



REPORT ON ACYF EFFORTS  
TO HELP HEAD START  
PROGRAMS ADDRESS THE  
SELF-SUFFICIENCY NEEDS OF  
THEIR FAMILIES

Head Start Bureau

Administration on Children,  
Youth and Families

Administration for  
Children and Families

U.S. Department of Health  
and Human **Services**

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# SURVEY OF HEAD START FAMILY SELF-SUFFICIENCY INITIATIVES

## REPORT ON **ACYF** EFFORTS TO HELP HEAD START PROGRAMS ADDRESS THE SELF-SUFFICIENCY NEEDS OF THEIR FAMILIES

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# INTRODUCTION

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From an 8-week summer program launched in 1965 to help break the cycle of poverty, Head Start has evolved into a comprehensive child development and family support program that is well established in hundreds of communities across the United States. Since its inception, Head Start programs—which are administered locally by community-based, nonprofit organizations (**NPOs**); universities; and school systems—have served more than 12.5 million children and their families in urban and rural areas in all 50 States, the District of Columbia, and the U.S. Territories.

During its first 25 years Head Start focused on its role as a comprehensive child development program, its potential contribution to school readiness, the need to establish standards of quality preschool programming, and the relevance of providing parents with services they need to build a better life for their children. However, the exacerbating problem of poverty among Head Start families results in families experiencing the direct physical consequences of deprivation, the indirect consequences of severe stress on family relationships, and the lingering stigma of having a depreciated status in society (Schorr, 1988). Consequently, it has become imperative for programs like Head Start to invest substantially in strategies to promote family **self-sufficiency**. Self-sufficiency services can help families achieve economic independence, and include literacy, vocational and job training, and services to confront the obstacles (such as substance abuse) that threaten one's ability to be **self-sufficient**.

For the 25th anniversary of Head Start, the Silver **Ribbon** Panel of the National Head Start Association issued a report which recommended that Head Start expand its original focus in the 1990's (Lombardi, 1990). The panel called for actions and strategies to expand family support services targeted to address such issues as substance abuse, literacy, homelessness, and employability while recommending a more systematic approach to the demonstration, research, and dissemination of promising practices.

At the same time, Head Start appeared again at the forefront of the national agenda as one of the most popular domestic initiatives (Besharov, 1992) and as the most appropriate setting to test models and strategies to implement effectively the following public policy priorities: (1) former President George Bush's goal that by the year 2000 all children in America must start school ready to learn (**America 2000, 1991**); (2) changes in service delivery necessary to meet the demands created by the increasing challenges faced by low-income families, especially violence and drugs (National Commission on Children, 1991); (3) welfare reform efforts included in the Family Support Act (**FSA**), which established the Job Opportunities and Basic Skills (**JOBS**) program (Smith, 1991) (the Administration for Children and Families [**ACF**] is coordinating this major effort); and (4) current national efforts to develop a more integrated system of services to low-income families (**Bruner, 1991**).

The primary purpose of the Head Start Family Self-Sufficiency study is to obtain current **information on the efforts** and strategies **implemented** nationwide by Head Start **grantees to help** the families they serve address three priority problem areas **that threaten** their ability to become **self-sufficient**: (1) literacy, (2) substance abuse, and (3) employability. The first step in accomplishing this task is to review the major Administration on Children, Youth and Families (ACYF); Head Start; and other publicly and privately funded programs designed to **address** these three priority areas. The rationale for reviewing programs that focus on these three priority areas is described below.

## LITERACY

Programs can do only so much to combat the powerful family and community forces that interfere with families' attainment of self-sufficiency. Among the most serious, the intergenerational transmission of illiteracy stands as a central obstacle.

Literacy needs are both a cause and symptom of a wide range of social and economic problems. Families with incomes at or below the poverty level are five times as likely to have basic literacy needs than families with incomes above \$15,000. It has been estimated that three-fourths of the unemployed have literacy needs. Among the unemployed aged 17 years and older, 72 percent have literacy needs (**Rosenquist, 1992**).

Adults with basic literacy needs cannot perform tasks such as reading labels in the grocery store, paying a light bill by check, helping with their children's homework, reading signs that warn of danger, telling time, or filling out a money order. Along with these difficulties, adults with literacy needs lack self-esteem and, in some cases, a sense of human dignity. Intergenerational illiteracy means that in many cases, the children will face the same future as their parents. Adults' literacy needs also **significantly** affects the self-sufficiency of their families, which is a major determinant of readiness for school.

The increase in general awareness of the problem of adult literacy needs in the United States and the recognition of the link between literacy and the productivity of the workforce made former President Bush pledge to work to eradicate illiteracy by the year 2000. Former First Lady Barbara Bush has been active in literacy efforts. Her public efforts have included establishing the Barbara Bush Foundation for Family Literacy (1989).

Parents of limited-English proficient (**LEP**) students face multiple challenges associated with acquiring literacy skills. The language, literacy, and cultural needs of these parents vary widely according to such factors as country of origin, length of residency in the United States, and educational experiences.

## SUBSTANCE ABUSE

According to the National Household Survey on Drug Abuse conducted by the National Institute on Drug Abuse (**NIDA**), illegal substance use decreased in the Nation between 1985 and 1990 (Schuster, 1990). Although the decrease in use is to be applauded, Dr. Louis W. Sullivan, Secretary of the Department of Health and Human Services, noted that "these

figures must be greeted with guarded optimism” (Sullivan). During the same **5-year** period, substantial increases have been reported in the incidence of infants exposed and addicted to alcohol and other drugs (**AOD’s**) (Feig, 1990; General Accounting Office [GAO], **1990a**; Office of the Inspector General [OIG], **1989**), babies born with HIV (human immunodeficiency virus) (The Association for the Care of Children’s Health, **1990**), substance abuse problems among runaway and homeless youth (**RHY**) (Southeastern Network, **1989**), substance abuse-related child maltreatment cases (Feig, **1990**), and demand for substance abuse treatment (National Association of State Alcohol and Drug Abuse Directors [**NASADAD**], 1989).

These increases suggest that despite declining use among the general population, substance abuse within specific populations continues **to** be serious enough to impact considerably on a number of human services delivery systems. Programs struggle to find ways to address the needs of children and families involved with or **affected** by the abuse of **AODs**.

Substance use by pregnant women has resulted in an increasing number of babies born addicted or exposed to **AODs** during the past decade (Feig, 1990; GAO, **1990a**). The immediate and long-range consequences of **in-utero** substance exposure for these **infants** appears to vary considerably depending on the substance used and the extent of use during pregnancy (Feig, 1990). However, researchers have found almost universal neurobehavioral deficits in children exposed to cocaine in-utero, and similar results are being reported for the substance called “ice,” a methamphetamine derivative increasing in popularity on the west coast (Feig, 1990).

In addition to the problems of substance-exposed infants, substance abuse by pregnant women is believed to be responsible for a large percentage of the 1,500 cases of AIDS (acquired immunodeficiency syndrome) reported among children. Many of these cases are the children of intravenous drug users or of mothers who had sexual contact with intravenous drug users (The Association for the Care of Children’s Health, 1990).

Parental substance abuse significantly increases the risk of children becoming victims of physical abuse, sexual abuse, or neglect. High levels of substance use make it extremely **difficult** for parents to **fulfill** parenting roles and responsibilities.

Drugs such as alcohol, cocaine, and crack-cocaine tend to be associated with violent behaviors, and parents who are under the influence of these drugs or are in withdrawal may become more abusive toward their children (Besharov, 1990). Thus, children of substance abusers tend to live in chaotic and often dangerous home environments. Even if substance-abusing parents do not themselves maltreat their children, they often lack the strength and support necessary to prevent others from doing so.

Parental early and regular substance use for long periods of time is one of the major obstacles to parents’ attainment of **self-sufficiency**. Substance abusers are more likely to drop out of education and vocational training or to hold any type of job.

Most child development and family support programs must seek help from the community to meet the needs of children and families affected by problems of substance abuse. In order to meet these needs, these programs work with other agencies and

organizations and access other resources to complement their interventions. In this manner, they ensure that comprehensive substance abuse services are available to families.

Sensitivity to culture and language is an essential ingredient in **any** substance abuse strategy. Special efforts are needed to reach a number of populations that require comprehensive substance abuse prevention and treatment efforts. Such special subgroups include migrant farmworkers, Native American families, and immigrant families.

## **EMPLOYMENT TRAINING, WELFARE REFORM, AND TWO-GENERATIONAL PROGRAMS**

New strategies for assisting families in poverty are being tested in a set of program models that target low-income **families—especially** those headed by welfare-dependent women with young children. These models vary in several respects but have a common strategy: They help families attain economic **self-sufficiency** through education and job training, while at the same time providing other services such as parenting education, high-quality child care, and support for children's healthy development. Because these programs provide services to parents and children, the programs have been called "two-generation models" (Smith, 1991). In the short term, it is expected that these two-generation programs can help ameliorate the negative effects of poverty with high-quality early childhood programs that include preventive health care. Over time, the improvements in parents' education, employment, and income status sought by these programs may help sustain children's early developmental gains beyond the elementary school years (Farran, 1990). Welfare reform, initiated with the passage of the FSA, has created a favorable context for the expansion of two-generation programs (Smith, Blank, and Collins, 1992).

Major reform of the welfare system commenced with the passage of the FSA in 1988. The two goals embodied in this legislation were (1) to foster economic **self-sufficiency** of families through education and job training for heads of welfare-dependent families, mostly single mothers; and (2) to increase the economic support that **noncustodial** parents, mostly fathers, provide to families.

The centerpiece of the FSA is the JOBS program which provides education, skills training, and other job readiness services to parents (American Public Welfare Association, 1992). During their participation in JOBS program activities, parents are guaranteed assistance with child care. Parents continue to receive child care assistance, on a sliding-fee scale, for a period of 12 months from the time they lose welfare benefits as a result of employment earnings. During this **12-month** period of "transitional benefits," JOBS also provides an extension of Medicaid benefits.

All States have established JOBS programs in compliance with the inauguration deadline of October 1990. However, there is considerable diversity in States' progress toward full implementation of JOBS and in the structure and content of JOBS services.

In cooperation with State welfare agencies, Head Start grantees engage in outreach to inform child care providers about payment through Aid to Families with Dependent Children (AFDC) and to identify providers who could serve AFDC recipients. Other resource and

referral activities include organizing a network of providers interested in serving, children of JOBS participants to resolve such issues as transportation and care for infants.

In addition, JOBS participants whose children are enrolled in Head Start can take advantage of the many opportunities for training and enrichment regularly offered through Head Start's parent involvement component. Head Start provides support and guidance in a variety of ways to help meet the multiple needs of families and prepare them to become **self-sufficient**. For example, Head Start offers workshops to enhance childrearing skills; special activities for teen parents; and programs focusing on family literacy development, health, and nutrition (Turner, Barbaro, and **Schlank, 1990**).

This report provides a review of major governmental and privately funded programs in each of the three priority areas discussed above. This information is an initial effort to understand the nature of and issues facing programs that collaborate with Head Start in the three priority areas. For each of the programs, if it is available, this report provides basic information such as:

- The administrative structure;
- Problem and target population addressed;
- Purpose and goals;
- Eligibility;
- Program sites;
- Program model;
- Mode of service delivery;
- Relationship with other programs;
- Funding levels;
- Evaluation design;
- Barriers and facilitators to collaboration with Head Start;
- Policies regarding collaboration with Head Start; and
- Innovative collaborations that exist with Head Start.

In addition, this report includes a section that describes the challenges and strategies for enhancing effective collaboration among Head Start and other public and private agencies.

# CHAPTER 1.

## SUBSTANCE ABUSE PROGRAMS

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### 1.1 FEDERAL PROGRAMS AND INITIATIVES

The Federal government has initiated several substance abuse programs relevant to the needs of Head Start. A description of some of these initiatives and the ways in which they coordinate with programs such as Head Start follows.

#### 1.1.1 The Community Partnership Program (CPP)

##### *Authorization*

The Community Partnership Program (CPP) was initiated under the Anti-Drug Abuse Acts of 1986 and 1988. Within this congressional mandate, the Center for Substance Abuse Prevention (CSAP) (formerly the Office for Substance Abuse Prevention [OSAP] under the Alcohol, Drug Abuse, and Mental Health Administration [ADAMHA], DHHS) promotes partnerships with and between public- and private-sector organizations and agencies. The CPP Federal grants were designed to demonstrate the effectiveness of providing long-term, multidisciplinary resources. Funding for the B-year grants began in 1989.

##### *Administrative Structure and Funding*

CSAP administers the funds for the CPP. Ninety-five grants were funded during the **first** year of the program, followed by additional grants awarded in 2 other waves for a total of **251** grants. Grants range from **\$75,000** to **\$1,000,000**.

##### *Purpose and Goals*

The CPP grants are designed to demonstrate the effectiveness of providing long-term multidisciplinary resources to assist community-based agencies to plan and implement coordinated, comprehensive AOD abuse prevention systems, programs, and activities.

Funds through this program are used by grantees to identify needs and service gaps in communities, establish priorities, coordinate new and established prevention programs throughout the communities, and assist public and private organizations to promote and support AOD abuse prevention programs. The grants do not provide for direct services; rather, they are intended to coordinate and enhance existing prevention services.

### ***Program Model and Operations***

**Any nonprofit or government agency is eligible** for a CPP grant. There are currently 251 sites which are located in most States as well as the District of Columbia. Services are delivered through partnership arrangements among agencies in a community. Some of the characteristics of the partnership programs include:

- Public-private collaboration (the requirement is that seven or more agencies or organizations participate and agree to form a partnership);
- One organization agrees to serve as the lead (applicant) agency, to which the funds are provided;
- A small governing group organized among member agencies;
- Involvement of health, education, law enforcement, housing, and human services agencies;
- Involvement of grassroots community groups, religious institutions, business and industry, civic and fraternal organizations, education, media, family/parent/youth groups, and health providers; and
- Membership of local government entities with jurisdiction over the target communities.

### ***Evaluation***

CPPs will be evaluated through a process and outcome evaluation. The contractor performing the evaluation is ISA

### ***Collaboration With Head Staff***

One of the CPPs in California, the only program with a Head Start agency as the lead agency, is participating in a partnership of 10 organizations in the San Fernando Valley. One of the factors that has facilitated collaboration among the organizations has been that the Head Start agency is conducting research which includes survey questions for parents about how AODs affect them; this is interesting to the other agencies. In addition, substance abuse programs have been using their staff to train Head Start parents at Head Start sites in the community. This training concerns the identification of substance abuse in children along with sources of help for parents. The training sessions have been received positively, and current focuses aim to identify leaders among the parents to empower them. One of the challenges, however, is that some parents who are undocumented are reluctant to be identified as leaders. A more difficult challenge is parents' fear of retaliation by drug dealers for attempting to "clean up" their communities.

**Contact: Darlind Davis, CPP, Center for Substance Abuse Prevention, (301) 443-0369.**

### 1.1.2 The Foundations Curriculum

The development of the Foundations Curriculum was sponsored by OSAP. The curriculum was developed by Saint Vincent College in Latrobe, Pennsylvania, in collaboration with Seton Hill Day Care, Inc., from 1987 to 1989. The Foundations Curriculum is a classroom curriculum for young children designed to help them develop positive life skills and offers age-appropriate AOD information. The impetus behind the development of this curriculum was to promote young children's physical and mental health as well as their communication skills. In addition, there was a need to provide AOD information to children who were considered at risk because of the rampant AOD use in their communities. The Foundations Curriculum targets Head Start children, classroom teachers, and parents. It is also used by latchkey programs, before/after school programs, and child care programs.

#### *Purpose and Goals*

The program's purpose is to prevent substance abuse by promoting good physical and mental health and building effective communication skills. The curriculum also includes some specific AOD information.

#### *Curriculum Model and Features*

The Foundations Curriculum was developed by one Head Start agency. The curriculum is designed for Head Start agencies using the center-based program option. Parent involvement in utilizing the curriculum is solicited. The curriculum kit includes 49 books, 3 filmstrips, 2 cassettes, and a set of 8 study prints on children's moods and emotions. The lesson plans focus on the following topics:

- Fostering independence;
- Making decisions;
- Improving self-concept;
- Providing information about AODs (what is and is not healthy); and
- Coping and relating.

All of the Foundations Curriculum materials can be purchased for \$800, and the guidebook can be purchased separately for \$125.

**Contact: Barbara Muzika, The Foundations Curriculum, Drug and Alcohol Prevention Projects, St. Vincent College, Latrobe, PA 15650-2690, (412) 539-9761 (Ext. 590).**

### 1.1.3 Parents and Children Getting a Head Start Against Drugs

*Parents and Children Getting a Head Start Against Drugs* was sponsored by OSAP. This is a drug abuse prevention curriculum for Head Start parents and their children. The curriculum entails a two-part program which includes children's activities for a center-based setting as well as parents' workshop activities. The initial development and pilot test of the curriculum was funded at \$150,000. The pilot curriculum was developed between November 1988 and April 1989, and the pilot test ran through December 1989. The project was implemented by Minority Scholars, headed by Dr. Ura Jean Oyemade, and sponsored by the

National Head Start Association. The curriculum is targeted at low-income minority African-American and Hispanic children enrolled in Head Start and their parents.

This project was initiated with the recognition that AOD use among Head Start parents is increasing, placing Head Start children at greater risk for AOD abuse. Since many treatment programs have not been seen as successful in significantly curbing the problem, the use of primary prevention programs that target groups with many high-risk behaviors is key to reducing the overall demand for drugs.

### ***Purpose and Goals***

The primary purpose of this curriculum is to help Head Start parents learn about the effects of drug abuse on the family as well as effective parenting and drug abuse prevention skills. The program is based on several premises, which include the following:

- The primary focus of prevention efforts should be the parents; -
- Prevention activities targeting children should be developmentally appropriate;
- The program should focus on reducing the occurrence of risk factors in the child and the family that have been associated with the onset of later drug use;
- Materials and activities should be relevant to the culture(s) of the population served;
- Focus should be on positive aspects of the individual and the individual's culture and not be moralistic or deficit oriented; and
- The children's curriculum should be integrated into the regular classroom curriculum and be ongoing.

Initially field-tested in eight sites, the program's overall objectives are **(1) to inform** parents about the risk factors associated with later substance abuse among children; **(2) to** strengthen interpersonal resistance, social problemsolving, and emotional coping skills to reduce the risks for substance abuse; **(3) to** establish a condition in which knowledge and skills are aligned with an understanding of how attitudes encourage AOD abuse; **(4) to** educate young children about the problems of AOD use and teach them to say no to drugs; **(5) to** develop young children's cognitive and other skills to reduce their susceptibility to drugs; and **(6) to** align knowledge and skills with the understanding that attitudes and practice of unsafe behaviors encourage children's unsafe behaviors.

### ***Curriculum Model and Features***

The curriculum includes a trainer's guide, a parent activity book, and a children's activity book. The trainer's guide includes an overview of the problem, a section on effective training and facilitation skills, and the following modules:

- Orientation;
- Self-esteem;

- Communication;
- Stress;
- All **Around** the Community;
- Health Issues Related to Drug Abuse;
- Values and Peer Pressure;
- We Are Family;
- Developing Support Groups; and
- Appreciating Our Families.

The parent activity book contains modules similar to **the** trainer's guide as well as specific information about drugs and the problem of drug abuse; discussion guidelines for parents to use with children; self-esteem and self-appraisal activities; and information about stress, health, exercise, values, and other topics. The children's activity book contains 10 lessons that focus on discovering feelings about drugs, developing self-esteem, recognizing drugs and poisons, how to say no to things that make them uncomfortable, and other topics related to drug abuse.

This curriculum is designed for use by Head Start agencies employing the center-based program option. Children engage in activities that are integrated into the regular classroom **curriculum** while parents participate in workshops concurrent with the children's program. Parents also receive at-home activities as a **followup** to the children's classroom activities.

CSAP will make the curriculum available to all Head Start programs as well as other programs, free of charge, sometime after January 1993 through the National Clearinghouse for Alcohol and Drug Information (NCADI).

### **Evaluation**

Investigators employed a preexperimental-postexperimental and control group design to evaluate the program. Assessments were made in the areas of knowledge, values, attitudes, self-esteem, stress, and other factors, with 30 experimental and 30 control parent-child pairs at each of the 8 sites included in the field test.

*Contact: Ura Jean Oyemade (Howard University) (301) 593-1060 or Sylvia Carter (HS RTC at University of Maryland) (301) 985-7840, National Head Start Association, 1220 King St., Suite 200, Alexandria, VA 22314.*

### **1.1.4 Pre-School Stress Relief Curriculum**

Pre-school Stress Relief Curriculum is a prevention curriculum for young children. Developed for several Head Start agencies in the metropolitan Atlanta area, this curriculum includes a 45-minute parent training video about stress and a **30-minute** video on stress and parenting. The project received its initial funding of \$250,000 for the development of the curriculum through OSAP, which enabled the project to operate from 1987 to 1989. A continuation grant was awarded by OSAP to the National Council of Negro Women in Atlanta, Georgia, enabling the project to operate from 1991-1994. The curriculum targets Head Start families in the metropolitan Atlanta area, and is suitable for adaptation or application by other Head Start grantees.

