Product Development – Jodi Arnold
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It is the hope of the evaluation team that this report will contribute to a greater understanding of the issues presented by the families participating in AIA projects and effective strategies to address them.
INTRODUCTION TO THE ABANDONED INFANTS ASSISTANCE (AIA) PROGRAM

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

Abandoned Infants Assistance (AIA) Act

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

AIA Projects

Since passage of the AIA Act in 1988:

- Over 70 demonstration projects and the National Resource Center have received DHHS funding, thereby having far-reaching effects on the lives of children and families.
- The Children’s Bureau administers the AIA Program, funding 26 AIA demonstration service projects located in 19 states and the District of Columbia during FY 2007.
- The projects funded during FY 2007 consisted of 20 comprehensive model projects, 4 family support projects for relative caregivers, 2 therapeutic recreation projects for children affected by HIV/AIDS, and the National AIA Resource Center.
- AIA grantee organizations are hospitals, community-based child and family service agencies, universities, and public child welfare agencies.
- They are charged with the development of approaches to prevent child abandonment, with particular emphasis on addressing the effects of HIV/AIDS and drug exposure on infants and children. They are to build the capacity of families to provide safe, stable homes for their children, while also enhancing the capacity of foster care and other service providers to meet the complex needs of the children, when needed.
Cross-Site Evaluation

In 1996, AIA projects began to submit de-identified descriptive participant data to paint a collective picture of 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 2007 cross-site data collected from each of the 20 currently funded comprehensive model projects, and briefly describes the 4 currently funded family support projects for relative caregivers and the 2 currently funded therapeutic recreation projects.
- Caution should be exercised in interpreting the reported findings, due to differences in both interventions employed and populations served by the projects. Projects also varied in the extent of participation in the cross-site evaluation, and mothers varied in degree of program engagement.
- Despite these limitations, it is hoped that this report will provide descriptive information about the families served, the interventions designed to support them, some indicators of the success of AIA projects, and some recommendations based on the findings.

**COMPREHENSIVE AIA PROJECTS IN FISCAL YEAR 2007**

Overview of Comprehensive AIA Projects

Twenty comprehensive AIA service demonstration projects were funded between October 1, 2006 and September 30, 2007 (FY 2007).

- All 20 projects reported participant-centered cross-site data describing the enrolled biological mothers and designated “index children” (typically the youngest child in the family), as well as the program activities and services.
- This sample of 899 families includes 84 families that began and terminated AIA services in FY 2007; 390 families that began AIA services in FY 2007, but had not yet terminated at the end of FY 2007; 261 families that began AIA services prior to FY 2007 and terminated in FY 2007; and 164 families that began AIA services prior to FY 2007 and had not yet terminated at the end of FY 2007.
- The total number of individuals served by their projects was estimated for all 20 sites. Together over 4,566 constituents engaged with their projects in some way during FY 2007. This estimate included 1,256 mothers, 2,734 children, 257 fathers, and 319 other caregivers.

Profile of Newly Enrolled Families in Fiscal Year 2007

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 395 mothers and 419 children who entered an AIA projects during FY 2007. Together they represent 474 families from 19 projects.

- Child welfare agencies (26%), health and public health providers (16%), treatment programs (16%), courts or correctional institutions (7%), other community agencies (20%), and self-referrals (10%) most frequently referred mothers to AIA projects.
- On average, 20 mothers per project were enrolled during FY 2007, with 5% being readmissions.
- These are the placement arrangements for the index children at the time that their mothers were enrolled: not yet born (21%), hospitalized (6%), living with the parent either at home (46%) or in residential treatment (6%), living with relatives (3%) or in formal kinship care (12%), living in foster care (5%), or living in another arrangement (1%).
- Other children were present in 68% of the families. Approximately 396 of the 560 other children in these families were served by AIA projects.

Biological Mothers at Enrollment

Initial Mother Profile. Information from 395 biological mothers contributes to this profile at enrollment:

- Maternal age ranged from 15 to 48 years, with a mean of 27 years.
- There were 63% Caucasian, 26% African American, 8% multiracial, and 3% American Indian.
- The 137 participants who considered themselves Hispanic identified their race as white (64%), multiracial (21%), unknown/unidentified (12%), and black or African American (3%).
- Spanish was the primary language in the home of 50% of the Hispanic participants. Four others in the total sample spoke a primary language other than English or Spanish.
- Most were single and never married (68%); 15% were separated, divorced, or widowed; 13% were married; and 2% reported marital status in the category of “other.”
- Forty-eight percent had completed high school or earned a GED.
- Overall, 75% had some monthly cash income. Of those, 35% had employment earnings and 78% had non-employment income, including TANF for 38% of mothers. The mean monthly income for those with employment earnings was $1,185.
- The non-cash income of 79% of mothers included Medicaid for 66%, food stamps for 59%, WIC for 55%, and housing subsidies or public housing for 17% of mothers.
- Most (72%) lived in a house or apartment (which they did not necessarily own).
- Eighteen percent lived with no other adults, 32% lived with their partner, 34% lived with parents or other relatives, 14% lived with non-relatives, and 20% had other living arrangements.¹
- During the most recent pregnancy, 91% of 363 mothers accessed prenatal care (50% in first trimester, 25% in second trimester, 11% in third trimester, and 5% for an undetermined amount of time).
- Twenty-three percent of mothers were pregnant at intake, while 17% had recently delivered and 60% had not delivered within the past 30 days.

¹More than one category could be selected.
Maternal Risk Factors. These risk factors of the 395 newly enrolled women placed the women, children, and families at risk:

- A history of substance abuse for 81%;
- HIV-positive status or AIDS for 16%; and
- Each of the following risks exhibited by at least one-fourth of mothers: adult domestic violence victimization (47%), removal of a child from the home (44%), criminal conviction (39%), physical abuse as a child (34%), sexual abuse as a child (32%), and psychiatric illness (32%).

Co-Occurring Risks. Relationships among the nine risk factors shown in the above chart were examined for the 395 mothers who enrolled in AIA projects in FY 2007. Numerous risks co-occurred with substance abuse history, HIV/AIDS, and adult domestic violence.

- These percentages of the 319 mothers who reported a history of substance abuse also experienced the following risk factors: a child removed from the home due to abuse or neglect (52%), physical abuse as a child (52%), adult domestic violence victimization (51%), criminal conviction (47%), sexual abuse as a child (35%), or psychiatric illness (34%).
- For the 54 mothers who were HIV-positive at Time 1, one or more of the following risks were identified: a history of adult domestic violence victimization (50%), a history of psychiatric illness (43%), a history of substance abuse (35%), physical abuse as a child (31%), or sexual abuse as a child (28%).
- For the 186 mothers who reported a history of adult domestic violence victimization, one or more of these risks occurred: a child removed from the home due to abuse or neglect (54%), criminal conviction (50%), physical abuse as a child (49%), sexual abuse as a child (47%), or psychiatric illness (43%).

Substance Use. Eighty-four percent (331) of the 395 women entering AIA projects had identified substance abuse issues, including 319 with a substance abuse history, 235 who used during pregnancy with the index child, and 61 who were using at the time of program entry.

- Of the 235 women with reported substance use during pregnancy (excluding tobacco use only), 47% used marijuana, 38% used cocaine (including 27% using crack cocaine and 15% using powdered cocaine), 30% drank alcohol, 24% used amphetamines, 21% used opiates, 13% used methadone, 4% used barbiturates, 4% used PCP, and 4% used some other drug. The most common combinations of drug usage were alcohol and marijuana (17%), cocaine and marijuana (17%), alcohol and cocaine (13%), and amphetamine and marijuana (11%). Nine percent used cocaine, marijuana, and alcohol during pregnancy. Almost half (49%) reported using at least two drugs (or alcohol and one drug) during pregnancy. Eighty percent of those who used alcohol also used at least one other drug during pregnancy.
• One hundred forty-eight women reportedly smoked when pregnant with the index child, and 88% of those who smoked used from one to six other substances (alcohol or other drugs), as well.
• Of the 331 women with substance abuse issues, 50% were known to have accessed treatment within the previous 6 months prior to program entry, and 16% were known to have accessed treatment earlier. Duration of treatment occurring prior to AIA program entry averaged 5 months.
• These percentages of the 218 women who accessed treatment before enrolling in an AIA project used these methods: outpatient by 52%, self-help by 42%, residential by 33%, detoxification by 17%, and inpatient hospital-based by 4%.
• These previous treatment completion rates were reported at enrollment: detoxification - 51%, residential - 47%, inpatient hospital-based treatment - 20%, outpatient - 18%, and self-help treatment - 14%. Overall, 35% of women who had accessed treatment prior to AIA enrollment had completed at least some form of treatment.