Some basic concerns underlying the development of the curriculum are that children and their parents need to develop positive coping skills to deal with life's stresses. In addition, children need to learn about feelings, body changes, and self-esteem. Without having healthy coping strategies to deal with stresses, one may be placed at higher risk for AOD use.

### ***Purpose and Goals***

The program helps preschoolers, particularly children of substance abusers, to develop positive coping skills to reduce the stress in their lives, enhance their self-concepts, and control aggressive behavior. Parents are taught to reduce their own stress levels and to cope effectively with their children's stress.

### ***Curriculum Model and Features***

The Pre-school Stress Relief Curriculum is designed for use by Head Start agencies using the center-based program option. Parents are involved in the program by attending one of the **2-day** workshops offered. Head Start teachers also attend these workshops, which cover topics such as:

- Stress;
- The causes of stress in young children;
- Signs of stress in young children;
- The developmental stages of early childhood; and
- Teaching young children stress reduction and coping skills.

The curriculum contains six lessons that focus on children's feelings, body changes, self-esteem, and coping. Teachers using the curriculum also create a day-to-day, **stress-free** environment for children in their classrooms. The parent education portion of the program helps parents deal more effectively with their own stress and that of their children.

The curriculum package can be purchased for **\$450** (**\$350** for nonprofit agencies).

### ***Evaluation***

A process evaluation is being conducted on implementation of the Pre-school Stress Relief Curriculum.

### ***Collaboration With Head Start***

The project **staff** facilitated the use of the curriculum through direct contact with agency administrators and other Head Start **staff**. The **staff** who developed the curriculum established and maintained rapport with Head Start staff at all levels.

**Contact: Gloria Huinphrey, Wholistic Stress Control, Inc., P.O. Box 42481, Atlanta, GA 30311, (404) 344-2021.**

### 1.1.5 Project Youth 2000/**Comprehensive** Substance Abuse Project

Project Youth 2000 is a preschool prevention curriculum for Head Start children that includes other materials for parent education and for establishing linkages with assessment and treatment agencies.

#### ***Administrative Structure***

The development of Project Youth 2000 initially was sponsored through OSAP, which funded the program from 1987 to 1989. There was no funding for 1 year. The project was refunded with \$110,000 through the ACF to continue the execution of the project from 1991 to 1994. Under the auspices of ACF, the Comprehensive Substance Abuse Project is administered by a Head Start grantee, which is a community action agency. The curriculum targets Head Start children and their families in 10 counties in Michigan. The precipitating problem leading to the development of the curriculum was the recognition that Head Start staff, parents, and children need an awareness of the issues around chemical dependency and codependency.

#### ***Purpose and Goals***

The project provides training for Head Start teachers and other staff regarding the problem of chemical dependency as one affecting an entire family. The project also focuses on the characteristics of children of alcoholics and on codependency and other dysfunctional characteristics. The major goals of the project are as follows:

- To intervene with currently abusing and dependent families and **staff**;
- To strengthen the protection and resiliency of Head Start children at risk; and
- To provide a Head Start classroom chemical dependency prevention program.

#### ***Curriculum Model and Features***

The project's **curriculum** is designed for Head Start agencies using the center-based program option. Children receive classroom educational experiences, parents participate in meetings and individual support sessions, and families are referred for assessment or treatment as appropriate. The curriculum initially was used in 10 counties in Michigan and provided 24 hours of classroom education about chemical dependency issues in families to Head Start preschoolers over a **6-week** period. Now, however, agency Head Start teachers integrate the 24 hours of experiences throughout the program year. Program facilitators conduct parent education meetings as well as individual family support. Further, the program has developed linkages with assessment and treatment agencies for referring families to needed services.

The curriculum can be purchased for \$10.

#### ***Evaluation***

There was an evaluation of the **OSAP-funded** project based on parents' and children's reactions to the educational experiences as well as the number of parents who have requested assistance with assessments or treatment.

**Contact: Jennifer Singer, Project Youth 2000 /Comprehensive Substance Abuse Project, Head Start Programs, Northwest Michigan Human Services, 2963 Three Mile Road, Traverse City, MI 49684, (616) 947-3780.**

### 1.1.6 The Target Cities Program (TCP)

The Target Cities Program (TCP) funds cooperative agreements with eight major American cities to improve citywide drug treatment systems by developing partnerships to ensure comprehensive and coordinated delivery of services. The program was enacted to address the need for comprehensive, coordinated delivery of substance abuse treatment services in urban areas. TCP targets adolescents, minorities, pregnant women, female addicts and their children, and residents of public housing.

#### ***Authorkation and Administration***

Under Public Law (P.L.) 509GB2, the TCP was administered by the **Office** for Treatment Improvement (**OTI**), DHHS. The program now is funded by the Center for Substance Abuse Treatment (CSAT), DHHS. Funds are administered through the State. ACYF administers separate funds to Head Start agencies in the target cities to collaborate with the CSAT grantees. This program entails an expenditure of \$28.5 million (CSAT funds). **ACYF** initiative funds were proposed at \$800,000 for Fiscal Year (FY) 1991 (for eight projects, up to \$100,000 per year). The eight grantees are now in their second year of **funding**.

#### ***Purpose and Goals***

The specific goals of the program are (1) to improve patient retention and reduce relapse, (2) to improve staff retention and quality, (3) to provide a full range of drug treatment and related health and human services, and (4) to improve treatment services for at least one of the city's critical populations (i.e., adolescents, minorities, pregnant women, female addicts and their children, or residents of public housing).

#### ***Program Model and Operations***

State drug abuse agencies are eligible to apply for funding under this program. Cities that received Federal funds for the **3-year** target cities demonstration projects include Albuquerque, Atlanta, Baltimore, Boston, Los Angeles, Milwaukee, New York, and San Juan. The TCP arranges centralized treatment intake units to improve the citywide drug treatment system. This is expected to enhance the speed of service delivery and alleviate problems of overcrowding and underutilization. The program also establishes formal coordination between health, human services, education, criminal justice, and other agencies making referrals to treatment programs. In addition, the TCP provides staff training and development, places drug treatment in the health system, enhances outreach, and implements special initiatives for critical populations. Programs rely on coordination with other agencies in their cities for service delivery and may subcontract for certain services, such as the conduct of a community needs assessment.

### ***Collaboration With Other Programs and Agencies***

TCP grantees established relationships with local agencies from the inception of the program. Some already had been collaborating with Head Start grantees prior to an ACYF initiative (announced May 31, 1991, in Policy Issuance from Head Start 91-11 [PI-91-11]). The eight ACYF-funded grantees are now in their second year of funding and have had two national meetings. At their second meeting, an **indepth** training on understanding children and families involved with substance abuse was conducted by **staff** from the University of California at Los Angeles.

### ***Evaluation***

The legislation calls for an evaluation of the TCP. Process and outcome evaluations are planned as part of the total evaluation for all demonstration programs.

### ***Facilitators to Collaboration With Head Start***

*In* addition to PI-91-11 regarding ACYF funding for Head Start agencies' collaboration with **TCPs**, there are other factors that help facilitate collaborations between **TCPs** and Head Start. Some of these are as follows:

- The TCP grantee being a part of the Head Start program's proposal development process (this provides a greater sense of "ownership" of the process by both parties);
- Evidence of Head Start staffs commitment to drug treatment, desire to be involved with the **TCPs**, and Head Start **staff** willingness to work closely with TCP **staff**;
- Numerous areas of interest that exist between TCP and Head Start grantees; and
- The support of Federal officials at CSAT and ACYF.

The TCP grantee in Baltimore, Maryland, provided anecdotal information about how its program works effectively with Head Start. Prior to the Head Start initiative, the Baltimore TCP had provided training for Head Start staff on recognizing substance abuse, documenting what is seen, and strategies for intervention and referrals. The program also subcontracted a needs assessment of the Head Start staff to highly competent individuals who understand substance abuse issues as well as Head Start programs. This was a positive venture for Head Start. **Staff** also have indicated that the "goodness of fit" between the Baltimore program and the Head Start director make the collaboration extremely successful.

*Contact: Tom Edwards (CSAT) (301) 443-8802 or Susan Weber (ACYF) (202) 205-8436.*

#### **1.1.7 Model Comprehensive Treatment Programs for Critical Populations**

Model Comprehensive Treatment Programs for Critical Populations are **3-year** demonstration projects that provide a continuum of comprehensive therapeutic services and aftercare. These services are expected to improve treatment outcomes for critical populations.

### *Administrative Structure*

The Model Comprehensive Treatment Programs for Critical Populations are funded and administered through OTI. The program is directed at serving critical populations (*i.e.*, adolescents; racial and ethnic minority populations; residents of public housing projects; and subgroups including the homeless, persons with multiple disorders such as mental illness or AIDS (acquired immunodeficiency syndrome), and rural populations). Eighty grants, totaling \$24.2 million, have been awarded under this demonstration project.

### **Program Model and Operations**

These model programs for critical populations include several components: (1) enhanced outreach methods; (2) the provision of **onsite** primary and acute medical care; (3) staff training; (4) health education (including education on AIDS); (5) psychological and psychiatric services; (6) facility improvements; (7) life skills, educational and vocational counseling; and (8) enhanced **aftercare**.

*Contact: CSAT (301) 443-8802.*

## **1.2 ACYF PROGRAMS AND INITIATIVES**

ACYF initiatives in the area of substance abuse include: the Head Start Substance Abuse Initiative; the Children of Alcoholics Project; and Preventing the Abuse of Tobacco, Narcotics, Drugs and Alcohol.

### **1.2.1 The Head Start Substance Abuse Initiative**

The Head Start Substance Abuse Initiative provides specific guidance to grantees on substance abuse policies, component integration, multicultural issues, training of staff, and program options for addressing substance abuse needs.

#### **Administrative Structure**

In **fall** 1990, the Head Start Bureau, ACYF, developed and sponsored the Head Start Substance Abuse Initiative. Its purpose was to address the growing needs of Head Start programs in their efforts to respond to AOD abuse problems among the families they serve. The initiative grew out of the recommendations of a Workgroup of interdisciplinary experts who convened in May 1990 to help implement this undertaking.

This initiative has produced several funded projects and documents through grant awards to Head Start agencies, interagency agreements with other Federal agencies, contracts for national meetings, and other efforts. Projects funded under **this** initiative include substance abuse **grants** awarded to **40** Head Start grantees, 32 capacity building grants, and **8 TCPs** collaboration grants. Also, a Workgroup identifying issues pertinent to Native American programs has been supported through this initiative and has met twice.

### ***Purpose and Goals***

The Head Start Bureau **recognized** the needs of families who are at high risk for involvement in AOD abuse or who already are abusing substances as well as the needs of Head Start staff attempting to help these families. Recognition also was given to the needs of children who are from families involved with AOD abuse or who have exhibited harmful effects from exposure to substances, whether prenatal or postnatal. In addition, the Head Start Bureau identified the need for Head Start programs to become participants in community-based efforts which address substance abuse strategies for prevention, for strengthening their capacity to support families who are **affected** by AODs, and for accessing effective treatment services.

This initiative explains Head Start's four critical concerns regarding substance abuse and details the Head Start Bureau's approach for addressing the problem. The major concerns of the Head Start Bureau that prompted the development of the substance abuse initiative are:

- ***Head Start is a comprehensive child development program and not an AOD treatment program.***-While Head Start has a mission to support families' efforts to raise their children AOD-free or to assist families with an AOD-dependent member attempting to overcome a dependency problem, such efforts to support families must occur in the context of Head Start's basic mission that focuses on child development goals.
- ***There is wide variation in the experience of Head Start programs with problems related to substance abuse.***-Because of the variability across programs with regard to working with substance abuse problems, it is essential that programs conduct a family needs assessment to identify the level of need, and whether extant resources available in the community can accommodate these needs. A major goal of the Head Start Bureau has been to develop a set of strategies as well as resources to assist Head Start programs to meet their families' needs.
- ***Denial of substance abuse by anyone who is alcohol or drug dependent, or who is from a family involved with abuse of substances, often suppresses awareness of the problem.***-A critical step for all programs is to help **staff** members begin to understand the issues surrounding substance abuse. **Staff** members need to explore their own beliefs, attitudes, values, and biases about substance abuse problems as well as their own experiences that could affect how they work with others who have been affected by AODs.
- ***Head Start programs report that their teachers and staff have reached saturation for absorbing new approaches and materials to address special problems.***-Not only do Head Start programs need additional resources to tackle **difficult** problems such as substance abuse, but they also need help with gaining access to substance abuse strategies and learning how to integrate these approaches successfully into their goal of child development.

### ***Recommendations and Provisions***

The basic recommendations of the Workgroup members and others who contributed to the initiative were the following: (1) development of training and technical assistance resources; (2) interagency collaboration at the Federal, State, and local levels; (3) information dissemination and exchange; and (4) program development and administration.

In response to the critical concerns of the Head Start Bureau and the recommendations of the Workgroup, a resource desk reference on substance abuse was prepared by Collins Management Consulting, Inc. This reference, titled ***Head Start Substance Abuse Guide: A Resource Handbook for Head Start Grantees and Other Collaborating Community Programs*** (DHHS Publ. No. (ACF) **91-31265**), is tailored specifically to the needs of Head Start programs. It identifies the specific issues concerning substance abuse that Head Start programs need to address, and it suggests resources and strategies that are consistent with the Head Start mission to respond to these issues. This guide is a reference manual that helps local Head Start grantees determine how to examine **their** programs and develop comprehensive strategies to address the substance abuse problems experienced by the children and families. The guide provides a description of Head Start's strategy and role in addressing substance abuse, issues pertinent to program **staff in** addressing the problem, specific strategies for working with special populations of children and families, community partnerships, educational information about commonly abused substances, and a comprehensive list of resources.

In addition to the reference guide, information pamphlets and other resources are being developed under this initiative, including a resource guide on how Head Start grantees can initiate employee assistance programs, a manual on confidentiality issues regarding substance abuse, a handbook on roles and responsibilities for Head Start grantees regarding substance abuse, and annotated guidelines that are companions to the program performance standards guidelines regarding substance abuse issues. These guidelines will be released as an information memorandum.

### ***Collaboration With Other Programs***

Under the Head Start Substance Abuse Initiative, collaboration with other Federal, State, and local resources is strongly encouraged. The Head Start Bureau is working with NASADAD and with two substance abuse programs in DHHS: CSAT and CSAP. These collaborations will assist the Head Start Bureau with obtaining resources and information that may be useful to Head Start grantees and to identify ways that these agencies can address substance abuse problems that are salient to Head Start. These relationships also will assist in the development of collaborative arrangements between Head Start programs and State and local substance abuse agencies.

Under this initiative, ACYF also holds an **interagency** agreement with the Indian Health Service, the Administration on Developmental Disabilities, and the Administration on Native Americans to **fund** training programs in the Aberdeen, Maryland, area on fetal alcohol syndrome (FAS). In addition, an interagency agreement among ACYF, the Assistant Secretary for Policy and Evaluation, and CSAP will result in manuals, resource materials, and videotape programs for elementary school administrators and teachers and a separate set

of these materials for Head Start administrators and teachers; these will focus on working in the classroom with children affected by substance abuse.

Head Start has defined one of its roles in the area of substance abuse as working effectively with other organizations in the community. According to the **Head Start Substance Abuse Guide**, the development of formal ties with relevant agencies in the community so that substance abuse resources and referrals will be available for families who need them was identified as a role that Head Start can play. Another role is to work with other community-based programs to reduce the violence and family stress associated with AODs.

**Contact: Susan Weber, ACYF, DHHS, (202) 205-8436.**

### 1.2.2 The Children of Alcoholics Project

The Children of Alcoholics Project addresses the needs of identified children living in alcoholic families by helping them to cope with their environment.

#### *Administrative Structure*

The Head Start Bureau, ACYF, provided the funding for this project to a Head Start grantee agency in Spokane, Washington. Funding in the amount of \$25,000 was provided for curriculum development. Following the development of the curriculum, further funding for publication costs was obtained through the Coca-Cola' vendor of a local community college. The curriculum development project was supported from 1988 through 1990.

#### *Problem and Target Population*

Because it is not always possible to get an alcoholic into treatment, children are living in homes with alcoholism and need to understand **this** disease. Children also need to understand that they are neither the cause nor the cure for what is happening in their homes. Therefore, this project targets children of alcoholics, with input from their parents. The curriculum originally was designed for preschool children but also has been used in programs for children through the sixth grade. Children may be referred to the Children of Alcoholics Project by other agencies or professionals.

#### *Curriculum Model and Features*

The Children of Alcoholics Project helps children learn skills for coping with their environment and for behaving appropriately in nonalcoholic environments. The program also provides a parent involvement fact sheet that contains direct messages to parents about alcohol-related issues.

The curriculum includes the following sections:

- Background (i.e., why does a classroom need a separate curriculum for children who live in alcoholic homes?);
- Characteristics of alcoholic homes and the children in these homes;

- Program design, including “setting up your own program”;
- The intervention model;
- Who should facilitate the group;
- Administrative support needed;
- More about the curriculum, including multicultural aspects;
- Ten group sessions for children;
- A facilitator’s guide;
- Parent involvement handouts; and
- Art activities for children in the support group.

The 10 group sessions for children focus on the following issues: alcohol, feelings, anger management, self-esteem, families, personal safety, relaxation, being special, nutrition, and saying goodbye.

The curriculum originally was carried out in a support group setting (separate from classroom activities) with children identified by the Head Start social worker, teachers, and parents. The program ideally is limited to **10** children per group facilitator. Facilitators may include siblings in the group. Following the curriculum development phase, program teaching staff began integrating project activities into the ongoing classroom curriculum (using *The Creative Curriculum*).

The Children of Alcoholics Project curriculum can be purchased for \$9.95 plus 7.9 percent tax.

### ***Evaluation***

The curriculum includes a self-evaluation for the facilitator to complete as well as pretests and posttests.

### ***Collaboration With Head Start***

The Head Start grantee who implemented this project facilitated the use of the curriculum by initiating contacts with Head Start administrators and other Head Start **staff**.

***Contact: Leona DeMonnin, Head Start/ECEAS, Institute for Extended Learning, E7401 Mission Ave., MS 10503, Spokane, WA 99212-1148, (509) 5338044.***

## **1.2.3 Preventing the Abuse of Tobacco, Narcotics, Drugs and Alcohol (PANDA)**

Preventing the Abuse of Tobacco, Narcotics, Drugs and Alcohol (PANDA) is a

preschool prevention curriculum focusing on the importance of a healthy body and the harmful effects of tobacco and **AODs**. The program helps young children learn ways to build healthier bodies and also teaches them skills for saying no to peer pressure **to** use tobacco and **AODs**. The curriculum was developed for Head Start and has been used by many grantees.

### ***Administrative Structure***

This program for curriculum development was funded by ACYF (Region IV) which donated \$25,000 for the initial development of the curriculum as well as private funding in the amount of \$10,000 **from** The Wareheim Foundation. The project was supported **from** 1988-1989. The grantee is a private NPO and is also a Head Start grantee.

### ***Problem and Target Population***

Very young children need help to enhance their own health and safety and avoid future use of tobacco and **AODs**. Family education and support are also key in preventing tobacco and AOD use. This program targets children ages 4 or older and their families.

### ***Curriculum Model and Features***

The PANDA curriculum includes four units: (1) building healthy bodies, (2) saying no to tobacco, **(3)** saying no to alcohol, and (4) saying no to other drugs. Within these four units are information and activities that describe and discuss harmful substances as well as appropriate pictures for each topic.

In addition, the program includes four audiocassettes with songs, rhymes, stories, and information in the following areas:

- Design of a community approach;
- Ways to build community awareness;
- Parent involvement and family support;
- Integration of components;
- Guidelines for health, social services, parent involvement, and education coordinators and teachers;
- Monthly planning guide;
- Materials list for each unit;
- Strategies for using the classroom activities; and
- Other things programs can do to help.

The use of the curriculum is designed for Head Start agencies using the center-based program option, with support materials for component integration. The curriculum can be purchased for \$65. Also available are a slide tape for \$75, a videotape for \$55, or the slide tape plus videotape for \$105.

### ***Evaluation***

The curriculum was field-tested with Region IV Head Start agencies. Chapel Hill Training-Outreach Project also holds the contract for the Head Start Resource Access **Project (RAP)**, **which** facilitated its access to Head Start agencies. The curriculum also was evaluated by the Hillsborough County (Florida) Head Start agency.

### ***Challenges and Facilitators***

One of the challenges encountered with the implementation of the curriculum has been the need to continually remind agency personnel about using the curriculum. Some of the program's ideas about how to facilitate the use of the curriculum include bringing together a group of leaders (e.g., parents, teachers, and community resource persons) to discuss AOD abuse. This group could be asked to identify what can be done, which encourages empowerment. PANDA then could be introduced, followed by an announcement to the broader public (i.e., Head Start parents, schools, etc.) about the use of PANDA to establish a community effort.

***Contact: Mike Mathers, Chapel Hill Training-Outreach Project, 800 Eastowne Dr., Suite 105, Chapel Hill, NC 27514, (919) 490-5577.***

#### **1.2.4 Other ACYF Initiatives**

Other ACYF initiatives in the area of substance abuse include those that appear in ACYF information memorandums and letters to Head Start agencies. A description of such initiatives follows.

#### ***Letter From ACYF Commissioner and OSAP Director, Spring 1992***

This letter was distributed to all OSAP and Head Start grantees, cosigned by Mr. Wade Horn (ACYF Commissioner) and Ms. Elaine Johnson (OSAP Director). It explains the missions of OSAP and Head Start and informs the recipients of **ACYF's** and **OSAP's** interest in promoting collaborative activities among Head Start and OSAP grantees that share similar client populations (through the Head Start Bureau's funding of 32 grantees that are addressing substance abuse).

The memo lists the following as examples of how local OSAP and Head Start grantees can work together:

- Extend services to each other's clients;
- Include representation on each other's advisory or policy boards;
- Collaborate with other community groups to develop community-based programs;

- Develop and deliver joint training programs for **staff** and program leadership; and
- Participate together in case management of commonly shared clients, where appropriate.

The mailing that included this memo also contained information from the Head Start Bureau and OSAP about their respective programs and grantees as well as contact persons at ACYF and OSAP.

***Information Memorandum 91-26 (IM-91-26), December 2, 1991***

This information memorandum (IM), issued to Head Start grantees and delegate agencies, accompanies the Proceedings of the 1990 Head Start Health Institute. The proceedings include excerpted transcripts of the plenary sessions, summaries of the regional roundtable discussion sessions, short descriptions of the workshops, contact information for the speakers and facilitators, and the evaluation of the institute.

Substance abuse-related **information** referenced in this publication includes:

- Plenary presentations by Dr. Antonio **Novello**, U.S. Surgeon General, and Dr. **Reed Tuckson**, Senior Vice-President, March of Dimes;
- Summaries of regional roundtables regarding component integration; community linkages and networking; and health information, education, and evaluation; and
- Descriptions of workshop sessions (e.g., “Chemical Dependency: The Family Disease Concept,” “Community Response to Substance Abuse,” “Effects of Exposure to Substance Abuse on Preschool Children,” “Federal Substance Abuse Strategies for Preschool Children and Families: Help for Head Start Grantees,” “Head Start Bureau Alcohol and Drug Abuse Strategies: Future Directions,” “Overview of Alcohol and Drug Abuse,” and “Strategies and Curricula for Substance Abuse Prevention for Families with Preschool Children”).

***Information Memorandum 91-18 (IM-91-18), August 21, 1991***

This IM to Head Start grantees and delegate agencies notes implications of changes in the Medicaid-EPSDT. (Early Periodic Screening Diagnosis and Treatment) Program for Head Start. IM-91-18 summarizes the changes, which include:

- Expanding required Medicaid eligibility to include all children, up to age 6, in families **with** incomes up to **133** percent of **the** poverty line;
- Adding a statutory definition for EPSDT services;
- Requiring the establishment of distinct **periodicity** schedules for health, vision, dental, and hearing screenings;
- Mandating inter-periodic screenings when a medical condition is suspected;

- Requiring that, when a condition is disclosed by a regularly **scheduled or** interperiodic screen, States must pay for all diagnostic and treatment services that can be covered by Medicaid to correct or improve the condition, whether or not it is included in the State Medicaid plan; and
- Clarifying that EPSDT providers may provide partial screenings.

IM-91-18 also defines the four elements of the EPSDT program (screening, vision, dental, and hearing services), describes child eligibility for screening and Medicaid requirements for diagnostic and treatment services based on screening results, and delineates EPSDT diagnostic and treatment services.

Included in IM-91-18 are examples of how EPSDT can improve health services provided to Head Start children. The three examples involve a preschooler with FAS, a toddler with a muscle development problem in his legs, and a preschooler suffering from baby bottle tooth decay.

***Program Instruction 91-11, May 37, 1991***

Program Instruction 91-11 (**PI-91-11**), issued to all Head Start grantees and delegate agencies, describes the availability of financial assistance and request for applications for Head Start programs to support the efforts of Head Start families to attain **self-sufficiency** through the following:

- Family service center demonstrations;
- Programs addressing issues of substance abuse; and
- Programs addressing other specific problems of families.

The substance abuse-related quality improvement projects that the instruction describes are those for building and enhancing “the capacity of Head Start grantees to comprehensively address issues related to substance abuse” and for supporting collaborative efforts between the Federal **OTTs** TCP grantees and Head Start grantees.

Under the capacity-building priority area, the instruction notes the following pertinent elements:

- Developing **staff** capacity to be aware of the problem of substance abuse and to assist families and children in addressing alcohol and illegal drug issues;
- Identifying and providing early intervention and referral services for staff and families abusing **AODs**;
- Responding to the special needs of children who are from families currently abusing substances or who exhibit harmful effects of exposure to **AODs** (either prenatal or postnatal);
- Helping high-risk families and **staff better** understand substance abuse and how to strengthen their ability to live AOD-free lives; and

- Developing and supporting efforts to work collaboratively with community-based, regional, or State programs and organizations to achieve community-based objectives that address substance abuse or community violence.

Under the Head **Start/TCP** priority area, the instruction lists the following as elements of joint collaboration projects:

- Providing jointly developed training programs for Head Start staff on the identification of and early intervention with families involved in abuse of **AODs**;
- Arranging for expert **onsite** consultation for Head Start program **staff** who are working with family members involved with **AODs**; or to assist with the identification of or early intervention in specific cases;
- Establishing procedures for priority access to treatment and other **services** for families whose children are enrolled in Head Start;
- Developing joint strategies for participation on policy councils, advisory groups or other structures developed by either the TCP or the Head Start projects which pertain to substance abuse;
- Developing Head Start recruitment and enrollment policies that ensure priority access by TCP treatment programs for the enrollment of eligible children from families in treatment;
- Establishing joint case management strategies for the Head Start families being served which bring together a case manager **from** Head Start with the case management system **from** the TCP; and
- Collaborating to enhance substance abuse treatment capacity in a specific community, public housing project, or target population which includes a significant number of enrolled Head Start families.

The instruction also includes applications requirements and evaluation criteria for the grantees' proposals.

***Information Memorandum 89-16 (IM-89-16), June 28, 1989***

**IM-89-16** announces the 1989 Training Conference for Programs Serving Children **from** Birth to Three and Their Families. The memo was distributed to all Parent and Child Centers (**PCCs**), Head Start migrant programs, and Head Start grantees and delegate agencies who serve children from ages birth to 3 and their families with non-Head Start funds. The memo lists the goals of the conference:

- To enhance the knowledge base and capability of professional and paraprofessional staff in Head Start-supported programs for very young children; and

- To assemble the best resources available for communicating state-of-the-art information and utilizing training techniques so that the participants will achieve greater competency in the provision of care to infants and toddlers.

The memo also lists topics under consideration for presentation. Substance abuse-related titles include:

- Creative approaches for serving multiproblem families;
- Serving children with AIDS; and
- Addressing AOD abuse.

***Information Memorandum 88-31 (IM-88-31), November 21, 1988***

**IM-88-31**, issued to all Head Start grantees and delegate agencies, announces the 1989 National Institute for Head Start Social Services Coordinators. The memo notes that the primary goals of the institute are:

- To support and enhance the role of social services coordinators and social services staff in Head Start; and
- To assemble the best resources and thinking available for enhancing the social services component in Head Start programs, and to make this knowledge and information available to the universe of Head Start grantees and delegate agencies.

Proposed substance abuse topic areas that the memo noted include:

- Strategies for addressing AOD dependency;
- The AIDS crisis;
- Creative approaches for serving multiproblem families; and
- Strategies for developing community resources in areas with limited resources.

### 1.3 PRIVATE-SECTOR PROGRAMS

Some Head Start agencies collaborate with private organizations designed to address substance abuse issues. A description of one such program, the Judge Baker Children's Center, follows.

#### 1.3.1 Judge Baker Children's Center

Judge Baker Children's Center, a mental health services provider since 1917, is engaged in a **2-year** collaboration with A.B.C.D. Head Start in Roxbury, Massachusetts. Sponsored through ACYF grants, private foundation funding, and individual contributions,

the Judge Baker Children's Center has targeted Head Start families at one A.B.C.D. site to work with those young parents; substance abusers; and individuals who are affected by **gang** activities, community violence, child abuse and need mental health services. The program strives to meet the mental health services component objectives of the Head Start performance standards.

### ***Program Model and Features***

The program includes an **onsite** classroom for observation of mental health services; substance abuse intervention and prevention services; and **onsite** family therapy. The unique feature of this model is the Judge Baker Children's Center van which travels to the Head Start facility. This van provides two psychiatrists and space for conducting parent counseling and teacher conferences.

### ***Collaboration With Other Agencies***

Judge Baker Children's Center serves other agencies and is engaged in other collaborations. For example, the center has an interagency agreement with one of **ACYF's** Comprehensive Child Development Programs. The A.B.C.D. Head Start holds contracts with over 30 agencies for mental health services.

### ***Challenges and Facilitators***

One of the challenges to Judge Baker Children's Center's collaboration with Head Start has been the observation on the part of the center's staff that Head Start **teaching staff** could benefit **from** additional training in child development. Head Start needs to recognize how they can use the center's **staff** to help them with children's problems. Another barrier has been the need for more dollars to fund clinicians in order to meet the broad needs of Head Start children.

One of the most important factors that facilitated the collaboration between Judge Baker Children's Center and Head Start was a philosophical change in the organization at the center. Staff recognized their own strengths and limitations as well as the need to be working with others to impact on the community. Head Start's persistence in asking for assistance was a significant factor, as was the strong and positive relationship between Dr. Gloria Johnson Powell of the center and Ms. Marie Galvin, the Head Start director.

***Contact: Gloria Johnson Powell or Lem Roberson (617) 232-8390, 295 Longwood Ave., Boston, MA 02115, or Marie Galvin (617) 357-6000.***

# CHAPTER 2.

## LITERACY PROGRAMS

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### 2.1 FEDERAL PROGRAMS AND INITIATIVES

The federal government has initiated several **family** and adult literacy programs, many of which are designed to **collaborate** with other community service agencies. A description of these programs, as well as the ways in which they coordinate with other services, **including** Head Start, **follows**.

#### 2.1.1 The Family English Literacy Program (FELP)

##### *Authorization*

The FELP was established by the Education Amendment of 1984 (P.L. **98-511**) which was amended in the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988 (P.L. **100-297**).

##### *Administrative Structure and Funding*

The **FELP** is administered by the **Office of Bilingual** Education and Minority Affairs in the U.S. Department of Education. This Office awards discretionary grants which are announced annually in the **Federal Register**. One of the goals of the Federal Government in funding FELP is to promote capacity building by providing seed monies with the expectation that in time these programs **will** become institutionalized.

In FY 1991 the FELP received \$5.5 million; in FY 1992, \$5.9 **million** was received; and in FY 1993 the program received \$6.3 **million**. The number of projects funded has increased from 35 in FY 1988 to 48 in FY 1993. In FY 1991, a **total** of 5,319 **adult family** members or out-of-school youth participated in the FELP.

##### *Purpose and Goals*

The primary **goal** of the program is to break the chain of illiteracy that is present in many limited English proficient (LEP) families. The FELP is designed to provide **financial assistance to LEP adults and out-of-school youth and their families to achieve** competence in the English language and to provide instruction on how parents and family members can **facilitate** the educational achievement of their children.

According to the Bilingual Education Act, the terms “limited English proficiency” and “**limited** English proficient” refer to (1) individuals who were not born in the United States or whose native language is a language other than English, (2) individuals who come **from** environments where a language other than English is dominant; and (3) American Indian or Alaska Native individuals who come from environments in which a language other than English is spoken and who therefore have **difficulty** speaking, reading, writing, or understanding the English language to a degree that they are unable to learn successfully in classrooms conducted in English or to participate fully in society.

Desired outcomes of family literacy programs include literacy skills of children and increased literacy skills of parents, awareness of the importance of books in the lives of parents and children, improved communication between parents and children, greater parental involvement in their children’s schooling, and increased skill in parenting.

### ***Program Model and Operation***

Currently there are 48 FELP projects located in 14 States and U.S. Territories, including Guam. One project may serve several sites. The type of sponsoring agency usually determines the nature of the FELP model; currently 35 local education areas (LEAS), 6 institutes of higher education (**IHEs**) and 7 **NPOs** are involved. Also, currently 27 **different** language groups are involved in **FELPs**.

Projects provide English literacy instruction, native language literacy, parent educational skills instruction, parent-child activities and preemployment skills. The program of instruction is designed to help adults and out-of-school youth achieve competence in the English language. Such programs of instruction may be conducted exclusively in English or in the student’s native language and English. Where appropriate, such programs may include instruction on how parents and family members can facilitate the achievement of English literacy.

Although inclusion of children is not a program requirement, the majority of projects include a component in which parents and children engage in activities together and many families involve their children in project activities. Structured parent-child activities are often provided.

The parent-child component helps parents learn how to work with their children and how to become involved in school activities. Parents report improvement in the following types of activities: reading notices or labels in English in a supermarket, reading report cards in English, reading aloud to children in English, making a telephone call to an English speaker, watching television news in English, reading and returning English language field trip permission forms, and taking children to an English-language library.

Curricula, whether locally designed or adapted **from** published materials, are designed to meet participant needs in acquiring English literacy skills, working with their children, and adapting to the school and the community. Instructional approaches are eclectic and are adapted to the English proficiency levels of the participants. Most programs have bilingual **staff** members who are sensitive to the needs of the participants.

### ***Collaboration With Head Start and Other Programs***

The Bilingual Education Act directs the Secretary of Education to coordinate programs funded under the act with other programs administered by the Department. These are the Chapter I LEA Program, and Chapter I Migrant Education, Indian Education, Vocational Education, Adult Education, and Special Education.

Coordination at the local level is expected but not required. Often a high level of interagency coordination exists at this level.

***The Descriptive Study of the Family English Literacy Program*** reports that there is some evidence that the strongest FELP programs include coordination components involving other community agencies, made regular referrals, and obtained technical assistance as appropriate. Such coordination efforts may be critical to the retention of adult students. Community groups established to serve particular ethnic groups are a frequent source of referral by project **staff**.

Collaboration with Head Start programs has occurred; examples include supplementing Head Start programs by addressing the needs of **LEP** adults to a greater degree than Head Start is able to do.

The California Human Development Corporation in Santa Rosa, **California**, works in collaboration with Head Start to enhance services provided by Head Start. This FELP serves a migrant area working with Mexican and Russian refugee families. FELP and Head Start collaborate with one another in the following ways: (1) they are collocated in the same building, (2) the Head Start program assists in recruiting FELP families, (3) FELP invites all Head Start parents to community meetings, (4) the two programs share materials, and (5) the **FELP** uses a limited amount of Head Start funds for babysitting when Head Start parents attend **FELP**.

### ***Evaluation Design***

Program evaluation is required by law and regulation. Individual projects must conduct an evaluation of their own program (which may be done by an external evaluator and must submit yearly reports pertaining to these efforts to the Office of Bilingual Education and Minority Affairs. Programs use a combination of alternative assessment tools which may be locally developed and standardized instruments in evaluating their programs. Other evaluation methods include the use of videos prior to and after the interventions, anecdotal records, **staff** observation in family homes, and parents' comments relative to their children's development.

***A Descriptive Study of Title VII Family English Literacy Programs*** has been completed and provides descriptive data on the **54 FELPs** funded from 1985 to 1989. The study conducted by Atlantic Resources Corporation examines the projects, their participants, procedures, features, and characteristics that contributed to improved academic achievement of **LEP** students enrolled in Title VII instructional programs.

***Contact: FELP, Office of Bilingual Education and Minority Language Affairs, U.S. Department of Education, Washington, D.C.***

## 2.1.2 Adult Education Act Programs--Basic Grants to States

The Adult Education Act Programs provide basic grants to states to assist the States in improving educational opportunities for adults.

### ***Authorization***

The original legislation can be found in P.L. 89-750 (November 3, 1966, Title III, 80 Stat. 1191). Additional legislation has been enacted over the years with the most recent being the Adult Education Act (P.L. 100-297) enacted on April 28, 1988, and amended by the National Literacy Act of 1991 (P.L. 102-73).

### ***Administrative Structure and Funding***

The Division of Adult Education and Literacy in the Office of Vocational and Adult Education (OVAE) administers the Adult Education Act. Each State desiring to receive funds under the act must submit a State plan and application to the Secretary of the Department of Education which covers a **4-year** period. Basic grants to States are allocated by a formula based on the State's number of adults over 16 years of age who have not completed high school. States distribute funds to local providers through a competitive process based on State-established funding criteria. Federal funding for State-administered adult education in FY 1991 was \$238.7 million, and \$251 million was requested for FY 1992. The Federal share is 75 percent of the cost of carrying out the States' programs, except for the territories, where the Federal share is 100 percent.

### ***Purpose and Goals***

The purpose of the basic programs is to assist the States to improve the educational opportunities for adults who lack the level of literacy skills requisite to effective citizenship and productive employment; to expand and improve the current system for delivering adult education services, including delivery of such services to educationally disadvantaged adults; and to encourage the establishment of adult education programs that will do the following:

- Enable participant adults to acquire the basic educational skills necessary for literate functioning;
- Provide the participant adults with sufficient basic education to enable them to benefit from job training and retraining programs and obtain productive employment so that they might more fully enjoy the benefits and responsibilities of citizenship; and
- Enable the participant adults who so desire to continue their education at least to the level of completing secondary school.

### ***Program Models and Operations***

**Service** delivery models for adult basic education programs vary and are unique to each program. They may include one-on-one educational counseling; home-tutoring programs; and center-based classes occurring in a variety of sites such as libraries, public

high schools, or businesses. Courses of instruction include Adult Basic Education (ABE), Adult Secondary Education (ASE), and English as a Second Language (ESL). Participants also may be referred to other appropriate community-based services such as continuing education programs, job experience and training, refugee services, counseling, and workplace literacy services.

Family literacy programs provide services to both parent and child. Parents and their children are taught academic skills and are brought together for learning activities. Family literacy programs require cooperation between adult educators and early childhood educators. A program may enroll parents during the school day or in the evening if they are employed. Children receive instruction in academic and social skills but also spend time with their parents and the program staff so both parents and children can work together on communication skills and interaction.

#### *Collaboration with Head Start and Other Programs*

The State plan must include assurances that adult education programs provided under this legislation are coordinated with and not duplicative of services, programs, or activities made available to adults under other Federal, State, and local programs including the **JTPA**, the Carl D. Perkins Vocational and Applied Technology Education Act, the Individuals with Disabilities Education Act, the Indian Education Act, the Higher Education Act of 1965, and the Domestic Volunteer Service Act.

The amendments to the National Literacy Act specify that criteria to be used by **States** in allocating Federal funds include the degree of coordination with other community literacy and social services.

The ***State Profile for Family Literacy Report*** (1992) disseminated by the Department of Education, Division of Adult Education and Literacy, describes several examples of family literacy programs that collaborate with Head Start. For example, **Arizona** has programs that coordinate with Even Start projects providing the ABE and ESL services to migrant parents, while Head Start and Chapter I provide educational services in early childhood for their children.

In Iowa, the adult education office provides funds to implement family literacy programs. The parents participate in ABE, general equivalency diploma (**GED**), and parenting skills while early childhood educational and developmental activities are provided to their children through Head Start and Chapter I.

In Michigan, one of the projects provides services to Head Start families in the form of workshops. The purpose of the workshops is to serve as a knowledge base for parents to learn about current research regarding parents' influence in their children's education. As a result, 15 parents enrolled in the literacy program, some parents enrolled in ABE classes, 550 Head Start families received 5 new children's books, and many parents took their children to the library for the first time.

In New Jersey, ABE teachers provide services to parents participating in the Even Start program in several areas. Materials and assessment for ABE, GED and ESL adult learners also are undertaken by the adult education office at the State and local levels. Head

Start and Chapter I provide educational and developmental activities to **children of** parents participating in the programs.

*Contact: Adult Education Act Programs-Basic Grants to States, Division of Adult Education and Literacy, Office of Vocational and Adult Education (OVAE)*

### 2.1.3 Even Start

Even Start is a two generation program created in 1988 to integrate educational services for young children and their parents. Even Start provides adult basic education (including GED preparation and literacy training), early childhood education, and parent-child activities designed to encourage interactions that support healthy child development.

#### **Authorization and Funding**

Even Start was authorized by the Elementary and Secondary Education Act of 1965, as amended by the Hawkins-Stafford Elementary and Secondary School Improvement Amendments of 1988, Part B of Chapter 1 of Title I (P.L. 100-297) and H.R. 751. Legislative authority expires in 1993.

Once the appropriation for any fiscal year exceeds \$50 million, Even Start becomes a State formula grant program. In **1989, 76** grants were funded at a total cost of \$14 million; in 1990; 47 grants were funded at a total of \$24 million; and in 1991, 115 grants were funded at a total of \$49.7 million. For FY 1992, \$60 million was requested. The average Even Start program award was for \$180,000.

#### **Administrative Structure and Funding**

The Even Start program provides Cyear discretionary grants for cooperative projects that are family centered and combines adult literacy, parent education, and early childhood education. Even Start is administered in the U.S. Department of Education by the Office of Elementary and Secondary Education. The Federal Government administers funding to the States and monitors the States' implementation of Even Start programs. Each State has an Even Start coordinator who is located in the State Department of Education in the Chapter I Office, Early Childhood Office, or the Adult Education Office. Each State runs a competition for Even Start proposals and awards subgrants to the winning proposals within the **State**. Individual Even Start programs may be administered either by the local education **area** (LEA) or by **NPOs**.