Index Children Newly Enrolled during Fiscal Year 2007

Initial Child Profile. These characteristics describe the 419 children enrolled in FY 2007:
• Ages of children ranged from newborn to 14.6 years, with a mean age of 15 months (median age of 5 months). Two-thirds (67%) were infants under 1 year of age.
• Distribution by gender was greater for males (56% boys and 44% girls).
• Children were identified as Caucasian (47%), African American (41%), and Native American, Asian, or multiracial (12%).
• Thirty-three percent of children were identified as Latino, with race of Hispanic children identified as white 71% of the time, compared to black 8% and multiracial 21% of the time.

Child Risk Factors. Some birth information was reported for 419 infants enrolled in FY 2007:
• Gestational age of 338 infants ranged from 24 to 42 weeks, for a mean of 37.9 weeks. The rate of preterm births (< 37 weeks) was 25%, more than double the national average of 12.8% for 2006.²
• Average birth weight was 2,900 grams for 341 infants, compared to a national average of 3,298 grams.³ Reported birth weights ranged from 417 grams to 4,536 grams, with 22% at risk due to low birth weight and 4% at risk due to very low birth weight⁴ (compared to 6.5% and 1.1% national averages in 2006, respectively).⁵

⁴ Very low birth weight defined as < 1,500 grams; low birth weight defined as 1,500 - 2,499 grams
• Infants spent a mean of 8.0 days in the hospital after birth, compared to a national average of 2.6 days.\(^6\) Nineteen percent stayed in the hospital beyond medical necessity, and did so for a mean of 7.8 days. The reason for the extended stay was Child Protective Services involvement 75% of the time, the mother’s inability or unwillingness to care for the infant 2% of the time, and unidentified 23% of the time.
• Eighteen percent required some special care at birth, and 4% had congenital abnormalities.
• Of 377 children with HIV birth data, 14% were reportedly exposed to the HIV virus at birth, which is 18% of the children enrolled in FY 2007 whose mothers were HIV-positive. At the time of their program enrollment, 2% of 372 children reportedly tested positive for the HIV virus.
• Of the 298 newborns with toxicology reports, 49% tested positive for drugs. Of the 147 newborns with positive toxicology reports, the most commonly identified substances found were crack cocaine (38%), marijuana (31%), amphetamines (21%), methadone (16%), and opiates (15%).
• A child protective service case was active for 63% of the index children at Time 1.

**Birth Outcomes for Infants of Mothers Served during Pregnancy.** Some birth outcome information was reported for 43 of the 82 infants of mothers who were prenatally enrolled in the AIA project, with the following results:

• Mean gestational age of 38.5 weeks (preterm birth for 19%),
• Mean birth weight of 3,029 grams (very low birth weight for 5% and moderately low birth weight for 14%),
• Special care needs for 10%,
• Congenital abnormalities for 7%,
• Immunizations current for 91% by Time 1 for infant,
• Median of 2 days and mean of 4.9 days in the hospital,
• Median of 0 days and mean of .2 days beyond medical necessity, and
• No CPS involvement for 75% of families.

Eighty-nine percent of the subset of 36 substance-exposed infants had a negative toxicology at birth.

**Families that Completed Participation in Fiscal Year 2007**

**Biological Mothers**

**Length of Participation of Mothers.** AIA projects provided Time 2 information for a total of 315 participants.\(^7\) The length of time between the Time 1 and Time 2 data collection points was available for 275 of the mothers who completed participation with AIA projects in FY 2007. They participated an average of 10 months 16 days (range from 2 days to 3 years 2 months).