#### **Purpose and Goals**

The purpose of the Even Start program is to improve the educational opportunities of the Nation's children and adults by integrating early childhood education and adult education for parents into a **unified** program that builds on existing community resources. The Even Start program **has three** interrelated goals:

- To help parents become full partners in the education of their children;
- To assist children in reaching their full potential as learners; and

- To provide literacy training for their parents.

### ***Program Model and Operations***

There are currently 240 Even Start sites located in all States and the District of Columbia and Puerto Rico. Each program awarded a discretionary grant must according to the legislation provide the following program elements: (1) identification and recruitment of eligible children; (2) screening and preparation of parents and children for participation, including testing, referral to necessary counseling, other developmental and support services, and related services; (3) provision of services appropriate to participants' work and responsibilities, including appropriate schedules and locations to accommodate parents and children, child care, and transportation; (4) establishment of instructional programs that promote adult literacy, training parents to support the educational growth of their children and preparation of children for success in regular school programs; (5) inservice and preservice training; (6) provision and monitoring of integrated instructional services; and (7) coordinating with existing services.

A variety of service models have been developed in response to community needs. Among the models developed by Even Start, there is home-based instruction, center-based early childhood education activities in school and community facilities, and adult education and job training activities provided in a variety of locations.

### ***Collaboration With Head Start and Other Agencies***

The **LEAs** are required to collaborate with other organizations in preparing the initial application. In many cases there already may be existing programs and other community resources available. Rather than supersede or compete, Even Start funds are intended to build on these resources in order to create a complete program. Given the limited size of the Even Start authorization and the large number of existing local State and Federal programs focused on literacy and early childhood education, it is expected that applicants use Even Start funds as the extra piece needed to fashion an Even Start program out of these **various** sources of support.

The legislation specifically requires that Even Start programs collaborate with programs under Chapters 1 and 2 of the Elementary and Secondary Education Act, the Adult Education Act, the Individuals with Disabilities Education Act, the JTPA, Head Start, volunteer literacy programs, and other relevant programs.

Even Start is expected to utilize the services of these programs for the benefit of Even Start participants. Even Start cannot use its funds **to** replace services available in the community. Services available in the community through the programs listed above may be counted toward the matching fund requirement; however, Chapters 1 and **2 funds** cannot be used toward meeting the matching **fund** requirement.

The legislation **specifically** requires that Even Start programs coordinate with the Head Start program; however, no further specifics are provided in the legislation.

The following types of collaborations have taken place between Even Start and Head Start programs:

- Jointly serving those families eligible for both programs (parents may receive some services through a Head Start program);
- Inclusion of Head Start staff on the Even Start Advisory Board;
- Inviting Head Start **staff** and parents to contribute to Even Start project planning;
- Consultation with Head Start on how to design and deliver early childhood education and parent training; and
- Collaboration between both programs with regard to child care and transportation.

### ***Evaluation***

Section 1058 of the Even Start legislation requires an independent national evaluation of the projects funded under Even Start. In January 1990 the **Office** of Planning, Budget, and Evaluation (OPBE) in the U.S. Department of Education awarded a contract to Abt Associates Inc., with a subcontract to **RMC** Research Corporation, for an evaluation of the Even Start program. The legislation states that the evaluation must determine Even **Start** programs' effectiveness in providing the following: services to special populations, adult education services, parent training, home-based programs involving parents and children, coordination with related programs, and training of related personnel in appropriate skill areas.

The evaluation, which runs from 1990 through 1993, calls for a four-part evaluation and includes annual reports to be delivered to the Department of Education as well as a **final** report to Congress by September **30, 1993**. Data will be collected on all projects as well as an **indepth** study of 10 sites.

*Contact: Even Start, Office of Elementary and Secondary Education, U.S. Department of Education, Washington, D.C.*

## **2.2 ACYF'S HEAD START FAMILY LITERACY INITIATIVE**

On October **1, 1990**, ACYF began an initiative to encourage every Head **Start** program to promote family literacy. Funds were made available to all Head Start grantees to implement family literacy activities. The focus of this **2-year** initiative is on providing information and demonstration support to Head Start grantees.

### ***Administrative Structure and Funding***

The Family Literacy Initiative was described in an ACYF publication entitled *Promoting Family Literacy Through Head Start* which provides an introductory guide to how Head Start programs can address family literacy. This publication was attached to IM ACF-IM-91-20 **issued on September 11, 1991**.

The Head Start Family Literacy Initiative instructs each grantee to **make family** literacy a priority and to include family literacy training in all the required Head Start activities such as the family needs assessment, developmentally appropriate educational programming for children, parent involvement, parent training, and the utilization of volunteers.

In FY 1991, \$9 million in quality improvement funds was made available by ACYF to all Head Start grantees to implement family literacy activities. Each grantee received a base amount, plus an additional amount determined by the number of children served by the program. The average amount received per grantee was approximately \$7,500 with a range of \$4,500 to \$150,000.

### *Purpose and Goals*

The goals of the Head Start Family Literacy Initiative are:

- To enable Head Start parents to develop and use literacy skills which can assist them in becoming more active and effective participants in the community, in the workplace, in their child's education and development, and in their efforts to obtain economic and social **self-sufficiency**; and
- To enhance children's literacy development by helping parents become more effective as their child's "first teacher."

### *Recommendations and Provisions*

The Head Start Family Literacy Initiative does not specify any particular model to be used by grantees; rather each grantee is asked to develop a model which incorporates certain basic activities and meets the needs of its own community and families. It is expected that interagency collaboration be utilized in developing the program. Each program may develop its own mix of home- or center-based activities as well as adult, child, and adult-child interactive programs.

Nevertheless, ACYF has described three basic models that can be implemented by Head Start programs to promote family literacy:

- Increasing families' access to materials, activities, and services that are essential to family literacy development;
- Supporting parents in the role of being their child's first teacher by providing encouragement and specific direction to Head Start families, which will stimulate and sustain the child's potential for future success in literacy activities; and
- Assisting parents as adult learners to recognize and address their own literacy needs by creating a supportive environment that benefits both parents and children.

ACYF also has suggested ways of implementing each of these major models. The following are the type of suggestions offered within **this** initiative: (1) to increase access to

family literacy opportunities, parents can be encouraged to use the library or Head Start may develop its own lending library; (2) Head Start programs may collaborate with Reading Is Fundamental Inc., a national NPO that supports community projects encouraging children to want to read; (3) to support the role of parents as teachers of their children, home visitors can demonstrate parent-child literacy interactions and reinforce parent practices that promote literacy; and (4) to assist parents as adult learners, programs can have child care available during the parent's instruction, provide transportation, and develop a peer support system among adult learners.

### ***Collaboration With Other Programs***

ACYF encourages grantees to collaborate with community agencies stating that Head Start programs should not expect to act in isolation when addressing the literacy needs of its families. Suggested collaborators include adult basic education, GED, ESL, JTPA, JOBS, Even Start demonstration projects, libraries, civic organizations, businesses, and literacy volunteer programs.

In addition, ACYF suggests that when planning a family literacy program, Head Start grantees convene an advisory panel of representatives from local literacy programs to meet with Head Start **staff** and parents.

### ***Evaluation***

There was no specific evaluation component attached to the Family Literacy Initiative. However, parent progress in the area of literacy will be evaluated under the Family Service Center programs. ACF also has funded a survey of Head Start **Family** Self-Sufficiency Initiatives which **will** be conducted by CSR, Incorporated, and will examine family literacy efforts across Head Start programs nationwide.

**Contact: Head Start Bureau, ACYF, DHHS, (202) 8572.**

### **2.2.1 Other ACYF Initiatives**

Other ACYF initiatives in the area of literacy include those that appear in ACYF information memorandums to Head Start agencies. A description of some such initiatives follows:

#### ***Information Memorandum 82-05 (IM-82-05), May 18, 1982***

**IM-82-05** to all Head Start grantees and delegate agencies informs them about the major findings contained in a report entitled *An Evaluation of the Head Start Bilingual Bicultural Curriculum Models* and tells them how to obtain a copy of the executive summary of this report. This evaluation was conducted over a **3½-year** period at eight Head Start centers by Juarez and Associates.

The findings of the evaluation indicated that the **bilingual-bicultural** curricula were effective and there curricula had a favorable impact on Spanish-speaking children. The curricula did not have an unfavorable impact on children who primary language is English. Parent and teacher attitudes were favorable towards the use of the curricula, and the four

bilingual&cultural models were viewed as able to be implemented successfully in other settings.

This memorandum also provides background information on a Head Start initiative begun in 1974, the Head Start Strategy for Spanish-Speaking Children, which addressed the specific needs of Spanish-speaking children. This effort sought to develop a capacity for Head Start to implement bilingual&cultural early education programs and focused on the development of four related areas: (1) bilingual-bicultural curriculum development, (2) competency-based bilingual and bicultural Child Development Associate (CDA) training for classroom staff, (3) four Bilingual Multicultural Resource Centers for Head Start programs, and (4) research focusing on Spanish-speaking children.

To implement these goals, Head Start supported an experimental effort from 1976 to 1979 to develop, pilot test, and implement four preschool **bilingual/bicultural** curriculum models. Hispanic and non-Hispanic children participated, as it was felt that these curricula also could be used among nonbilingual or non-Hispanic children.

The results of the study of the impact of the four **bilingual/bicultural** preschool curriculum models are included in the report that was noted above.

*Information Memorandum **ACYF-85-28 (IM-ACYF-85-28)**, September 6, 1986*

IM-ACYF-85-28 was sent to all Head Start grantees and delegate agencies. The **goals** of the memorandum were (1) to inform all Head Start grantees of the new Bilingual Multicultural Resource System that will be put in place and (2) to make the guidelines for funding exemplary grantees in the Bilingual Multicultural Resource System available to grantees who would like to submit a proposal for participation in the new **Training/Technical Assistance (T/TA)** system.

The contracts for the four Bilingual Multicultural Resource Centers expired in September 1985. In order to continue the provision of bilingual training, ACYF put in place a new Bilingual Multicultural Resource System, and this information memorandum provides guidelines for funding of grantees in the Bilingual Multicultural Resource **System, including** a description of the system, selection criteria, required tasks, the role of regional support grantee (RSG), the budget, and the application process.

The guidelines mentioned above also note that the successful implementation of the Head Start bilingual programs was due largely to the Bilingual Multicultural Resource Center Network which has responsibility for providing bilingual resources to all Head Start programs throughout the country. The resource centers also provide **T/TA** on the implementation of the various bilingual multicultural curriculum models to selected grantees that have a high concentration of Hispanic children.

*Information Memorandum **ACYF-86-32 (IM-ACYF-86-32)**, December 2, 1986*

The purpose of IM-ACYF-86-32 is to provide information to all Head Start grantees and delegate agencies about the results of a process evaluation of 16 Head Start Adult Literacy Projects conducted from December 1985 through April 1986. These projects were developed by the **ACYF** in collaboration with the Adult Literacy Initiative **Office** of the

Department of Education to enable **16** selected programs to plan and to implement adult literacy projects. The objective of this process evaluation, which was funded by ACYF, was to document the development and implementation of these projects for purposes of dissemination and possible replication. The evaluation report was attached to the memo.

The evaluation contains qualitative and quantitative information on interagency cooperation, personnel, enrollment, instruction, future plans, problems, benefits, and other relevant project attributes.

Results showed that all 16 projects were able to implement viable adult literacy projects. Most of the projects reported some form of interagency cooperation. Teaching personnel sometimes were recruited, trained or supervised by outside groups, **while** in other projects, these activities were the sole responsibility of the Head Start grantee. The majority of the projects offered individualized instruction using various combinations of parents, community residents, college students, and Head Start **staff**. Group instruction also was provided. Most of the projects anticipated continuing their programs beyond the demonstration period. Reported benefits included improved adult literacy, self-esteem, self-confidence, parent-child relationships, and parent-Head Start interaction.

The memo also **informs** grantees of about \$5 million which Congress appropriated for adult literacy training under The Library Services and Construction Act for FY 1987 and encourages grantees to take the initiative in contacting local or State public libraries to develop cooperative agreements for the purpose of submitting grant applications for FY 1987 funds.

***Information Memorandum ACYF-88-31 (IM-ACYF-88-31), November 11, 1999***

IM-ACYF-88-31 to Head Start grantees and delegate agencies provides information about the 1989 National Institute for Head Start Social Services Coordinators which was held in August 1989 in Washington, D.C. The primary goals of this **3½-day** institute were to support and enhance the role of social service coordinators and social services **staff** and to assemble the best resources and thinking available for enhancing the social services component in Head Start programs and to make this information available to all grantees and delegate agencies. Along with many other areas, one of the topic areas related to employment which was mentioned in the memorandum as appropriate for presentations was strategies for serving working parents.

***Information Memorandum ACYF-91-03 (IM-ACYF-91-03), March 5, 1997***

IM-ACYF-91-03 to all Head Start grantees and delegate agencies pertains to Multicultural Principles for Head Start Programs. The 10 principles detailed in the document were the result of 2 years of effort by the Head Start Multicultural Task Force, a group of persons chosen from the former network of grantees who provided training on the 4 multicultural curricula developed by ACYF as **part** of the Strategy for Spanish Speaking Children in the 1970's.

The memo states that the multicultural principles apply to not only what takes place in the classroom but to all component services, to children with special needs, and to the

administration of the program. The memo recommends that each Head Start director schedule time to review and discuss the principles with all the coordinators in each program.

The memo also notes that ACYF has funded six Head Start grantees to be demonstration sites for the infusion of the multicultural principles through all aspects of their programs and to document the process by which this is achieved. These grantees then will share their experiences with staff of other programs and explain what they are doing. The memo also notes that ACYF is developing a library of resources for use in providing T/TA which should be available for FY 1992.

*ACF, Memorandum, May 9, 1992*

IM-ACF-92-05 is attached to a copy of two publications from the Barbara Bush Foundation for Family Literacy. These publications are *First Teachers: A Family Literacy Handbook for Parents, Policy-Makers, and Literacy Providers* and *Barbara Bush's Family Reading Tips*. The memo notes that these materials should be helpful to Head Start programs in their ongoing efforts to implement family literacy activities, including those initiated with the \$9 million in FY 1991 program quality improvement funds made available to grantees for this purpose.

## 2.3 PRIVATE-SECTOR PROGRAMS

Some Head Start agencies collaborate with private organizations designed to address literacy issues. Two such programs are the Barbara Bush Foundation for Family Literacy and the National Center for Family Literacy, both of which offer models for working with Head Start programs on literacy.

### 2.3.1 The Barbara Bush Foundation for Family Literacy

The Barbara Bush Foundation for Family Literacy is a private nonprofit foundation that supports the development of family literacy programs and engages in other outreach activities related to family literacy.

#### *Administrative Structure and Funding*

The foundation, begun March **6, 1989**, is an ah-volunteer endeavor run by an eight-member board of directors. The foundation is housed at the Foundation for the National Capital Region in Washington, D.C., which also serves as its fiscal and administrative agency. A corporate committee is responsible for fundraising efforts.

In September **1990**, **11** grants totaling \$500,000 and ranging in size from \$25,000 to \$50,000 were awarded. In November **1991**, **13** grants ranging in size **from** \$14,000 to \$50,000 and totaling \$500,000 were awarded. In FY 1993, a total of \$502,650 was awarded to 16 grantees; **funding** ranged from \$3,250 to \$50,000 per project.

### ***Purpose and Goals***

The goals of the Barbara Bush Foundation programs are (1) to support the development of family literacy programs; (2) to break the intergenerational cycle of illiteracy by helping to provide settings where parents and children can learn to read together with materials and instructions available to them; and (3) to establish literacy as a value in every family in America by helping every family understand that the home is the child's first school, that the parent is the child's first teacher, and that reading is the child's first subject.

### ***Program Model and Operations***

The Barbara Bush Foundation for Family Literacy focuses on the following six activities: (1) identification of successful programs; (2) awarding 1-year grants to help establish successful family literacy efforts; (3) providing seed money for community planning of interagency family literacy programs; (4) supporting training and professional development for teachers; (5) encouraging recognition of volunteers, educators, students, and effective programs; and (6) publishing and distributing materials that document effective working programs.

The foundation has published ***First Teachers: A family literacy handbook for parents, policy-makers, and literacy providers*** and also has held symposia on family literacy. Since it was founded, the foundation has awarded \$1.5 million to 40 family literacy programs throughout the country. The foundation also responds to requests for help with literacy problems, for assistance in establishing family literacy projects, and for information about family literacy.

Grantees awarded funds through the foundation operate family literacy programs. Ideally these programs include literacy and parenting education for adults, prereading and literacy programs for children, and programs that allow time for parents to use their newly acquired skills with their children.

Each family literacy grantee has its own unique model responsive to the needs of the community and program participants it serves.

One of the basic tasks of the foundation is to provide seed money for community planning of interagency family literacy programs. Many of the grantees that have been funded have developed models that make extensive use of collaboration with Head Start and other agencies.

### ***Evaluation***

Each grantee submits quarterly reports as well as a final report; these reports include data on the evaluation of the **program** such as the number of participants and retention. The evaluation data submitted by each program are unique to the program.

### ***Collaboration With Head Start***

The following are two examples of Head Start collaboration with the Barbara Bush Family Literacy program:

- *Family Learning Center, Arkansas.*—The Literacy Council of Crittenden County and the Head Start Program of the East Central Arkansas Economic Development Corporation were awarded a grant in 1991 to sponsor the Family Learning Center for low-income families. The Family Learning Center will serve 20 low-income persons and will provide a learning and development program for the adults and their **3- or 4-year-old** children. Parents will attend classes for 2% days per week; their children will attend a full-day Head Start program 5 days per week. Joint parent and child activities will involve child-initiated activities with parents in a supporting role. While the children nap, parents will participate in **self-sufficiency** and parenting skills discussions. The project staff will include a Head Start teacher, an adult education instructor, and an assistant teacher. In addition to regular Head Start training, both the Head Start and adult **staff will** attend the National Center for Family Literacy training program.
- *Waianae Family Literacy Program, Hawaii.*—The Honolulu Community Action Program sponsored this program which was awarded a grant in 1990. The project will serve approximately 20 Waianae Coast Head Start eligible children and their parents who lack literacy skills or who have not obtained a high school diploma or GED. The program proposes to raise the educational level of Head Start parents through improved basic literacy skills or the attainment of a GED and to increase the developmental skills of Head Start children through comprehensive services encompassing early childhood education, family health, and social services. Daily activities for parents and children include sharing breakfast and lunch, Parent and Child Time (PACT), Parent Time (PT), and separate classroom activities. A prevocational component will enhance employability *among* parents. A Head Start educational coordinator oversees the project.

*Contact: The Barbara Bush Foundation for Family Literacy, 1002 Wisconsin Ave., N.W., Washington, D.C. 20007, (202) 338-2006.*

### 2.3.2 The National Center for Family Literacy

The National Center for Family Literacy provides assistance in the area of family literacy throughout the country by offering training, technical assistance, information, or funding to programs and policymakers.

#### **Administrative Structure and Funding**

The National Center for Family Literacy (NCFL) was established by Ms. Sharon Darling, who continues to head the organization as president. The center now has 15 full-time employees based in Louisville, Kentucky, and **10** part-time instructors located across the country who assist with training.

**NCFL's** budget for 1992 is \$2.7 million. The center receives its funding from multiple sources. The center received a major boost in 1990 when Toyota donated \$3.6 million to help **communities and school districts finance family literacy programs. The Kenan Trust** continues to support NCFL; however, the center also receives **funds** from the **Louisville** Community Foundation and different local corporations and businesses.

### ***Purpose and Goals***

NCFL aims to break the cycle of undereducation by assisting in the establishment of family literacy programs throughout the country. The center endeavors to do the following:

- Provide training and technical assistance to enable the establishment of quality family literacy programs throughout the Nation;
- Provide assistance and information to Federal, State, and local policymakers and program planners, thus encouraging a national understanding and response to the cyclical problem of illiteracy;
- Support the expansion of existing and developing family literacy efforts nationwide through training, materials development, newsletters, and an information clearinghouse; and
- Fund model programs and conduct research to ensure that practice informs research and that research improves the quality of family literacy efforts.

### ***Program Models and Operations***

NCFL has 15 full-time staff, and 10 part-time instructors are also on the staff nationwide. The NCFL has trained program **staff** and coordinators throughout the country. NCFL conducts several types of training.

Planning seminars, technical assistance, and policy development are available for administrators and policymakers. Instructor training, technical assistance, and specialty training are offered for teachers. In addition, **followup** technical assistance site visits are available after training programs are in operation.

NCFL also has provided technical assistance to several other family literacy program models, including the federally funded Even Start programs. In 1990 NCFL began offering technical assistance to 11 grantees of the Barbara Bush Foundation for Family Literacy.

NCFL initiatives include the following: (1) the **Kenan** Trust Family Literacy **Program**, (2) the Toyota Families for Learning Program (15 citywide collaborative family literacy programs in 10 cities that are funded by Toyota), (3) the Apple Partnership Program (explores the use of computers in a family literacy program), (4) the Bureau of Indian Affairs (a program designed to meet the needs of the American Indian population), (5) the Workplace Literacy Program; and (6) Federal and State collaboration programs with Even Start and Head Start.

The primary goal of the **Kenan** Trust Model is to break the intergenerational cycle of undereducation and poverty by improving parents' skills and attitudes toward education, by improving the children's learning skills, improving parents' child care skills, and by uniting the parents and children in a positive educational experience. The model includes four basic components: (1) adult education and early childhood education, (2) parent support, (3) parent-child learning, and (4) information and referral to other community agencies.

The target audience for the **Kenan** Trust Model program is undereducated adults who are the main caregivers of children 3 to 4 years of age. The model is designed to serve best those adults who are functioning academically at about a fourth-grade level or above. Academic goals for the adult clients are individualized. Adults may remain in the program as long as their children are eligible to attend.

The **Kenan** Trust Model brings undereducated parents (or adult caregivers) together with their preschool children for 3 days each week in a school in which learning takes place for both the parents and children. The children participate in a preschool program while the adults learn skills in the various academic areas. In addition, vocational preparation is provided in the **Kenan** Trust Model through career counseling, student assessment, and instruction to develop "employability skills." The model is comprehensive and integrated and strives to link the activities of the parents with the needs of the children.

The **Kenan** Trust Model programs include specific times when parents and children work and play together during the schoolday. Parents help their children learn in the preschool classroom, and they discover how to make learning fun at home. Parents are asked to apply the strategies for effective parenting which they learned in the parent-education program by using them with their own children.

NCFL is involved in outreach activities and ongoing collaborations with educators, policymakers, and others in the field of family literacy. NCFL **staff sit** on boards of directors and give keynote addresses and presentations at literacy and family conferences throughout the country. In addition, NCFL publishes newsletters and distributes them to educators and policymakers in all 50 States.

NCFL provides planning and training for Even Start programs throughout the country, is involved in the Head Start Family Literacy Initiative, and is represented on the National Literacy Institute which was instituted as part of the National Literacy Act of 1991.

### ***Evaluation***

NCFL recently completed an evaluation of the original Toyota Families for Learning sites. Children in the program were given the Peabody Picture Vocabulary Test before they began the program and at the end of the school year. Pretests and posttests were conducted with parents using the Comprehensive Adult Student Assessment System to measure **adult** academic gains in the areas of reading and math. NCFL is in the process of creating a data base for evaluation data and will subcontract out some of the evaluation work that needs to be done.

Evaluations have been done of 79 families who participated in **Kenan** Trust Model programs in Kentucky and North Carolina **from** 1988 to 1990. The purpose of this study was to determine the current educational success of children who participated in these programs. Researchers used interviews with the children's parents and with their current teachers as well as ratings provided by the current teachers.

A **followup** study was conducted on 14 family literacy programs in Indiana, Kentucky, and West Virginia, where the NCFL trained the teachers. This study examined the current school success of children who participated in family literacy programs as preschoolers; the

children were in kindergarten through fourth grade. Ratings by the children's current teachers as well as teachers' ratings of parental support for their children's education were utilized.

### ***Collaborations With Head Start and Other Agencies***

NCFL works with Head Start programs in regard to monies which became available through ACYF's Family Literacy Initiative (see South Carolina example under Innovative Collaborations). Head Start programs have requested technical assistance regarding how to use the monies provided by ACYF. For example, NCFL has provided four Head Start programs with training in regard to use of the Family Reading Program. This program has adult and homework components but can be supplemented with early childhood and parent-child interaction components. NCFL has also advised Head Start programs about enhancement of the role of the parent involvement specialist or family service coordinator by having these staff take responsibility for creation of a lending library. Head Start programs also have also sent their staff to the NCFL for trainings, and NCFL staff have attended local Head Start conferences.

The following are examples of NCFL collaboration efforts:

***Statewide Head Start Program in South Carolina.***—South Carolina Head Start directors and NCFL are collaborative partners in the first comprehensive statewide Head Start-initiated family literacy project in the United States. South Carolina received 1 of 12 U.S. Head Start demonstration grants as part of the Head Start family literacy initiative, and a Head Start collaboration coordinator was appointed to administer the grant.

The Head Start agencies in South Carolina found that the monies available from the ACYF family literacy initiative for any one Head Start agency were not adequate, so all the Head Start directors decided to pool their ACYF initiative funds together. Then they received matching funds from the State Department of Adult Education and the State Department of Social Services, which provided monies for an adult education teacher and the parent education and parent-child interaction components in each of the 15 Head Start programs in South Carolina.

Each of the family literacy programs in these centers serves 15 families. These programs are now in their second year of operation. NCFL assisted by providing implementation training, followup training, and technical assistance to all 15 Head Start sites. In September 1992 a training seminar was held which included adult education directors, teachers, and Head Start staff. At this seminar, representatives from statewide collaborative agencies met by geographic locale to strengthen or start local literacy partnerships. The Kenan Trust Model is being used to implement the program at each site.

***Toyota Families for Learning Program.***—The first goal of the Toyota Families for Learning Program is to develop models of collaboration and coordination that allow cities to utilize existing resources to implement family literacy programs. The private-public partnerships created by the 1991 grantees have committed a total of \$4.7 million in Federal, State, and local funds to add to the \$225,000 each city will receive over a 3-year period from Toyota. In each city the collaborative partners have offered services and resources beyond available funding.

In addition, three family literacy program sites are operating in the Tucson Toyota project; at these sites, there is a collaborative arrangement between Head Start and adult education. The Toyota money is first funneled through **NCFL**; NCFL then chooses the sites and provides the training, technical assistance, and support.

In addition to these collaborative endeavors, NCFL engages in advocacy activities to get other agencies to reach out to Head Start; for example, encouraging Even Start **programs** or school-based programs to involve Head Start families. **NCFL's** belief is that family literacy cannot exist by itself or be institutionalized by organizations creating such programs; rather, family literacy programs must be developed by using existing resources.

*Contact: NCFL, 401 South Fourth Ave., Suite 610, Louisville, KY 40202-3449, (502) 584-1133.*

# CHAPTER 3.

## EMPLOYMENT PROGRAMS

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### 3.1 FEDERAL PROGRAMS AND INITIATIVES

The federal government offers a variety of employment programs. Some, such as New Start, target very specific populations; others, such as JTPA, offer employment and educational training services to a broader range of economically disadvantaged adults and youth. New Start and JTPA and their policies toward collaboration with Head Start are described below.

#### 3.1.1 New Chance

The New Change is a research demonstration targeting young mothers who are AFDC recipients and high school dropouts. The program's services range **from** GED preparation and job training to parenting education and health services.

##### *Administrative Structure*

New Chance began in 1989 and will continue until 1995. It is funded by the Department of Labor and a consortium of private foundations (at least **27**), State, and local government agencies. New Chance is designed and managed by Manpower Demonstration Research Corporation (**MDRC**). Schools and community-based social service organizations that have experience delivering services to teen parents are implementing the New Chance model. New Chance sites represent a wide range of institutions including 4 schools, 1 postsecondary educational institution, 1 public agency, and 10 community-based and community service organizations.

New Chance is supported primarily through public funding from State and local human resource and job training agencies. MDRC assembled a consortium of public and private **funders** to support the overall costs of managing and evaluating New Chance as well as the supplemental grants to go through MDRC to each New Chance site. The total budget is approximately **\$12** million.

##### *Problem and Target Population*

Despite the personal and social consequences of adolescent pregnancy and parenting, the needs of mothers in the 16 to **22-year-old** age range have gone largely unattended. Too

old for school-based programs, these young women also have been unreached by mainstream employment and training programs. The New Chance program is an effort to **find** out how best to respond to the needs of disadvantaged young mothers and their children with regard to achieving economic **self-sufficiency** and optimal physical and psychological development, and thereby to curtail the perpetuation of intergenerational poverty.

New Chance targets a disadvantaged subset of the AFDC population—young mothers aged 16 to 22 who are high school dropouts and who gave birth to their first child as a teen. These mothers, however, may have children of any age. This demonstration is targeted at AFDC recipients who are older than the typical high school population but who are appropriate targets for a prevention-oriented approach because they are likely to be long-term welfare recipients.

### ***Purpose and Goals***

Program services aim at improving the effectiveness of participants both as wage earners and as parents. Multiple objectives include (1) increasing participants' educational and vocational skill levels and their ability to secure stable employment; (2) enabling participants to control their future pregnancies; (3) lessening dependence on public assistance and helping participants escape poverty; (4) increasing self-esteem and self-confidence; (5) bolstering parenting, communication, and other life management skills; and (6) improving the cognitive, emotional, and physical development of participants' children.

Little is known about which techniques are most effective in helping young mothers escape the welfare rolls, enter the labor force, and become competent as well as loving parents. New Chance was designed to help fill this gap in both programming and knowledge.

### ***Program Model and Operations***

There are **16** demonstration sites in **10** States that represent a mix of economic conditions, welfare grant levels, and ethnic groups. New Chance sites are located in the following cities: **Chula** Vista Inglewood, and San Jose, California; Denver, Colorado; Jacksonville, Florida; Chicago Heights, Illinois; Lexington, Kentucky; Detroit, Michigan; Minneapolis, Minnesota; New York, New York; Portland and Salem, Oregon; and Allentown Philadelphia, and Pittsburgh, Pennsylvania.

New Chance participation is voluntary; in some States, participation will meet the JOBS participation requirement. New Chance is a highly structured model which is divided into three phases: two in program phases lasting up to 18 months and a **followup** phase of 6 to 12 months'. During Phase I, the focus is on education and personal development activities. Phase II, which typically begins after the fifth month of enrollment, involves a greater emphasis on activities directly related to employment. Participants entering this phase may continue in education and personal development classes but also must either enter an occupational skills training course or be placed in a work **internship**. This phase ends when the participant completes training and is placed in an unsubsidized job or enters a more advanced skills training or educational program.

The Phase III **followup** may include counseling and additional assistance (e.g., in locating jobs and child care and community resources). A major emphasis during the

**followup** period is to help those who are working adjust to their jobs and **balance work** and family demands. Each site must provide programmatic **followup** for 6 months and can provide this **followup** for up to 1 year. Research **followup** continues for up to 32 months following random assignment.

Each New Chance site provides services in four areas: (1) educational development or instruction in basic academic skills and GED preparation; (2) employability development or assistance with career exploration and preemployment skills, vocational skills training, work internships, summer work experience, and job placement assistance; (3) personal and social development including health education, health services, family planning, prevention of substance abuse and AIDS, parenting, life management skills training, and case management and counseling; and (4) services for participants' children, including child care and pediatric medical care. Except for classroom skills training and health services, most New Chance services are provided at the New Chance site, either by program staff or by personnel **from** appropriate community agencies.

The program is deliberately small in scale, owing to the intensity of services; each site is expected to serve about 100 women. Participants are expected to participate regularly in services offered at least 4 days a week, 5 to 6 hours a day. Individualized service plans are formalized in a participant contract shortly after enrollment.

New Chance reimburses enrollees for expenses wherever possible and provides tangible and nontangible incentives to reward and encourage good performance.

### ***Collaboration with Other Programs***

The focus of New Chance is on the integration of services, not just the implementation of the separate program components. Its model consolidates classes, counseling, and other activities in a single location.

One of the three groups specifically targeted by JOBS, young AFDC mothers under age 24, overlaps with the New Chance target group. New Chance can be an option for individuals required to participate in some type of educational- or employment-related activity through JOBS. In addition, the 1992 amendments to the JTPA make it easier to use JTPA funding to support programs like New Chance. The amendments target services to less job-ready groups including teenage parents and welfare recipients who may need basic skills training programs. Enrollees may participate in summer work experience jobs sponsored under JTPA.

### ***Evaluation***

MDRC is randomly assigning approximately **2,300** families to the treatment or control groups; two-thirds (1,500) of the families will be placed in a treatment group and one-third (800) in a control group. Members of both groups will be followed for 3% years. The control group consists of young women who are not offered New Chance services but remain eligible for other services in the community.

The study will assess outcomes for children as well as mothers, including the parent's education and employment status, earnings, welfare receipt, repeat pregnancies, and

children's health and development. The researchers also will investigate the different sites' implementation of the model, relate implementation strategies to successful outcomes, and conduct benefit-cost analyses. Modes of service delivery, patterns of participation, and choices made by program operators are observed.

The researchers also plan analyses to investigate important mediators of outcomes, such as fertility control, educational gains, and parents' psychological functioning. Plans are under way for an embedded **substudy** of changes in the parent-child relationship among program participants. New Chance mothers and their children will be videotaped in a series of interactions that allow researchers to examine parenting techniques and variables that predict children's cognitive and emotional development.

This study uses both quantitative data, obtained through a special automated management information system installed at each site, and qualitative information drawn **from** site visits, field reports, and memoranda by the evaluator's staff. Data for this analysis will be collected by **inperson** interviews at **18** and **36** months **after** entry into the sample.

The first report on the evaluation's findings was published in December 1991. This report explores the implementation and operational feasibility of the New Chance model. The report concludes that New Chance is operationally feasible and is reaching the highly disadvantaged young women it targets. MDRC expects to generate three additional reports. A report which will be released in 1993 will explore the later program experiences of a group of participants. A final implementation report that includes early findings on program impacts will be released fall 1993, and a final report on impacts and the results of the benefit-cost analysis will follow in fall **1995**.

#### ***Collaboration With Head Start***

There are no formal linkages with Head Start; however, participants are encouraged to enroll in Head Start when their children become eligible for these services. Two of the New Chance sponsoring agencies have Head Start programs associated with them.

***Contact: Manpower Demonstration Research Corporation (MDRC), Three Park Ave., New York, NY 10016.***

### **3.1.2 The Job Training and Partnership Act (JTPA)**

This summary will cover only Title II-Training Services for the Disadvantaged, including Titles II-A (Adult Training Program), II-B (Summer Youth Employment and Training Programs), and II-C (Youth Training Program). Titles III (Dislocated Workers), IV (Federally Administered Programs), V (Employable Dependent Individuals Bonus Program), VI (Miscellaneous Provisions), and VII (State Human Resource Investment Council) are not covered.

#### ***Administrative Structure***

JTPA was enacted under the JTPA of 1982 (PL **97-300**) and implemented on October **1, 1983**. On September **7, 1992**, the Job Training Reform Amendments of 1992 were

enacted (**PL 102-367**). Regulations pertaining to the amendments will be disseminated in December 1992; the amendments must go into effect on July 1, 1993.

**JTPA** is administered by the Department of Labor's Employment and Training Administration (ETA), Office of Job Training Programs. Under JTPA, governors have primary responsibility for the management and oversight of employment and training programs, which are designated and operated at the local level and based on local labor market needs and opportunities.

Emphasis is placed on the partnerships between those who administer JTPA programs and those who know about private-sector job requirements. These public-private partnerships are based on (1) State Job Training Coordinating Councils, which are appointed by Governors and composed of representatives of business and industry, **State** agencies and local government, organized labor and community-based organizations, and the general public (the councils work to coordinate job training and related activities and make recommendations on programs to the governors); (2) Service Delivery Areas (**SDAs**) which are designated by Governors to receive Federal job training funds (units of local government with populations of 200,000 or more are automatically eligible to be **SDAs**; there are 641 nationwide); and (3) private industry **councils (PICs)**, which provide guidance and oversight for job training programs at the SDA level. In each SDA, a designated administrative entity operates the JTPA program; this could be the PIC, local government, or a community college.

**PICs serve as** key mechanisms for bringing representatives from various segments of the private sector into the active management of job training programs. Appointed by the local elected official, PIC membership is comprised of representatives of the private sector, educational agencies, organized labor, community-based organizations, economic development agencies, and the public employment service.

Each **SDA** is required to develop a **2-year** job training plan that includes.

- Coals and objectives of the program;
- Procedures for identifying and selecting participants;
- Coals for the training and placement of women in nontraditional employment and a description of such efforts;
- Adult and youth program budgets for 2 program years;
- A description of linkages to avoid duplication;
- Coordination provisions if there is more than one SDA in a single labor market area;
- A description of the assessment and referral process services to be provided; and
- A description of activities conducted during the program year along with certain specified statistics.

### ***Problem and Target Population***

JTPA programs work to move jobless individuals-economically disadvantaged adults and youth, dislocated workers, and others who face significant employment barriers-into permanent **self-sustaining** employment through job training. The program is targeted toward economically disadvantaged youth and adults, especially those who have experienced the barriers to employment which are **identified** in the law. Fifty percent of youth must be out of school year round.

### ***Purpose and Goals***

The original JTPA was intended to establish programs to prepare youth and unskilled adults for entry into the labor force. JTPA also was intended to **afford** job training to those economically disadvantaged individuals and other individuals facing serious barriers to employment who are in special need of such training to obtain productive employment.

The purpose of the 1992 JTPA Reform Amendments is to establish programs to prepare youth and adults facing serious barriers to employment for participation in the labor force. This goal was to be met through the provision of job training and other services that will result in increased employment and earnings, increased educational and occupational skills, and decreased welfare dependency, thereby improving the quality of the workforce and enhancing the productivity and competitiveness of the Nation.

### ***Eligibility Issues***

To make use of the programs under Titles II-A, II-B, or II-C, an individual must be economically disadvantaged This term is described in the law as meaning an individual who.

- Receives or is a member of a family that receives cash welfare payments under a Federal, State, or local welfare program;
- Has or is a member of a family that has received a total family income for the 6-month period prior to application for the program involved (exclusive of unemployment compensation, child support payments, and welfare payments) **which** in relation to family size, was not in excess of the higher of
  - (a) the poverty level determined in accordance with criteria established by the Director of the **Office** of Management and Budget; or
  - (b) 70 percent of the lower living standard income level;
- Receives food stamps pursuant to the Food Stamp Act of 1977;
- Is a foster child on behalf of whom State or local government payments are made;  
or

- In cases permitted by regulations of the Secretary, is an adult handicapped individual whose own income meets one of the first two requirements but whose family income does not meet such requirements.

***Program Model and Operations***

There is a JTPA site in every SDA, in small States that consist of only one SDA, there may be only one site, while in larger States with several **SDAs**, there will be many sites.

***Adult Training Program.*** -The **SDAs** must conduct an assessment of each participant's skill level and services needed; develop a service strategy that **identifies** the employment goal achievement objectives and appropriate services; review participant's progress; and, if assessment warrants, provide basic skills training, occupational skills training, and support services.

The direct training provided under II-A includes the following: basic skills training, institutional skills training, on-the-job training (**OJT**), assessment, counseling, case management, education-to-work transition activities, programs that combine workplace training with related instruction, work experience, programs of advanced career training, training programs operated by the private sector, skill upgrading and training, bilingual training, entrepreneurial training, vocational exploration, training to develop work habits, attainment of certificates of high school equivalency, preapprenticeship programs, **onsite** specific training, customized training, and use of advanced learning technology.

Training-related and supportive services include the following: job search assistance, outreach (includes awareness of opportunities for limited English proficient individuals and disabled persons and assistance for women in obtaining nontraditional employment), -dissemination of information on program activities to employers, development of job openings, programs coordinated with other Federal employment-related activities, supportive services, needs-based payments and **financial** assistance, **followup** services with participants, and services to obtain job placements for individuals.

Under II-A, work experience, job search assistance, job search skills training, and job club activities must be accompanied by other services designed to increase a participant's basic education or occupational skills. In addition, the participant must be provided with basic and operational skills training unless the assessment indicates that this is not necessary. Finally, under II-A, counseling and support services may be provided to a participant for up to **1 year** after completion of the program.

***Year Round Youth Program.***-**SDAs** must conduct an objective assessment of the skill levels and services needs of each participant. The SDA must develop a service strategy for each participant that identifies the employment goal, appropriate achievement objectives, and appropriate services. In addition, **SDAs** must review the progress of each participant. Services shall be conducted on a year-round basis and on a multiyear basis as appropriate.

The services provided in this program are the same as those provided in the adult program plus the following tutoring and study skills training; eligible alternative high school services; instruction leading to high school completion or the equivalent; **mentoring**; limited internships in the private sector; training or education that is combined with

community and youth service opportunities in public agencies, nonprofit agencies and other appropriate agencies, including youth corps programs; school-to-work transition services; school-to-postsecondary education transition services; school-to-apprenticeship transition services; and preemployment and work maturity skills training.

Training-related and supportive services are similar to those in **the** adult program. However, they also include AOD abuse counseling and referral; services encouraging parental, spousal, and other **significant** adult involvement in the program; and cash incentives and bonuses based on attendance and performance in a program. Preemployment and work maturity skills must be accompanied by either work experience or other additional services designed to increase the basic education or occupational skills of a participant.

An individual who is under **18** and is a high school dropout must have at least two options to earn a diploma. These include the opportunity of enrolling in and attending a **high** school equivalency program, reenrolling in and attending school, enrolling in and attending an alternative school, or enrolling in and attending an alternative course of study approved by the local educational agency. School dropouts in OJT also must be enrolled concurrently in one of the **SDAs** options for school attendance.

***Summer Youth Employment and Training Program.***-The **SDAs** must provide each participant with an objective assessment of the individual's basic skills and supportive service needs. **Utilizing** this assessment, **SDAs** must design a service strategy for participants **which** may identify objectives, employment goals, and appropriate services. **Finally, followup** services must be available for participants if the service strategy indicates **that** such services are appropriate.