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\(^7\) Time 1 occurred during the person’s initial enrollment in the program. This window extended for a short period of time after intake, to aid in the determination of client engagement and the collection of initial data. Duration of this Time 1 data collection window was typically 1 to 2 months. Time 2 occurred at a program-defined time prior to termination or discharge from the program. In determining Time 2, programs were to consider what point in time prior to termination would render the most reliable data for the largest percentage of families.
**Services Received by Mothers.** Time 2 data also documented the services delivered to the participants by the project and by other agencies to which they were referred.8

- AIA projects provided a number of direct services to mothers, including case management for 82% and each of the following services for at least 40% of mothers: parenting classes, in-home services, transportation, HIV education prevention, and recovery support.
- AIA projects referred more than 40% of mothers for each of these services: primary medical care, prenatal care, postnatal care, and financial and entitlement assistance.

**Changes over Time in Sources of Income.** The percentage of mothers with income from employment increased significantly from 19% to 36% between Time 1 and Time 2. Percentages of participants with these sources of income also increased: TANF (34% to 41%) and SSI (from 5% to 9%). Statistically significant increases in the percentage of mothers with food stamps (from 61% to 69%) and the percentage of mothers with housing subsidies (from 18% to 32%) occurred from Time 1 to Time 2. Mean monthly cash income from all sources also showed statistically significant increases – from $610 at Time 1 to $795 at Time 2.

**Termination Information for Mothers.** Information about participants’ status at Time 2 was available for 273 of the 315 participants who terminated. Of these, 43% completed the program, 17% lost contact, 15% withdrew, 8% were non-compliant, 4% relocated, 2% were transferred to another agency, <1% were institutionalized, <1% died, 3% left for other reasons, and 7% continued to receive additional services with the program. The cause of death was determined to be illness for 3 mothers and was unknown for one other mother who died.

**Results at Completion of Program by Mothers.** For 253 of the 315 participants, projects assessed whether they completed their AIA program requirements by the time they were discharged. They determined that 118 participants (47%) successfully completed the program and 135 participants (53%) did not. These statistically significant positive outcomes were associated with families at program completion:

- Placement of the index child with the biological parents (89% of the time for mothers who successfully completed the AIA program, compared to 62% for mothers who did not);
- No active child protective services cases by the time of AIA program completion (for 78% of the families in which mothers completed AIA programs successfully, compared to 48% of those who did not).
- Mothers living in a house or apartment by the time of discharge (for 87% of the mothers who fulfilled the AIA program requirements and 74% of those who did not).
- Employments earnings (for 48% of mothers who completed AIA programs successfully, compared to 23% of those who did not).

**Index Children**

**Length of Child Participation.** The length of time between Time 1 and Time 2 was documented for 251 of the children who completed participation with AIA projects during FY 2007. The duration was similar to that reported for mothers. Children spent an average of 10 months 5 days in AIA programs, with length of time ranging from 2 days to 3 years 2 months.

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8 Sample size for the various types of service ranged from 198 to 255.
Child Services Received. Time 2 data for 312 children indicate the services they received from the AIA project and/or other agencies to which their family was referred.9

- A majority of children received case management (67%), developmental screening and assessment (63%), and child development/education services (52%) directly from the AIA projects.
- Children were most frequently referred by AIA projects to these types of services: health care (84%), child care (40%), nutrition services (38%), and legal advocacy (36%).

Child Termination Information. The reason for termination from the AIA project was identified for 271 of the children: completion of program requirements (40%), loss of contact (18%), caregivers’ withdrawal from the program (11%), unspecified reasons (8%), relocation (4%), adoption (1%), change in child placement (1%), child death (1%), referral or transfer to another program (1%), institutionalization of the child (<1%), and continuation of services after data submission (15%). Two children died, and the reasons for their deaths were unspecified or unknown.

Child Results at Program Completion. Projects assessed the completion of child components of their AIA program for 227 of the families. They determined that 107 families with enrolled children (including families in which the mother was not enrolled) (47%) successfully completed the child components, and 120 families (53%) did not. Consistent with the findings for mothers’ Time 2 data, these statistically significant positive outcomes were seen:

- When program requirements were successfully completed, the child was living with the biological parent 93% of the time, compared to 67% for the families in which the program was not successfully completed.
- Child protective service cases were active for only 20% of the families with successful child program completion, compared to active cases for 48% of the families that did not complete these aspects of the program.