Funds are to be used for activities such as basic and remedial education, institutional and OJT, work experience, employment counseling, occupational training, preparation for work, outreach and enrollment activities, employability assessment, job referral and placement, job search assistance and job club activities. Funds also may be used for any other employment or job training activity designed to give employment **to** eligible individuals or prepare individuals for and place individuals in employment. This program may use **its** funds for the youth corps program activities, activities which utilize linkages with appropriate educational training programs **authorized** by law, and supportive services necessary to enable persons to participate in the program. Basic and remedial education **can** be provided by a JTPA year-round program, the Job Corps, a JOBS program, an **alternative** or secondary school, or other education and training programs.

### ***Mode of Service Delivery***

A mixed model is used with services provided directly at the JTPA SDA site or through arrangements with **other** community-based organizations with **which** the JTPA administrative entity may contract. The participant also could be receiving services through JOBS or the Job Corps.

### ***Relationship With Other Programs***

In order to avoid duplicating the SDA, the Job Training Plan must include a description of linkages including appropriate educational agencies; other education, training,

and employment programs authorized by Federal law; programs under the National and Community Service Act of 1990; and local welfare, community-based organizations (**CBOs**), volunteer groups, business and labor organizations, etc.

For both the Adult (II-A) and Youth (II-C) Programs, the assessment and service strategy are not required if they recently were developed under another education and training program such as the JOBS program. Also, under both the Adult and Youth Programs, it is required that each participant be provided with information on all applicable services available through the SDA or other service providers and referred to an appropriate training and educational program. All applicants not meeting enrollment requirements must be referred **from** service providers back to SDA for further assessment to meet the basic **skills** and training needs, and **SDAs** must ensure that appropriate referrals are made and must maintain records of referrals and the basis for such referrals.

Under II-A, **SDAs** are required to establish appropriate linkages with other federally authorized programs including, where feasible, the Adult Education Act, the Carl Perkins Vocational and Applied Technology Education Act, the Rehabilitation Act of 1973, the Wagner-Peyser Act, JOBS, the Food Stamp Act, the National Apprenticeship Act, the U.S. Housing Act, the National Literacy Act of 1991, Head Start, Title V of the Older Americans Act, and other provisions of JTPA.

Under II-C, the SDA must establish linkages with the appropriate educational agencies, including formal agreements that identify procedures for referring and serving **inschool** youth, methods of assessment of **inschool** youth, and procedures for notifying the program when a youth drops out of school. The SDA also must develop appropriate cooperative linkages with other educational and training programs authorized under Federal law including Job Corps, Parts A through D of the Chapter 1 of the Elementary and Secondary Education Act of 1965, the Carl D. Perkins Vocational Education Act, the Individuals with Disabilities Education Act, the Wagner-Peyser Act, the Stewart B. **McKinney** Homeless Assistance Act, the National Literacy Act of 1991, and other provisions of JTPA.

To avoid duplication and enhance the delivery of services, under both II-A and II-C, **SDAs** are required to establish other appropriate linkages. These linkages may be developed with State and local educational agencies; local service agencies; public housing agencies; community organizations; business and labor groups; volunteer groups working with disadvantaged adults; other training, education, employment, economic development, and social service programs; juvenile justice systems; and parents and family members.

The PIC must include representatives of organized labor and **CBOs** as 15 percent of the membership, and there also must be representatives of public assistance agencies. Educational representatives are to be nominated from regional or local educational agencies, vocational education institutions, institutions of higher education, or general organizations of such institutions.

Eight percent of State funds must go toward State Education Coordination Grants to support school-to-work, adult literacy and lifelong learning, and nontraditional employment for women programs. These funds may be allotted to any State education agency for provision of services and facilitation of coordination of education and training services.

Administrative agreements are to be developed by the State education agency, JTPA administration entities, **SDAs**, and other parties such as local education agencies and alternative service providers.

### ***Funding Levels***

The funding formula used by the Federal Government to fund States emphasizes three factors: (1) the relative number of unemployed persons, (2) the relative excess number of unemployed persons (number of unemployed in excess of 4.5 percent of the civilian labor force in the State), and (3) the relative number of economically disadvantaged persons. This formula is to be used for the Adult Program unless a one-time trigger is met whereby the appropriation for Title II-A and II-C exceeds the amount appropriated for Title II-A in FY 1992 by \$25 million or more. If such a trigger is met, a revised formula takes effect which retains current formula factors but converts to a “bottom-up” design which compares unemployment and poverty data among **SDAs** nationwide rather than the current “top-down” design comparing unemployment and poverty data among the 50 States.

At least 40 percent of the total amount given to each State must be made available for II-A and for II-C, with the remainder allocated between either part. In all three titles, the majority of funding is required to go directly to the **SDAs**. Of Titles II-A and II-C funds allocated to an SDA for any program year, no more than 20 percent can be expended for administration and at least 50 percent must be expended for direct training. Assessment, counseling, and case management are included in direct training costs.

### ***Evaluation***

DOL is required by statute to evaluate JTPA programs on an ongoing basis. A variety of types of evaluations are conducted including impact studies, implementation analyses, experimental control group studies, use of administrative data, and strategies combining the above methods. DOL has an annual budget of \$10 million for these evaluation efforts. No specific studies focusing on Head **Start-JTPA** collaborations have been conducted.

The 1992 amendments provide for expanded data collection to facilitate cross-tabulations of participant characteristics, activities, outcomes, and costs. In addition, each year the Governor must conduct **onsite** monitoring of each SDA and **substate** area for compliance with procurement standards and impose sanctions unless corrective actions are taken.

### ***Policies Toward Collaboration With Head Start***

***Head Start-JTPA Interagency Agreement.***—On October 4, 1985, the Head Start Bureau, ACYF, DHHS, signed an agreement with DOL; this agreement remains in effect. The agreement is nonfinancial; its aim is to promote coordination among JTPA, Head Start, and other child care programs. Local programs use it as leverage in approaching local **PICs**. The purpose of this agreement is to facilitate the use of resources from JTPA for staff training and credentialing, employment training for parents, and child care services for children of the trainees. The intent is to enable more child care providers working in Head **Start** and other child care programs to receive CDA training and assessment leading to the award of the CDA credential through the utilization of JTPA support. The agreement is

targeted toward Head Start child care staff who are faced with employment barriers and would benefit from obtaining the CDA.

The agreement delineated specific actions to be carried out both independently and jointly by ETA and the **Office** of Human Development Services (OHDS). For example, the agreement states that ETA will alert the JTPA training and employment system at the **State** level to the potential of providing training and assessment for child care **staff** under JTPA and that the OHDS will encourage Head Start grantees to increase the percentage of staff who have received CDA training, assessment, and credentialing and to encourage differential salary increases for credentialed staff. The agreement also states that ETA and OHDS will jointly assign senior staff to serve in a liaison capacity to monitor progress under the agreement.

*Information Memorandum ACYF-11 (ACYF-IM-11), April 26, 1989.—This memorandum to Head Start grantees focuses on the **Report of the National Colloquium on Head Start/Job Training Partnership Act Interagency Agreement**. The colloquium took place June 7-8, 1988, and involved 39 participants from 28 Head Start grantees and delegate agencies who shared their experiences, challenges, and successful approaches used in implementing the interagency agreement discussed above. These ideas were incorporated in a report which was attached to the memorandum. The report outlines challenges and successful strategies to meet these challenges in four major areas: (1) the establishment of relationships and the development of contracts, (2) JTPA support for the CDA credential, (3) recruitment and enrollment, and (4) support services for parent self-sufficiency. In addition, the report makes recommendations for ACYF, the Department of Labor, and **State** Head Start associations.*

*1992 JTPA Amendments.—Head Start specifically is mentioned in the 1992 JTPA amendments as one of the Federal programs that **SDAs** are required to establish appropriate linkages with but does not specify how this is to be done.*

### ***Innovative Collaborations With Head Start***

ACYF funded six Head Start programs in 1985 to test innovative arrangements or model agreements between Head Start and local JTPA agencies. General accomplishments of model and other programs as well as special achievements of single agencies are described in the *Report of the National Colloquium on the Head Start JTPA Interagency Agreement which was published in August 1988 and was attached to IM-ACYF-89-11.*

This report identified the following achievements made by Head Start grantees that have worked well with their **PICs**:

- Work site **experience/OJT** training contracts for positions within the Head Start grantee agency was the most frequent type of arrangement between the local agencies. Coordinator, aides, and other line staff positions were filled via this type of contract. Sometimes those who filled these positions were parents.
- GED-remedial education contracts were entered into with the Head Start grantee to set up classroom training to help parents prepare to enter the **workforce**. Often the Head Start facility was used. Sometimes the grantees were able to recruit

Head Start family members for the classes. The PIC furnished the salary of the instructors.

- Training to upgrade current employees was the category of contracts **utilized** to assist Head Start **staff** to qualify for JTPA services. They were able to obtain the CDA in many cases.
- **Onsite** industry-specific training is specialized education is developed to serve an employer for certain job opportunities. Head Start grantees entered these agreements with the PIC to recruit and refer eligible parents and family members to participate and provided the support services to them.
- Often **PICs** provided job search assistance for Head Start parents. Grantees had agreements wherein a PIC **staff** member regularly provided orientation and job search assistance to the parents.
- Child care and other services frequently were included in the contracts. In addition to child care, transportation, books, training supplies, and other supportive services were included. The provision depended on the resources and needs of each agency.
- Performance-based training contracts were awarded on a competitive basis only. This type of contract requires that a group of individuals obtain **specific**, marketable skills and be placed in unsubsidized employment upon completion of training. Many staff members and parents earned the CDA credential through this type of training.

Specific examples of successful innovations cited in the **1988 Report of the National Colloquium on the Head Start/JTPA Interagency Agreement** included the following:

- Young Parents' programs assist people aged 17 to 24 as they study for the GED; some are enrolled in the child care curriculum of a Head Start-PIC training program. Head Start provides the site for the practicum of the students and assists with the job placement upon completion of the two programs.
- Credential/associate of arts degrees were awarded in cooperation with a State university using a three-phase curriculum. Participants agreed to accept placement anywhere in the State as well as travel up to 250 miles for the classroom portion of the training. JTPA funds provided the university instructor, supplies, and the credentialing fee. The university provided the dormitory and counseling services. The Community Action Agency provided the transportation and paid per diem for out-of-area travel through a block grant. Head Start recruited the participants and provided support to their families. The State Job Training Coordinating Council certified the statewide need for quality child care professionals.
- Female heads of households were the focus of Head Start and PIC classroom training in portable buildings donated by the school district. JTPA and Head Start contracted with a community college to develop and supervise the carpentry

apprenticeship training. The instructor was a retired member of the local carpenters' union. The arrangement helped these women **find** well-paid employment and added eight classrooms to the Head Start center.

In Russellville, Arkansas, a Head Start agency called Child Development, Inc., used the agreement discussed above as leverage to obtain JTPA funding for training staff, including family day care providers, center-based providers, home visitors, and home teachers. This agency wrote a proposal detailing the training plan and the costs of this plan and presented this information to local **PICs** who then presented it to their committees. JTPA funds were used to pay for the staff training which was conducted by Head **Start staff**. There were two long-term training sessions covering periods of **1% years** and 2 years. This training was viewed as a possible employment opportunity for **staff**. As a result of the training, several staff obtained their CDA, and several also decided to continue their education. One of the staff **persons** who took the training is now a director of a child care center.

**Contact: JTPA, Employment and Training Administration, Office of Job Training Programs, U.S. Department of Labor, 200 Constitution Ave., N. W., Rm. N4469, Washington, D.C. 20210.**

## **3.2 ACYF EMPLOYMENT PROGRAMS AND INITIATIVES**

The primary employment service offered by ACYF is the Job Opportunities and Basic **Skills** Program (JOBS). JOBS coordinates with other job training and educational services, such as JTPA and Head Start, to combat long term welfare dependency and promote economic **self-sufficiently through** education and job training.

### **3.2.1 The Job Opportunities and Basic Skills Program (JOBS)**

The JOBS program provides education, skills training, and other job readiness services to parents (American Public Welfare Association, 1992). JOBS also offers parents child care assistance and medical benefits for a twelve month period after the loss of welfare benefits, thus easing the transition from welfare to full employment.

#### ***Authorization and Administrative Structure***

The JOBS program was authorized under the Family Support Act of 1988. The inauguration deadline for JOBS was October 1990, and by October **1, 1992**, a JOBS program was required to be in operation in each political subdivision of the State where this is feasible.

All States must have their JOBS programs approved by the Secretary of DHHS at least once every 2 years. Individual JOBS programs are administered by the State agency responsible for AFDC; however, this agency may subcontract for a wide range of activities.

### ***Problem and Target Population***

Over the past **25** years there has been widespread dissatisfaction with the design of the Nation's public assistance system and its ability to solve fundamental problems of poverty and dependence. Although most people use welfare for only short-term support, there is a substantial minority who remain poor, receive assistance for long periods, and consume a disproportionate share of welfare expenditures. It is assumed that long-term welfare dependency results in negative effects on mothers and their children. The key elements of FSA are that parents should be the primary supporters of their children and that the government should provide incentives and assistance to welfare recipients to find employment.

The target population consists of heads of low-income, welfare-dependent **families** with young children. In an effort to encourage States to focus on those groups most likely to become long-term AFDC recipients, four target groups are specified in the legislation: **(1)** parents under **24** years of age without a high school education, **(2)** parents with little or no work experience, **(3)** parents who have received assistance for more than **36** months in the previous 5 years, and **(4)** parents heading families in which the youngest child is within 2 years of becoming ineligible for assistance. Within these target groups, States are required to give priority to volunteers.

### ***Purpose and Goals***

The JOBS program is designed to prevent or cease long-term welfare dependency by fostering economic **self-sufficiency** of families through education and job training for heads of welfare-dependent families, most of whom are single mothers.

### ***Eligibility Issues***

**Mandatory Requirements.**—Participation is mandatory for AFDC applicants and recipients who have children **3 to 5** years of age. Parents whose children are under the age of 3 are exempt, but each State has the option to require the participation of parents with children as young as age **1**. In addition, States can require that parents under age 20 who do not have a high school, GED, or basic literacy skills participate in JOBS educational activities regardless of the age of their child unless their employability plan **identifies** a long-term employment goal that does not require a high school diploma. States must require at least one parent in an AFDC-UP (two-parent) family to participate.

**Exemptions.**—Exempt individuals include those who are ill, incapacitated, advanced in age, needed at home to care for another household member, already working 30 hours or more weekly, under age 16 or a full-time student, in at least the second trimester of a pregnancy, living in an area where the JOBS program is not available, or the single caretaker of a child under 3 years of age except in the case of parents under 20 years of age.

### ***Program Model and Operations***

All States have established JOBS programs. However, because the law states that many requirements are to be met to the extent that resources permit, there is considerable

diversity in States' progress toward full implementation and in the structure and content of JOBS services.

The State agency in charge of AFDC must assess each participant's need for education, child care and supportive services, work experience and skills, and family circumstances. In consultation with the individual, the State agency must develop an employability plan describing the activities in which the individual will participate and the JOBS services to be provided.

**Services.—JOBS** services must include education, skills training, job development and placement, and job readiness activities. At least two of the four following options must be provided: (1) group and individual job search, (2) OJT, (3) work supplementation (grant diversion-funded OJT), or (4) a community work experience program (**CWEP**) or other experience program. Postsecondary education including self-initiated education or vocational/technical education also may be offered and other education, training, and employment activities can be provided, if approved by the Secretary of the DHHS. States also have the option of providing case management services. The mode of service delivery is mixed with heavy emphasis on offsite education and training through referrals to existing community agencies.

**Participation Requirements.—**Parents under **20 years** of age without a high school diploma can be required to take part in educational activities on a full-time basis regardless of the age of their children. With the exception of these parents, mandatory participation for a single parent or other relative caring for a child under age 6 must not exceed 20 hours per week. In two-parent families, States must require at least one parent in the family to participate in one of the following: a work supplementation program, community work experience, OJT, or a State-designated work program approved by the Secretary of Health and Human Services.

**Child Care and Medical Benefits.—**Information must be provided to parents about available child care, and, upon request, the State agency must provide assistance in obtaining child care services for individuals required to participate in the JOBS program. States must guarantee child care during parents participation in JOBS and for **12 months** following the month a family becomes ineligible for AFDC due to increased earnings, increased hours of employment, or loss of earned income disregards. Families are required to contribute to the cost of this "transitional" child care according to State-established sliding-fee scales based on ability to pay. During this 12-month period of transitional benefits, JOBS also provides an extension of Medicaid benefits.

**Transportation and Support Services.—**States are required to provide payment or reimbursement for transportation and other work-related expenses or supportive services necessary for JOBS participation.

**Sanctions.—**Those who fail to participate or refuse to accept legitimate employment without good cause are subject to sanctions; their AFDC payments are to be reduced by the amount that is considered to cover the adult's needs and, if possible, payments are made to a third party. When a person who fails to participate lives in a family containing two adults, both may lose their portions of the AFDC budget.

### ***Relationship With Other Programs***

States are required to coordinate with the JTPA and education systems. States also must coordinate JOBS child care with early childhood education programs.

Certain program provisions and new funding provided by the legislation give States the opportunity to design JOBS programs that are responsive to children's needs. Programs may use the initial assessment of the participant's readiness for employment, a required component of JOBS, to identify family and child needs. Also States have the option to use and receive partial reimbursement for case management. Case managers could help families obtain a variety of needed services that might enhance the parent's employability and children's well-being.

Federal funding at the **50-percent** match rate is available for the development of resource and referral systems for AFDC families and the cost of matching recipient needs to available resources. For example, San Francisco's JOBS program contracts with child care resource and referral programs to help parents choose the best **child** care arrangement **from** available options.

### ***Funding Levels***

In N 1992 \$1 billion in Federal reimbursements will be available to the States for JOBS program activities. The Federal government pays 90 percent of JOBS expenditures **up** to the amount of each State's Work Incentive Program (WIN) allotment for N 1987. In addition, it reimburses States at the Medicaid matching rate (but never less than 60 percent) for nonadministrative costs and costs of personnel working full time on the JOBS program and at 50 percent for administrative costs, transportation, and supportive services other than child care.

Federal matching will be reduced by 50 percent unless at least 55 percent of the funds are spent on the four target groups (see section on target population above). Federal **funding also will be** reduced unless States meet participation rates ranging from 7 percent in N 1991 to 20 percent in N 1995. In addition, beginning in N 1994, Federal funding will be reduced to 50 percent if the State does not meet special participation rates (40 percent in 1994 to 75 percent in 1998) for members of AFDC-UP (two-parent) families.

Partial Federal reimbursement for case management services is available. Also, Federal reimbursement for child care (during participation and the **12-month** transition) is provided as an open-ended entitlement not subject to the ceiling on JOBS program funds. To be eligible for reimbursement, child care and center-based child care must meet State and local standards. Reimbursement for child care is not allowed for the care of children aged 13 and over except when children are physically or mentally incapable of care, would be AFDC recipients except for their receipt of Supplemental Security Income or foster care payments, or are under court supervision.

### ***Evaluation***

The Family Support Act of 1988 required that JOBS be evaluated to determine the effectiveness of different approaches to help welfare applicants and recipients increase

self-sufficiency through education, training, and support services. The Manpower Demonstration Research Corporation (MDRC) is conducting the evaluation; the start date was October 1989, and the expected end date is September 1997. The evaluation will include an impact evaluation, an implementation and process study, a benefit-cost analysis, and a special study of a subgroup of mothers and their young children subcontracted to **Child Trends**; this part of the study will explore maternal and child development. Eight sites will participate in the evaluation involving 48,000 persons randomly assigned as required by the act to treatment or control groups.

The U.S. Department of Education is supporting a special study at three sites of the implementation of adult education to provide information on the quality of education provided to welfare recipients.

### ***Policies Toward Collaboration With Head Start***

***Head Start/JOBS Memorandum, ACF-23 (ACF-IM-23), December 31, 1991.*** Since approximately one-half of all Head Start parents are AFDC recipients, there is great potential for coordination between the JOBS program and Head Start. ACF and the **Office of Family Assistance (OFA)** have developed a joint initiative for Head Start and JOBS which was discussed in ACF-IM-23. This memorandum was distributed to all Head Start grantees and State IV-A (JOBS) agencies and detailed three major objectives of the initiative: (1) to utilize Head Start sites for JOBS training and employment, (2) to promote the efficient coordination of Head Start and JOBS resources, and (3) to promote the creation of Head **Start** “wraparound” arrangements to provide child care services under Title IV-A for parents receiving AFDC who participate in JOBS or are working.

This memorandum provided guidance related to these three objectives. With respect to the first objective, developing Head Start as a training and employment site, ACF encouraged Title **IV** agencies and Head Start to explore the use of JOBS funds for CDA training of JOBS participants. The memo notes that Head Start grantees may set aside some of the **T/TA** funds dedicated to CDA training for Head Start parents who are JOBS participants. On-the-job training and work supplementation (JOBS subsidizes part of the participant’s wages) are given as examples of mechanisms that could be utilized in collaborative employment and training efforts.