Differences Associated with HIV/AIDS Status of Participants

Participant Characteristics. One hundred thirty-two mothers that received AIA services in FY 2007 were HIV-positive or had AIDS.10

- Of these, 77% were served by 4 projects, and the remaining 23% were spread across 8 other projects.
- These percentages of mothers with HIV/AIDS had a history of each of the following risk factors: domestic violence (65%), psychiatric illness (60%), sexual abuse as a child (47%), substance abuse (46%), physical abuse as a child (44%), criminal conviction (25%), removal of a child from the home (23%), and history of prostitution (12%).11
- Twenty-two percent of mothers with HIV had used drugs or alcohol during pregnancy.12
- Nearly all of the mothers with HIV/AIDS had cash income at intake (92%).13

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9 Sample size for the various types of child services ranged from 207 to 264.
10 HIV/AIDS status was negative for 480 and unknown for 138 of the 750 mothers served in FY 2007.
11 The sample size for the individual participant characteristics ranged from 85 to 122.
12 Sample size is 121.
Services Accessed. By Time 2, these services related to HIV/AIDS were accessed by most participants in this subset: HIV treatment (94%), HIV education and prevention (90%), HIV screening and assessment (73%), pastoral care (72%), permanency planning (69%), transportation (69%), and legal/advocacy (64%).

Results at Program Completion. At program completion, 85% of the index children of 34 mothers with HIV/AIDS were living with a biological parent, 9% were living with other relatives, and 6% had been placed in foster care. Eighty-one percent of non-index children were living with the biological parent at Time 2.

Child HIV Status. Of 118 infants exposed to HIV at birth, only 18 were identified as HIV-positive at intake, while the status was negative for 89 and unknown for 11 infants. Three other infants that tested negative at birth tested HIV-positive at intake. Of the 21 children that were HIV-positive at intake, only 3 were documented as HIV-positive by Time 2 (all positive since birth exposure); four were negative, and the status of the other 14 children was unknown.

Differences Associated with Substance Abuse Issues of Participants

Participant Characteristics. Data were examined separately for the 592 mothers with identified substance abuse issues who received services in FY 2007, including 570 with a substance abuse history, 445 who used during pregnancy with the index child, and 125 who were using at the time of program entry. These characteristics differed at enrollment for the 592 substance-abusing and 84 non-substance-abusing mothers served in FY 2007.:

- Larger percentage who were pregnant or had recently delivered among the substance-abusing population than the non-substance-abusing population (42% vs. 29%);
- Higher rate of children removed from the home prior to enrollment (53% vs. 13%);
- Higher rate of domestic violence (58% vs. 43%);
- Higher rate of prostitution (16% vs. 1%);
- Lower incidence of HIV/AIDS (12% vs. 66%);
- Higher rate of criminal conviction (49% vs. 7%) and probation/parole status (28% vs. 0%);
- Lower rate of employment (25% vs. 36%); and
- Lower percentage with any cash income at enrollment (74% vs. 90%).

Substance Abuse Treatment. Between the time of enrollment and Time 2, 179 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 24 months, for a mean duration of 7 months 7 days.
- Outpatient treatment and self-help programs were drug treatment methods accessed by the highest percentages of mothers (81% and 46%, respectively). Other forms included residential treatment (21%), detoxification (11%), and other forms of treatment (2%).
- The most commonly reported concurrent substance abuse treatment methods were self-help with outpatient treatment (40%), self-help with residential treatment (17%), and residential with outpatient treatment (16%).

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13 Sample size is 126.
14 Sample size for the various types of service ranged from 25 to 31.
15 Substance abuse issues were unknown at intake for 74 of the 750 mothers served in FY 2007. The sample size for the individual participant characteristics ranged from 563 to 648.
16 Length of time in treatment was documented for 146 participants.
• These treatment completion rates were reported for mothers who accessed at least one type of treatment while enrolled in AIA projects: 98% for outpatient, 81% for residential, 76% for self-help treatment, and 60% for detoxification. Altogether, 37% of the 179 women who accessed treatment were known to have completed at least one form of treatment during their AIA involvement.