Guidance with regard to the second objective, encouraging the efficient coordination of Head Start and JOBS resources recommends the use of agreements between the two programs. Examples of the type of agreements or arrangements included the IV-A caseworker being housed **parttime** in the Head Start center or Head Start and JOBS agencies sharing case management responsibilities.

With regard to the third objective, promoting the creation of Head Start wraparound arrangements to provide child care under IV-A for parents who participate in JOBS, it was recognized that extended-day child care arrangements may be required to accommodate parents’ JOBS or employment schedules. The memo recommends that Head Start programs help to broker child care services or provide extended-day services through wraparound or other arrangements. This memo also provides additional discussion in regard to: (1) maintenance of effort issues as they relate to IV-A and IV-F requirements, (2) issues

related to billing and reimbursement for child care slots, and (3) issues related to multiple funding sources accessed by Head Start grantees.

*Contact: JOBS, ACYF, The Office of Family Assistance, DHHS, 370 L'Enfant Promenade, S. W., Fifth Fl., Washington, D.C. 20447.*

### 3.3 PRIVATE-SECTOR PROGRAMS

Private sector organizations also offer assistance to Head Start agencies in the area of employment **training**. One such organization, the Expanded Child Care Options (ECCO), is described below.

#### 3.3.1 Expanded Child Care Options (ECCO)

The ECCO demonstration is a two-generation model that provides employment readiness services designed to lead to the attainment of family self-sufficiency. The employment readiness services are linked with a form of child care that has been associated with positive developmental outcomes for children.

##### ***Administrative Structure***

ECCO is a **5-year** research and demonstration program designed to investigate the impact of different full-time child care arrangements on low-income working families and their children. It is funded through a **mix** of government and private foundation funds. Site selection began in November **1992**; the project will have a duration of approximately 5 years. ECCO is being administered through State welfare agencies; these agencies may contract for some services. Administration of the program will vary by site.

##### ***Problem and Target Population***

This demonstration grew out of a concern that very little is known about how different child care policies in welfare-to-work programs affect both employment-related outcomes for parents and developmental outcomes for children. Given the broad discretion States have in implementing the child care provisions of FSA and the differences in States' systems of subsidized child care, the quality and stability of child care for the children of low income working participants will be highly variable. One concern is that inadequate child care assistance following the period of transitional benefits might result in mothers' **inabilities to find** reliable care and consequent disruptions in work or job loss.

The target population is low-income working families and families receiving AFDC and JOBS benefits. Low-income working families as determined by the Child Care Development Block Grant and IV-A, **At-Risk** Block Grant regulations are eligible for the program. The target child in each family must be under age 3 at the beginning of the study, although any child in the family is eligible for child care services.

### *Program Model and Operations*

ECCO is being implemented in three urban locations throughout the country. **Random** assignment will be made to the following three service groups:

- A control group whose members will be offered inprogram and transitional child care for a period based on the parents' welfare-to-work activities, lasting for up to 1 year of education and training and for up to 1 transition year of postprogram employment. The inprogram child care will be paid for by the local welfare department at the level set for its clients (and provided at no cost to participants), and the transitional child care will be subsidized at the established income-conditioned rates used by the local welfare department.
- A group whose members will be offered postprogram child care will be offered until the youngest **child** in the family enters the first grade. This group will receive inprogram child care paid for by the local welfare department at the level set for its clients (and provided at no cost to participants) and postprogram child care subsidized at the established, income-conditioned rates used by the local welfare department.
- A group whose members will be offered relatively expensive, high-quality, developmental child care and parenting support until the youngest child in the family enters first grade. The inprogram child care will be provided at no cost to participants, and the transitional child care will be charged to participants at the income-conditioned rates used by the local welfare department for its standard-quality child care. Consequently, the subsidy level for this group will be higher than that used for the other groups to compensate for the higher quality of the care provided. Parents in this group must use designated providers of enhanced-quality care. The standards for enhanced-quality child care will be defined by indicators that have been identified in previous research, such as adequate staff-child ratios and caregiver training. Technical assistance with existing providers will be used to enhance existing care.

In the third condition, child care is associated with positive developmental outcomes in children. This condition also will provide monthly parent workshops focusing on child development and parenting skills, nutrition, health care for parents and children, and other family concerns. The local child care agency will hire a social services specialist who will help families with special problems obtain appropriate assistance.

Procedures regarding the use of child care and vouchers will be determined by **each** State's system. A variety of types of child care provided at different geographic locations will be used to offer parents a choice and provide accessibility.

### *Relationship With Other Programs*

The ECCO program must coordinate with all existing funding streams and providers including Federal programs covered under FSA, **At-Risk** Block Grant, and the Child Care Development Block Grant. ECCO will collaborate with Head Start and other prekindergarten programs.

### ***Evaluation***

The ECCO demonstration is being conducted by Mathematical Policy **Research, Inc.** It is designed as a longitudinal study that will follow children through early adulthood, **followup** data on adults and **children** will be collected for at least 15 years after enrollment. Random assignment will be made to the three treatment groups mentioned above. In addition, plans are underway for an embedded study that will investigate aspects of parent-child and caregiver-child interactions that are likely to mediate the effects of the intervention on **child** outcomes. A subsample of families in ECCO would participate in this embedded study. ECCO will begin to report interim findings in 1993.

The evaluation will collect impact data on parents' utilization of extended transitional child care, on maternal employment, parents' earnings, hours worked, use of training and education programs, and welfare receipt and payments.

***Contact: ECCO, Mathematica Policy Research, Inc., 101 Morgan Lane, Plainsboro, NJ 08536.***

# CHAPTER 4.

## CROSS-CUTTING

### PROGRAMS AND INITIATIVES

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This chapter covers programs that cross over the areas of substance abuse, literacy, and employment and work with Head Start families in more than one of these domains.

#### 4.1 THE CHILD AND FAMILY RESOURCE PROGRAM (CFRP)

The Child and Family Resource Program (CFRP) was a federally funded demonstration initiated in 1973 by ACYF and terminated in 1983. Considered by some to be the Nation's first family support program (Zigler and Muenchow, 1992), CFRP demonstration projects were designed to make community services available to families. **CFRP** emphasized comprehensive assessments, individualized planning, and reassessment for identifying families' needs and providing services to meet those needs.

CFRP targeted services to low-income families with children from the prenatal period through age 8. A central philosophy behind the program was that children cannot develop optimally in the presence of serious unresolved family problems (Zigler and Muenchow, 1992). Unemployment, inadequate housing, low self-esteem, single parenthood, and shortage of food and money were just some of the problems addressed by CFRP.

#### *Purpose and Goals*

One of the major goals of **CFRP** was to work with representatives **from** different agencies to bring a level of cohesion to the fragmented service delivery systems characteristic of public and private social services. **CFRP** embraced a strategy for enhancing child development by (1) strengthening families through the provision of social services and (2) training parents to become more skilled in stimulating their children's social and cognitive growth. There was an implied assumption underlying these strategies that attention would shift from social service provision to parent education and child development after families learned to manage their financial and personal problems (Nauta and Hewett, 1988). Another important feature underlying the program was family choice, whereby families were free to select from an array of services that they wanted or needed (Zigler and Muenchow, 1992).

### ***Program Model and Operations***

**CFRP** operated as a demonstration project at 11 sites across the country. There were an average of 40 **CFRP** families and 42 comparison families per site.

The Federal Government laid out a set of general services and goals that were to be implemented at each of the 11 experimental Head Start program sites around the country. However, there was considerable variability across sites as programs strived to implement services that were responsive to local needs and resources. **CFRP** services included health care, nutrition, early education, assistance with housing and employment, marriage counseling, treatment for alcoholism, and other family supports. **CFRP** also included a strong family **self-sufficiency** component whereby an important objective at some sites was to assist parents to become independent and self-reliant through employment and job training.

Each site tailored its program to be responsive to particular needs at the local level as well as available resources. Consequently, there was significant variability across programs with regard to program design, philosophies, and the implementation of **CFRP** projects. The key **CFRP** staff member was the family advocate or home visitor who worked to establish a close, trusting relationship with each family and to advise families of services available through both the **CFRP** and the surrounding community. The family advocates served as a broker for program families in securing various services from the community. **CFRP** projects were required either to provide or to make available specific services including prenatal care, child development programs for children ages birth through 8 years, pediatric screening and health care for children, programs to facilitate a smooth transition from preschool to elementary school, and supportive assistance to families. In addition, **CFRP** projects could provide child care, tutoring, and various forms of adult education and training.

With regard to the mode of service delivery, **CFRP** offered services such as classroom-based education, home visiting for infants, special services for developmentally delayed children, and therapeutic services such as crisis intervention and counseling.

### ***Eligibility Issues***

Low-income families with pregnant women or with children up to age 8 were eligible for enrollment in this program. Although each site recruited and randomly assigned families to the program, other factors were addressed due to ethical considerations raised by local project administrators and ACYF. Families considered to be at high risk were admitted to **CFRP** directly after special review by ACYF. However, in order to preserve group equivalency, they were not included in the evaluation study sample. Another factor was that families who were randomly assigned to comparison groups were guaranteed preference status for Head Start entry when their child reached the appropriate age.

### ***Relationship With Other Programs***

**CFRP** was recognized for how its staff assembled services from numerous community agencies to develop meaningful and comprehensive responses to **the** problems encountered by the program's families. A crucial characteristic of **CFRP** was that it established and maintained an integrated network of linkages to agencies in the communities. The immediate benefit from the perspective of participant families was that they were able to

increase their use of social services due to the improved access to community agencies and resources that CFRP afforded. CFRP significantly bettered families' life circumstances and chances for economic **self-sufficiency** through extensive counseling and referral to agencies and programs in the surrounding community. For example, more CFRP mothers were employed or in school or job training than mothers in the comparison group after 3 years of involvement in the program, even in CFRP sites located in areas that were hit hard by the recession during the late 1970's and early 1980's (Nauta and Hewett, 1988).

### ***Evaluation***

CFRP already had operated as a Head Start demonstration for 4 years before the CFRP evaluation commenced in 1977 by Abt Associates, Incorporated. The four basic research objectives of the program were as follows: (1) to describe **CFRP** programs and their operations, to identify service delivery models, (3) to link family outcomes to participation or nonparticipation in CFRP, and (4) to link family outcomes to particular aspects of **CFRP** treatment and to family characteristics.

A longitudinal outcome study was designed using randomly assigned treatment and comparison groups to assess the impact of CFRP on families and children in a number of domains at 5 of the 11 sites. Some of these domains included child development and parenting skills, family independence and self-reliance, parental coping skills, access to services, and use of community services. In addition to the outcome or "impact" evaluation, a descriptive study was included which entailed periodic site visits to each of the 11 sites to collect information about how programs were providing services, including processes used to deliver services and the types of activities and services in which CFRP families participated.

After the third wave of data collection, the evaluators recognized that none of the initial evaluation modules provided a complete account of the factors within CFRP that engendered changes among families. An ethnographic study was added to examine a small subset of families (seven to nine) at each of the five outcome study sites over a period of 6 months. The qualitative data supplied through the ethnographic studies enabled the evaluators to identify important process information about setting up and implementing a family support program such as **CFRP**. The ethnographic data was useful as well for explaining how certain family outcomes could be attributed to specific and correctable problems of implementation.

The mission and primary goals of **CFRP** were postulated on the assumption that services relating directly to children's development and services supporting families in general are both complementary and necessary if child development services are to be effective (i.e., cognitive stimulation needs to be provided in the context of a complete range of family support services). In reality, however, as evidenced through the ethnographic data, constraints of time and resources often created some tensions between the social services and child development components of the program. Home visitors spent most of their time helping families in constant crisis to deal with their urgent survival needs and personal problems than on the child development activities that were supposed to be conducted during the home visits (Nauta and Hewett, 1988). The fact that the outcomes of the CFRP evaluation demonstrated maternal changes but no child development gains at the end of the program was explained by the opposition between the interventions. The tension between the project's child development goals and its adult and social service goals were manifested in

a struggle to help families to reduce stresses in their environment while at the same time attempting to work with them on skills to enhance child development.

## 4.2 HEAD START FAMILY SERVICE CENTER DEMONSTRATION PROJECTS

This section describes the Head Start Family Service Center Demonstration projects, which address the priority areas of substance abuse, illiteracy, and unemployability.

### *Administrative Structure*

Under the Head Start Act, the Head Start Family Service Center Demonstration projects were sponsored by ACYF to demonstrate how Head Start can work with other community agencies and organizations to deal effectively with the problems of substance abuse, illiteracy, and unemployment among Head Start families. ACYF funded **13** Family Service Center (FSC) projects in FY 1990. In FY 1991 ACYF funded another **28** Family Service Center projects. In **1992, 25** new FSC projects were funded by ACYF. These are **3-year** projects. Grantees are eligible to apply for up to \$300,000 per year. All Head Start grantees are eligible to apply for FSC grant except for those who received prior FSC grants in FY 1990 or FY 1991 or who received Family Support capacity building grants in FY 1991.

### *Eligibility Issues*

With regard to eligibility, Head Start grantees applying for FSC funds already should have in place a system to help families address at least one of the problems of substance abuse, illiteracy, or unemployment. Further, it is necessary that a grantee's regular Head Start program has an effective and comprehensive family needs assessment, a case management approach in working with families, and a system that integrates all component resources of the grantee in addressing families' needs.

### *Purpose and Goals*

FSC Demonstration Projects are intended to demonstrate how Head Start programs can address effectively the problems of illiteracy, substance abuse, and unemployment. These are complex and interrelated problems which hinder many Head Start families' abilities to take full advantage of the Head Start program, to nurture their children, and to achieve **self-sufficiency**. FSCs are designed to demonstrate how a Head Start grantee can play a more effective, influential role in promoting and sustaining support for families beyond what a regular Head Start program has the capacity to accomplish. An important goal of the program is to yield replicable strategies for collaboration between Head Start and community agencies that can help to support the efforts of Head Start families as they strive for self-sufficiency. FSC demonstrations collaborate with public- and private-sector organizations, including those in the corporate sector. They have a family-centered focus and an emphasis on case management and parent involvement. They frequently network with extant family service organizations to increase their effectiveness in assisting economically disadvantaged families with their goals.

### *Program Model and Operations*

All of the **FSCs** are focused toward improving the literacy skills of parents, preventing and reducing substance abuse among families, and increasing the employability of Head Start parents. **FSCs** utilize a case management system for every family which links the family to services within Head Start and in the surrounding community.

Some of the features specific to the literacy component which are common to many of the centers include:

- An effective system for recruiting participants into adult literacy programs which encourages parents to identify and define their own needs;
- The utilization of instructional and literacy programs and curricula which are responsive to Head Start parents' needs, interests, and self-esteem;
- Strategies to assist Head Start parents in overcoming possible barriers that could limit their participation **in** literacy programs, such as lack of child care and transportation;
- Strategies to develop and sustain Head Start parents' motivation to address their literacy needs, such as peer support groups, supportive counseling for individuals or groups, formal goal setting;
- The use of the extant Head Start facility as a resource for implementing the center's literacy program; and
- Staff literacy awareness training to help **staff** confront their attitudes, values, and prior experiences regarding illiteracy so that they are more effective in working with those who have illiteracy problems.

Other features which are included in many **FSCs** to address substance abuse problems among families are:

- Staff training **to** increase their awareness about problems associated with AOD use as well as their own individual attitudes, values, and experiences with regard to substance abuse so that they are more effective in working with individuals who have substance abuse problems;
- Further training to **staff in** all component areas about the Head Start agency's overall approach to working with children and families affected by **AODs**;
- Assistance to employees dealing with a personal or family substance abuse problem;
- Policies and procedures to address worker safety, particularly for classroom or home-visiting staff in high-violence areas;

- A family needs assessment to gather information from all component staff on a regular basis in order to identify families in need of assistance;
- Strategies to support children and nonsubstance-abusing family members in cases where a parent is abusing **AODs**; and
- Support for family members who are involved in AOD treatment, or who are in Head Start aftercare.

In the area of employment, many **FSCs** exhibit the following features:

- An effective system for recruiting participants into the **FSCs** employability program, helping parents to identify their own needs;
- Strategies to motivate sustained parent involvement in employment programs, with special attention given to helping parents identify potential career paths (moving beyond entry-level positions into employment that leads to **self-sufficiency**);
- A continuum of assistance that is responsive to parents with varied employment skills and experiences;
- Strategies to assist parents in overcoming possible barriers to their participation in an employment program, such as lack of child care and transportation; and
- Strategies to develop and sustain Head Start parents' motivation to address their employment needs, including peer support groups and individual or group counseling.

### ***Evaluation***

Each demonstration is required to carry out an evaluation of the effectiveness of its demonstration efforts. This involves both an outcome and process evaluation. Each FSC hired its own third party evaluator to design and conduct the local evaluation. Grantees were encouraged to secure an evaluator through a local, **4-year** college or university. In the second year of the program, the Head Start Bureau began a national evaluation of the FSC projects. Evaluators are expected to collect data for the measures included in a core set of data which will be used across all programs.

As part of the evaluation requirements, **FSCs** are required to recruit a pool of at least 80 families with a need for FSC services. Families are assigned randomly to either FSC services or to regular Head Start services. The random assignment of the 80 families is conducted by the national evaluator with the assistance of the local evaluators.

### ***Relationship With Other Agencies and Programs***

FSC demonstrations are encouraged to establish linkages with existing adult literacy resources in the local community to facilitate the referral of Head Start parents to these services as needed. Examples of such resources include GED preparation and ABE classes.

**FSCs** also are expected to develop effective partnerships with local organizations **addressing** literacy, such as volunteer literacy programs, libraries, family literacy programs, and ESL programs. Such partnerships benefit Head Start families by providing joint advocacy for services needed by families, and abet in the development of referral networks for families who need assistance beyond what the Head Start program can offer. These collaborations also facilitate assistance for families with cultural and language factors **affecting** their literacy. Additionally, Head Start representatives **from FSCs** are encouraged to participate in local literacy councils or other community groups which address literacy issues.

In the area of substance abuse, **FSCs** also are implementing strategies that enable the FSC to become part of a collaborative community-based effort to address AOD abuse. These entail the identification and assessment of community resources, joint advocacy to respond to families' needs, developing referral networks for Head Start families beyond what the program is able to provide, and securing expertise for meeting substance abuse needs.

**FSCs** are establishing linkages with employment assistance and training programs in the local community as well to allow for the referral of Head Start parents to these services as needed. Examples of these agencies include family assistance agencies, employment and training programs that serve the target populations, JTPA, **PICs** and the agency responsible for implementing the JOBS program. Similar to the other priority areas of **FSCs**, programs also are developing effective partnerships with local organizations that address employment; this includes joint advocacy for services, development of referral networks, and securing needed expertise to address issues affecting employment. Head Start representatives participate as well in local councils or groups which address employment issues in their communities, including current and projected local employment conditions and the implications of these conditions for employment and job training programs. Whenever possible, **FSCs** establish collaborative efforts with local employers whereby employers will recruit prospective employees from among the **FSCs** participating parents.

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#### 4.3 **THE COMPREHENSIVE CHILD DEVELOPMENT PROGRAM (CCDP)**

CCDP provides comprehensive health, developmental, case management, educational, and vocational services to low-income families with young children. Currently located in 24 sites around the country, these program use case management to ensure that families receive coordinated services that respond to their individual needs. These agencies provide some services directly and link families to other available services in order to provide the full complement of support that participants need.

##### ***Authorization and Administrative Structure***

Under P.L. 100-297, Part E., Comprehensive Child Development Act of 1988, DHHS funded a total of 24 CCDP grantees to serve more than 2,500 families. ACYF administers the demonstration program, which was signed into law for 5 years **from** FY 1988 to FY 1993 at an annual authorization level of \$25 million. Twenty-two CCDP projects were funded in

1989, and two additional projects were funded in 1990. The Human Services Reauthorization of 1990 extended CCDP to FY 1994 and increased the annual authorization level to \$50 million. Additionally, Congress increased the annual appropriations level to **\$45** million beginning in FY 1992 and requested that additional grantees be funded. Ten additional grantees were funded in FY 1993.

The program serves low-income families who-because of environmental, health, or other factors-need intensive and comprehensive supportive services to enhance their children's development.

### ***Purpose and Goals***

The three general legislative goals of CCDP include (1) preventing **educational** failure by addressing the psychological, medical, institutional, and social needs of infants and young children; (2) decreasing the likelihood that young children will be caught in the cycle of poverty; and (3) preventing welfare dependency and promoting **self-sufficiency** and educational achievement. To meet these goals, CCDP projects are expected to provide intensive, comprehensive, integrated, and continuous support services to children from low-income families from birth to 4 or 5 years (the usual age of entrance into elementary school) in order to enhance their intellectual, physical, social, and emotional development and to provide needed support services to parents and other household family members to enhance their economic and social self-sufficiency.

### ***Eligibility Issues***

According to the law, a broad range of agencies were eligible to establish CCDP projects, including Head Start agencies, community-based organizations, institutions of higher education, public hospitals, community development corporations, or any public or private nonprofit agency or NPO specializing in the delivery of services to infants and young children. There were three eligibility criteria that pertained to families: (1) the **family's** annual income needed to be below the 1989 Federal poverty guidelines, (2) the family included an unborn child or child under 1 year of age, and (3) the family agreed to participate in all CCDP activities for 5 years.