Other Accessed Services. These additional services related to substance abuse were accessed by the highest percentages of participants with substance abuse issues: recovery support (81%), mental health counseling and therapy (70%), and family planning (70%).

Results at Completion. A number of positive outcomes were seen for the substance-abusing participants with information at program completion:
• Seventy percent of the index children were living with the biological parents, 13% were living with relatives or in formal kinship foster care, and 9% had been placed in foster care.
• Forty-three percent of non-index children were living with the biological parent at Time 2.
• Drug use at Time 2 was known for 159 of the participants who had substance abuse issues when they enrolled, and 87% were not using at Time 2.

Racial/Ethnic Differences in Characteristics and Services

This year the characteristics of participants and AIA services were examined by racial/ethnic categories to determine patterns of risk and needs for support. Of the 899 families served during FY 2007, 27% were Hispanic (any race), 35% were non-Hispanic African-American (black), 30% were non-Hispanic Caucasian (white), 3% were another race and non-Hispanic, and the race and ethnicity were unreported for 6%. 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 programs 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 (46% of Hispanic, 0% of black, < 1% of white participants);
• Percentage graduating from high school (33% of Hispanic, 59% of black, 61% of white participants);
• Percentage with cash income (82% of Hispanic, 83% of black, 66% of white households); and
• Percentage in which mother was only adult in the household (16% of Hispanic, 33% of black, 14% of white households).

Risk Factors. These statistically significant differences in risk factors were seen when comparing these three racial/ethnic groups of AIA participants:
• Children removed from the homes of 35% of Hispanic, 44% of black, and 56% of white mothers;
• Incidence of prostitution in 5% of Hispanic, 18% of black, and 19% of white populations;
• HIV+ status or AIDS in 24% of Hispanic, 41% of black, and 5% of white participants;
• History of criminal conviction for 33% of Hispanic, 38% of black, and 55% of white participants;

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17 Sample size for the various types of service ranged from 151 to 172.
18 Sample size was 189 participants.
19 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.
• Current probation/parole status for 15% of Hispanic, 16% of black, and 40% of white mothers; and
• Substance abuse history for 76% of Hispanic, 87% of black, and 97% of white participants.

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

- Amphetamine use by 30% of Hispanic, 6% of black, and 20% of white participants;
- Cocaine use by 25% of Hispanic, 40% of black, and 41% of white participants;
- Marijuana use by 29% of Hispanic, 43% of black, and 41% of white participants;
- Opiate use by 14% of Hispanic, 6% of black, and 22% of white participants;
- Tobacco use by 30% of Hispanic, 52% of black, and 63% of white participants;
- Percentage with treatment history prior to AIA enrollment (51% for Hispanic, 44% for black, and 27% for white participants); and
- Percentage accessing self-help treatment prior to AIA enrollment (58% for Hispanic, 27% for black, and 33% 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.\(^{20}\) 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).

- Higher percentages of persons in the Hispanic group did not access each of these needed services: child care; postnatal care and family planning; psychotropic medication management; outpatient and residential drug treatment; recovery support services; residential facility for women and children; infant development screening and assessment; public health nurse visits for the child; HIV screening/assessment and HIV services/treatment; permanency planning services; legal advocacy for the child; and family planning.
- More than half of those in each racial/ethnic group that needed substance abuse treatment accessed it, but the percentages differed: 68% of Hispanic, 75% of black, and 95% of white participants that needed treatment.
- Higher percentages of both the Hispanic and the black group were recorded as needing these services which they did not access: domestic violence services and pre/post HIV test counseling.
- Higher percentages of Hispanic and white group participants were considered in need of educational services and public health nurse visits that they did not receive.
- Higher percentages of the black group did not access legal services that they needed, and higher percentages of the white group did not access needed job training.

In addition, the racial/ethnic groups differed in whether they accessed the service directly from the AIA program or from another community agency to which they were referred.\(^{21}\)

- Higher percentages of the Hispanic group were referred to another community agency for these services, while higher percentages of black and white groups accessed these services directly from the AIA program: child care, domestic violence services, family planning, and respite care.

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\(^{20}\) For each type of service, the computations excluded the individuals for whom the service was not applicable.

\(^{21}\) For each type of service, the computations excluded the individuals for whom the service was not accessed or was not needed.
The reverse was true for legal services and permanency planning services, with higher percentages of the Hispanic group receiving these services directly from the AIA program, while higher percentages of the black group and the white group were referred to other agencies.

Higher percentages of both the Hispanic and black group were referred for these services, while higher percentages of the white group received these services from the AIA program: services to access education, job training, financial entitlements, and housing; HIV screening and assessment and pre/post HIV test counseling; and outpatient and residential drug treatment.

SUPPLEMENTAL AIA PROGRAMS

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

Kinship Care Projects

Four kinship care projects served relative caregivers of children whose parents were unable to care for them due to HIV or substance abuse, with goals of maintaining family stability, improving care of the children, and preventing unnecessary entry of children into the foster care system. Interventions include support groups, family and individual therapy, permanency planning, case management, legal services, and parenting education.

Therapeutic Recreation Projects

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

DISCUSSION AND IMPLICATIONS

Program Goals

Goals of the AIA program since its inception have been to:

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

Implications for Policy

The Cross-Site Evaluation for FY 2007 documents the multiple risks experienced by families served through the AIA program. AIA projects and their networks of support through referral provided a breadth of services to strengthen the enrolled families.
Risks Experienced by Families

As found in previous years, the mothers, children, and families served by AIA projects experienced severe, multiple challenges and risks. Single interventions generally are insufficient to address the unmet family needs for support. Coordinated, systemic networks of care are needed to stabilize the families and build protective factors for the families and the children.

Benefits to Children

The findings from FY 2007 confirm numerous benefits for children whose families participate in AIA programming:

- A collaborative team of child welfare agencies, health providers, treatment programs, courts, and various community organizations participate with AIA projects in planning, referring families, and providing services. The case management role filled by AIA projects is pivotal for ensuring coordinated care that attends to the best interests of the children.
- AIA projects often provide developmental screening and assessment, child development/education services, health care, child care, nutrition services, and legal advocacy for the enrolled children.
- A significant association is seen between mothers successfully completing AIA program requirements and children remaining in their home, a major goal of the AIA Act. When necessary, placement of children in alternative supportive settings (e.g., formal kinship care settings) through AIA permanency planning services also contributes to an otherwise unmet need for stable, permanent environments and relationships for children.
- Mothers’ successful completion of AIA program requirements is associated with their having employment, living in a house or apartment, and having no active child protective services cases. These factors contribute to stability for their children.
- New treatments continue to show good outcomes for infants exposed to HIV/AIDS at birth, with most exposed children remaining HIV-negative.
- As mothers address their substance abuse issues through treatment, counseling, and recovery support, they improve their capacity to parent their children.
- This year’s data support the practice of enrolling mothers prenatally. Positive birth outcomes were seen (e.g., mean birth weight and gestational age in normal range), and most infants spent no days in the hospital beyond medical necessity. A large percentage of prenatally substance-exposed infants whose mothers were enrolled prenatally had negative toxicology at birth.
- Co-occurrence of such risk factors as domestic violence and substance abuse serve as a reminder that the short-term gains for vulnerable infants and children served by AIA projects may diminish without continuation of support.

Benefits to Mothers

In FY 2007, participating mothers generally received coordinated case management from the AIA projects to address their complex circumstances. They frequently accessed parenting classes, in-home services, transportation, HIV education prevention, recovery support, health care, and help to access financial assistance and entitlements.
Numerous positive outcomes for mothers who participated in AIA projects in FY 2007 suggest that the supports provided are beneficial to both the mothers and their children, as shown by these significant improvements during the time of their participation:

- Increased income;
- Higher percentage of women with employment earnings, TANF, SSI, and food stamps; and
- Higher percentage accessing housing subsidies.

Mothers’ successful completion of AIA program requirements is also associated with their having employment, living in a house or apartment, and having no active child protective services cases. These factors contribute to stability for their children.

The AIA projects provide opportunities for mothers with substance abuse or HIV/AIDS issues to address these specific risks, with positive results:

- A high percentage of those with known substance abuse issues at enrollment no longer using at discharge from the AIA project; and
- A high percentage of mothers with HIV/AIDS still having their children placed with them at discharge, which suggests their attention to their own health care and their parenting.

**Benefits to Kinship Caregivers**

During FY 2007, supplemental kinship care projects continued to support relative caregivers with children placed in their care due to HIV or substance abuse. They provided services similar to those that biological mothers accessed through the comprehensive projects, but tailored to the unique needs of relative caregivers. Stabilizing the family and supporting the caregivers was a focus of their program activities.

**Implications for Projects**

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

**Services Recommended Based on FY 2007 Findings**

Many of the core services of AIA projects have continued to demonstrate positive outcomes, and their continued availability is recommended. A higher percentage of Hispanic participants than other participants did not access a host of services for both mothers and children that were deemed necessary. Among these were child care, infant screening and assessment, public health nurse visits, and legal services, drug treatment, adult health care, and family planning. Further study of the barriers to accessing these services is recommended.

Gains in income and employment suggest that interventions focusing on employability, self-sufficiency skills, and education are important. Additionally, access to high quality child care meets the needs of both working mothers and their children.
An Individualized Approach to Service Delivery

In previous years AIA projects tended to cluster into categories based on types of service delivery models and populations served. The findings in FY 2007 show most AIA projects serving diverse racial/ethnic populations and addressing challenges associated with substance abuse, HIV, and other risk factors. Permanency planning services and HIV populations were integrated into many AIA projects, rather than being served by projects that focused primarily on this issue. This speaks to an individualized family planning model that addresses the needs presented by the eligible participating family. Co-occurring risks of the families served in FY 2007 and the delivery of concurrent services suggest that this approach is appropriate for the population to be served. Clarification of the service delivery models used by AIA projects would be beneficial to the field for sustainability and replication, particularly the following features:

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

Implications for Evaluation

The interventions, constituents, and outcomes of AIA projects continue to evolve as changing circumstances for families and communities occur. Because of these variations, analysis of findings for subsets of the population served is recommended. Continued examination of the co-occurrence of risks and the models of intervention to address these risks is warranted.
APPENDIX

Comprehensive AIA Project Profiles

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

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

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

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

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

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

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

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

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

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

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

Mission Inn (Grand Rapids, MI).  Serves infants and young children who have been or are affected by substance abuse or HIV/AIDS. Services include, but are not limited to: case coordination, substance abuse treatment, home-based infant mental health services, developmental assessments, and training and education.
New Start for Infants (Denver, CO). A consortium of family-serving organizations provides early intervention system of care for families and infants who enter out-of-home placements. Services focus on substance abuse, mental health, education, developmental disabilities, and health care.

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

Oklahoma Infants Assistance Program (Oklahoma, OK). Service provider to families of children prenatally exposed to controlled substances or HIV/AIDS. In-home comprehensive services, case management, and transportation are provided.

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

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

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

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

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

Supplemental AIA Project Profiles

Kinship Care Projects

Project Promise (New York). Project Promise offers intensive, family-based interventions to support newlycreated families which develop when a relative caregiver begins to care for the children of a parent incapacitated by HIV or substance abuse. The project employs a number of family centered services such as workshops and individual counseling. Family Pride is a multi-family intervention geared toward improving communication and conflict resolution skills using structured tasks, including role-plays, cooperative games, art projects, team building, a camping trip, and a reflective “fishbowl” exercise. Four elements that have contributed to the success of Family Pride are 1) cooperative tasks for parent/caregivers and children build trust, 2) confidence, and interpersonal negotiation skills, observing other families over a 10 week period, 3) active reflection on lessons learned through the interventions, and 4) adults and children learning emotion scripts that are rational, benevolent, and sensitive to others’ needs.

Other services provided for families to improve their physical and emotional health, reduce stress, and promote mutual support. A support group is offered that teaches gentle yoga, meditation, relaxation, and breathing techniques for caregivers. A knitting and support group provides an activity and around which parents and caregivers can share about topics related to their situations. A women’s support group is offered.
that culminates in a weekend retreat. Groups for teens are also provided to focus on issues of safety, health, awareness, and responsibility.

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

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

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

Therapeutic Recreation Projects

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

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