### ***Program Model and Operations***

**Program Sites.**—CCDP projects are located in each of the 10 DHHS regions of the United States. **Of** the 24 programs currently in operation, 6 are located in rural areas and 18 are in urban locations. The Federal Register announcement established some parameters within which the **CCDPs** designed their programs. The announcement required that urban projects serve at least **120** families and rural projects serve at least 45 but preferably 60 families. Projects were categorized as rural or urban according to the population density they serve. Not all of the rural programs are serving **60 families**; 1 is serving **45** families, and another serves 98 families. In addition, **2** of the urban sites serve more than 120 families. Grantee agencies are varied, as are **staffing** configurations.

**Services.**—The Comprehensive Child Development Act of 1988 mandates that certain core services be provided For **infants** and young children, these include services such as screening, immunization, and treatment; licensed child care; early childhood education that is

developmentally appropriate; early intervention services for children at risk for developmental delay; and nutrition services. For parents, CCDP grantees are required to provide prenatal care, education in infant and child development, health, nutrition, and parenting; assistance in securing adequate income support, health care, nutritional assistance, and housing; mental health care; vocational training and adult education; and substance abuse education and treatment. Additionally, programs need to ensure that adequate transportation exists for families to access these services. The act does not intend for CCDP grantees to provide all of these services directly but encourages coordination with other agencies and utilization of services existing in the community.

CCDP relies on family-focused case management as a central aspect of service delivery. Case managers or home visitors are responsible for building relationships with families and for providing, brokering, coordinating, and monitoring the delivery of services that are needed to carry out the set of goals established by the family. Case managers make home visits to every family at least once every 2 weeks. For families who have preschool children at home and not in child care, home visitors make weekly visits to the home to deliver home-based early childhood education experiences. At over one-half of the CCDPs, the home visitors perform both the case management activities and the child development training and experiences.

The distinct self-sufficiency component of CCDP is evident in a number of domains. Most projects provide substance abuse treatment services through agreements with AOD treatment centers, health centers, and alcohol rehabilitation centers. Some CCDP grantees use **staff** nurses to provide substance abuse counseling **onsite**, but refer family members to more specialized facilities for more counseling and treatment. Projects provide a wide array of adult education and vocational training programs to assist families in meeting their economic and **self-sufficiency** goals. Training in literacy, basic skills, skills for daily living, and ESL often are provided through referral arrangements with community colleges and local educational institutions that already are serving the community. Some projects even provide adult education **onsite**.

In addition, most CCDP grantees provide for vocational training through interagency agreements with and referrals to local community colleges, high schools, vocational centers, State training and employment facilities, departments of **social** services, and JTPA grantees. CCDP grantees also are pursuing linkages with the business community to identify employment opportunities for CCDP families. CCDP grantees are monitored through yearly site visits and are expected to adhere to the Head Start Program Performance Standards.

### ***Relationship With Other Programs***

To encourage coordination with other community agencies, each CCDP project established an advisory panel composed of staff from other service agencies, business representatives from the community, CCDP families, and CCDP project staff. In addition, the projects established interagency contracts or agreements with other community agencies to facilitate the coordination of service delivery and to avoid duplication and gaps in services.

In an analysis of the interagency agreements enacted by CCDP grantees during the first 18 months of the program, **34** percent were in the area of health, 24 percent entailed education and training, 22 percent focused on services for children such as child care, 10

percent were for social services, and 9 percent were for services to assist with administration and **staff training** (Hubbell, Cohen, Halpern, **DeSantis**, Chaboudy, Titus, **DeWolfe**, Kelly, Novotney, **Newbern**, Baker, **Stec**, 1991).

### **Evaluation**

In order to test program effectiveness most accurately, CCDP was established as a demonstration program incorporating an experimental design. The act requires that an evaluation be conducted and a report be submitted to Congress on the effects of CCDP. To provide information for the evaluation, the act requires that each grantee “collect data on groups of individuals and geographic areas served, including types of services to be furnished, estimated cost of providing comprehensive services on an average per user basis, and types of and nature of conditions and needs identified and met.” Each CCDP grantee is required to use a management information system (MIS) developed by the CCDP management support contractor and hire a full-time data manager who is responsible for coordinating the data collection effort at the local site.

Eligible families in each community were recruited and then assigned randomly to program, comparison, and replacement groups. Projects enrolled families that were representative of the demographic composition of their communities in terms of race or ethnicity and percentage of teenage parents. To ensure an objective evaluation, **ACYF** separated the feasibility and process evaluation of CCDP from the impact or outcome evaluation. The issue of feasibility concerns whether it is possible to establish a CCDP project as intended in the legislation and with what degree of success. The process evaluation examines how services actually are provided and utilized by families, including the assessment of family needs and goal attainment, service content, availability of services, and frequency of service use. The process evaluation concerns how service utilization is related to the needs and goals of families, to the community context in which CCDP projects develop and operate, and to the service delivery system used by particular projects. The impact evaluation assesses multiple areas of impact of CCDP on the development of children, parents, and families by comparing the results of outcome measures administered to families in program and comparison groups.

Both quantitative and qualitative data are used in conducting the feasibility and process evaluation. Much of the quantitative data come **from** the data bases contained in the MIS. In addition to the qualitative data collected during regular site visits, each CCDP was required to hire an **onsite** ethnographer to document the program operations over the 5 years of the demonstration. Ethnographers prepare periodic case study reports which include a wealth of qualitative data to be used for the feasibility and process evaluation. Their reports provide more detailed data on the process involved in program implementation, providing descriptions and insights on how community resources and supports, grantee agency attributes, local project resources, and **family** characteristics facilitate or impede program implementation. Overall, the ethnographers are able to provide data on the dynamics and natural history of a CCDP project’s implementation and ongoing operation.

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#### 4.4 HEAD START-STATE COLLABORATION PROJECTS

These projects are targeted at Head Start families to improve services for low-income children and their families. This requires Head Start and the States to meet increasingly complex, intertwined, and **difficult** challenges.

##### *Administrative Structure*

ACYF sponsored this grant award program to State governments that create significant, statewide partnerships between Head Start agencies and the States for improving services to low-income children and their families. The **first** wave of funding awarded grants to **12** States, making these States ineligible for the second wave of funds. A second wave of grants of up to **\$100,000** per year for 5 years (**1992-97**), recently were awarded to 10 additional States. The Head Start-State Collaboration Grants are managed by **ACYF's** central office. At the State level, the projects are managed by the **Office** of the Governor, by a cabinet-level coordinating agency, or by an entity such as a State-level commission that reports directly to the Governor and whose membership includes high-level representatives serving low-income families and children.

##### *Purpose and Goals*

This project proposes the establishment of Head Start-State partnerships that are intended **to**:

- Facilitate the involvement of Head Start in the development of State policies and plans that affect the Head Start population and other low-income families;
- Create **significant**, cross-cutting initiatives on behalf of children and families throughout the State;
- Help build more integrated and comprehensive service delivery systems to improve families' access to services and promote a high level of programmatic quality; and
- Encourage widespread local collaboration between Head Start and other programs.

##### *Program Model and Operations*

The funding received provides for no direct services to Head Start families or other low-income families. Collaboration Project grantee activities can include sharing case management responsibilities between JOBS resources and Head Start, negotiation of contracts between Head Start and other early childhood programs for quality child care services, and creating a single point of entry for families into the health care system to provide consumer information concerning eligibility and the range of services.

**With the funding secured, Head Start agencies and States are able to develop partnerships** that:

- **Support employability and economic self-sufficiency.**—Head Start works with States and local employers to promote training and employment opportunities for Head Start parents and other low-income families. Head Start also works with the States to ensure that Head Start parents gain access to appropriate training and employment opportunities and to assist in making training and employment available for other low-income individuals through Head Start.
- **Improve the availability, accessibility, and quality of child care services.**—Head Start increases coordination with States to ensure that quality child care is available to JOBS participants and to families receiving transitional child care benefits. As well, Head Start agencies are involved in State child care planning and in partnerships for providing full-day child care for the children of Head Start parents who work outside the home.
- **Expand and improve early childhood education through coordination with State-sponsored preschool programs.**—Head Start agencies become involved in State-level policy discussions concerning preschool programs for low-income families. Furthermore, Collaboration Projects work with Head Start grantees, officials in the State education agency, the State Head Start Association, and relevant professional organizations to promote early childhood programs that meet the diverse needs of families in local communities throughout the State.
- **Enhance the transition of children from preschool to elementary school.**—Collaboration Projects work closely with Head Start to improve transition for low-income families throughout the State. Head Start agencies and school systems also collaborate to implement transition approaches that emphasize parent involvement, developmentally appropriate practices, comprehensive services, and other elements of Head Start's early childhood philosophy.
- **Improve opportunities for children with disabilities.**—Head Start-State Collaboration grantees work closely with Head Start and the various State agencies responsible for the screening of children with disabilities and the delivery of services to them. The agencies involved include Head Start's **RAPs** and other Head Start training and technical assistance providers and the State Interagency Coordinating Council (established under the Individuals with Disabilities Education Act [IDEA]).
- **Improve access to health care services.**—Collaboration Projects may focus on increasing the enrollment of Head Start families in the EPSDT program. Collaboration grantees also can help to reduce or eliminate **specific** barriers within the State that prevent children **from** receiving EPSDT services, coordinate outreach and case-finding activities, coordinate the delivery of health care services to individual children, and other such measures.

### **Relationship With Other Programs**

By its nature this grant program facilitates and enhances relationships between Head Start agencies and other programs. Federal projects that the **RFP** notes are the Child Care and Development Block Grant (CCDBG) program, JOBS, State education agencies (SEAS),

**LEAs**, State interagency coordinating councils, Medicaid-EPSTD, State health departments, Healthy Mothers/Healthy Babies coalitions, migrant and community health centers, Child Find, and various Head Start associations and agencies (the State Head Start Association, **RAPs**, other **T/TA** providers, and the ACF regional offices).

### **Evaluation**

Each grantee must develop a case study that documents the implementation, progress, and results of the project across the 5 years of the grant. Proposals must describe the kinds of data to be collected and maintained and the criteria used to evaluate the results and success of the project.

### ***Policies Toward Collaboration With Head Start***

Many States have allocated a portion of CCDBG funds for partnership with Head Start; this effort also is supported by FSA of 1988, JTPA, the CDA National Credentialing Program and the CDA scholarship funds, the **At-Risk** Child Care Program, the IDEA, Head Start-State Interagency Agreements (for services to children with disabilities), and the Medicaid-EPSTD program.

***Contact: Head Start-State Collaboration Projects, ACYF, DHHS.***

## **4.5 THE ECONOMIC SELF-SUFFICIENCY INITIATIVE (ESS)**

The Economic Self **Sufficiency** initiative was a federally funded project initiated in 1982 by ACYF and terminated by 1984. ESS was designed to improve the self-sufficiency opportunities of Head Start parents, primarily through the use of the Exploring **Self-Sufficiency** handbooks.

### **Administrative Structure**

ESS was sponsored by ACYF to develop Head Start procedures to enhance parents' **self-sufficiency** skills. ACYF formed an ESS Task Force to make recommendations to the Commissioner on the implementation of the ESS initiative (**DHHS**, 1983). The Task Force was involved in the development of the Exploring Self-Sufficiency handbooks, identification of strategies to effectively implement the ESS initiative, and the collection of information on similar initiatives taken by local Head Start programs. The Task Force was also involved in developing a training curriculum to accompany the handbooks.

### ***Purpose and Goals***

The ESS project was intended to develop the process and procedures to be implemented by local Head Start programs to enable parents to enhance their life management skills in order to achieve control, self-confidence, and economic independence. The purpose of the Exploring **Self-Sufficiency** series, the primary component of the Economic **Self-Sufficiency** project, was to assist parents with the following goals: to examine their current financial situation; to identify their personal goals regarding their family's economic

future; to assess their marketable talents and skills; to explore creative alternatives for generating income using the resources they already possessed; and to develop a positive outlook and to recognize that they can become more **self-sufficient** and less dependent on the “system” (Research Management Assessment, Inc.).

The handbooks were designed as an extension of the Exploring Parenting (**EP**) program, which was based on the philosophy that parents are most effective when they feel good about themselves and their own personal growth and development. The EP program helped many Head Start parents to better understand their children, to recognize their own strengths, and to improve their parenting skills by sharing their experiences with other Head Start parents. The ESS built on the EP program by providing a supportive, nonjudgmental atmosphere in which parents could examine the financial security of their families.

### ***Program Model and Operations***

There were four handbooks in the Exploring Self-Sufficiency series:- *Stress: How Do You Cope?*; *Money Management: Making Your Money Work For You*; *Jobs: Putting Your Talents To Work For You*; and *Supportive Services: When You Need Help*. To develop these handbooks, ACYF, through a private contractor, Research Management Assessment, Inc. (**RAM**), conducted an extensive review of books, periodicals, studies, and training programs in each of the areas considered. RAM staff **also** conducted extensive interviews with people knowledgeable about Head Start and the handbook content areas. The handbooks were field tested by **60** families in **10** Head Start programs across the country in order to determine their value and applicability, and responses were positive. When the project ended, only those Head Start programs who had participated in the field tests had access to the handbooks. Other Head Start programs obtained them from the field test programs, and the ESS handbooks are still in use in some Head Start programs today.

# CHAPTER 5. CHALLENGES TO EFFECTIVE COLLABORATION AND STRATEGIES FOR ENHANCING COLLABORATIVE EFFORTS

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Over the years there have been many successful collaborative efforts throughout the country. Most agencies have initiated these collaborative ventures by underestimating the obstacles that develop as a result of the complexity of the problems faced by today's low-income families. The nature of these barriers depend on the type of collaborative efforts, difficulties targeted, and contextual conditions. However, the most frequently encountered challenges can be categorized into obstacles that impact negatively on the achievement of outcomes and those that mainly affect the implementation of the collaborative agreements.

## 5.1 CHALLENGES TO POSITIVE OUTCOMES

Head Start and other agency **staff** identified several barriers that impact negatively on the achievement of the ultimate goals of the collaborative initiatives to achieve employment, to increase literacy skills, and to increase success in substance abuse treatment.

### 5.1.1 Limited Participation

Lack of full participation in services impacts negatively on the attainment of positive outcomes. Federal, departmental (Head Start Bureau), and local Head Start **staff identify** the following obstacles as barriers to families' full participation in Head Start collaboration initiatives: (1) an **insufficient** level of funding to serve all those in need; (2) the inaccessibility of some of the services, (3) a lack of important information about the requirements of the programs among staff from Head Start and other agencies and among potential participants, and (4) a lack of quality or appropriateness of the services offered in the community.

#### ***Insufficient Level of Funding***

Because of its commitment to provide comprehensive services in a family-centered context, Head Start has more potential to serve dysfunctional families than most other early

childhood programs. Head Start families are faced with the same problems that affect other low-income populations in the country, for example, increases in single parent families, teenage pregnancies, illiteracy, homelessness, substance abuse, and child abuse and neglect (OIG, 1989). Head Start needs to make use of, and coordinate with, agencies administering public assistance services so as to facilitate the provision of comprehensive services. Nevertheless, funding is generally available to help only a fraction of the families that need it or who may be eligible for it.

This barrier is especially noticeable in cities struggling to cope with issues such as crime, substance abuse, and homelessness since dealing with these urgent problems consumes a disproportionate share of the city budgets. As an example, a Head Start director indicated that although they have a collaborative agreement with a community action agency to provide mental health services to substance-abusing families, a number of eligible families are not receiving mental health services due to the fact that States do not have the match money they need to “draw down” Federal funds and are discontinuing other programs that are needed to deal with issues like substance abuse treatment or federally mandated **medicaid** expansions.

#### ***Inaccessibility of Programs***

Many of the families that need or agree to participate in the programs offered are able to access the services offered. **Staff** working in Head Start programs that have established collaborative agreements with JOBS or other training for employment efforts indicated that recertification procedures, local administrative systems for each program, often **require** families to reapply for participation each time their eligibility changes. Or they periodically must be recertified to demonstrate that their eligibility has not been changed. The reapplication process sometimes results in interruptions in services while eligibility is being determined. These difficulties may be exacerbated by the fact that existing programs are administered in **different** places, and in some cases, by entirely **different** State and local agencies which are overburdened because of staff shortages and inadequate resources.

Logistical considerations such as transportation and child care, especially for children under age 3, also were identified as critical obstacles in families' abilities to access substance abuse and training programs.

#### ***Lack of Information About Service Programs and Their Requirements to Potential Participants***

Staff and potential candidates at the local level are not always aware of which programs are available, what their potential benefits are, or what the requirements are for enrollment and participation.

During the National Colloquium on the Head **Start/JTPA** Interagency Agreement (DHHS, 1989), one of the critical obstacles to the implementation of the agreement identified was that Head Start and the **PICs** did not completely understand each other's programs, objectives, resources, services, etc. This lack of information ultimately results in families not knowing about the support services available and, therefore, not entering or completing JTPA trainings.

Staff from the FELP also indicated that lack of information about each other's program has had a negative impact on families' participation. Apparently, Head Start **staff** did not have information on how FELP could contribute to their families and they were cautious about encouraging Head Start families to participate in FELP programs.

### **Quality/Appropriateness of Services**

Many community agencies (especially those that administer categorical assistance programs) assess the difficulties experienced by families into distinct categories which fail to reflect hierarchical interrelated needs and solutions. In addition, several of these programs do not stress the preventive and comprehensive approach to serving the entire family that is required by Head Start performance standards. Head Start **staff indicated** that an obstacle to full participation in programs offered by these community agencies is that **families** are served on the basis of their most obvious condition or crisis. Even when multiple services are offered to a member of the **family**, this may not always be enough if the needs of other **family** members are not being addressed or services are not provided in ways that offer pathways to **self-sufficiency**.

Quality of services provided depends on the caliber of the staff providing the services, on the providers' work environments; and on the number of families in the staffs caseloads. Most of these attributes are influenced by training, salaries paid, and professional recognition accorded to service providers. Some of the administrative challenges impacting on the staffs salaries and quality of services offered include **insufficient** level of funding; lack of continuity in funding or delays in reimbursement; and subsidies which seldom reflect the cost of providing a quality program, such as a training program that will have long-term effects, or quality health services that will make a difference. Head Start's need for trained **staff in** the areas of health, social services, and parent involvement is greater than ever before. Several of the programs surveyed for this report indicated that a challenge to the implementation of collaborative agreements is the inability of Head Start to recruit and retain the qualified staff to implement the agreements.

Linguistic, cultural, and ethnic appropriateness of the services provided is another **significant** quality issue. Although Head Start programs traditionally have been very attuned to the needs of grantees who are serving families with different cultural backgrounds in many parts of the country, an obstacle to the participation of families in collaborative agreements with other community agencies is that families do not feel comfortable with services that are not consonant with their own way of life or they may not have had a voice in identifying and planning to meet their own needs. This concern was voiced by grantees that are linking with other providers of substance abuse treatment and literacy skills training.

### **5.1.2 Contextual Constraints**

Although collaboration efforts are designed to make more efficient use of the resources available in the long run, it will not create a vibrant economy, provide employment opportunities that pay a decent wage, and ensure safe neighborhoods for families seeking **self-sufficiency**. This especially is true for collaborative initiatives undertaken in distressed neighborhoods and communities.

An obstacle to families' **self-sufficiency** identified by local Head Start **staff** is the lack of belief that they have realistic options for sustaining employment regardless of the efforts they make, even though families are encouraged to seek substance abuse treatment or increase their employability skills.

## 5.2 CHALLENGES TO THE IMPLEMENTATION OF COLLABORATION INITIATIVES

Some of the most common challenges to the implementation of collaboration initiatives that are identified by Head Start staff are the conflicting regulations of public assistance programs and the decrease in benefits with increased a earnings or change in employment status.

### 5.2.1 Conflicting Regulations and Requirements

Each of the major means-tested assistance programs (AFDC, Medicaid, housing, and food stamps) has its own eligibility criteria and is administered by a different Federal agency. At the State level, where eligibility is determined and benefits provided, responsibility **also** is often divided among agencies or divisions within agencies, each with separate offices or service sites.

Many of the regulations determining eligibility tend to conflict with one another, serving as challenges to participation multiple programs and continued participation. For example, the AFDC asset rule disqualifying for eligibility anyone with greater than \$1,500 in assets, includes the value of a personal vehicle. As a vehicle is necessary to achieve access to employment or attend the employment training sessions, the asset rule serves as a barrier to the implementation of collaboration efforts.

In addition, many collaborating agencies have different reporting requirements. Their requirements influence their goals and at least partially structures the thinking of the staff. When families are served by more than one agency, there may be duplication of numbers and confusion regarding confidentiality issues. An example of conflicting regulations was provided by representatives of the Head Start-JTPA demonstration projects. **PICs** have different policies. JTPA uses performance based-contracts which discuss benchmarks payment (payments are made according to the number of benchmarks achieved). A positive exit involves being employed successfully in **30** days at a certain wage. However, one PIC may consider completion of a CDA training course a "positive exit" and thus reimburse Head Start for a certain amount, while other **PICs** may consider this same course of study only a "negative exit" and pay no reimbursement. Also, if parents decided to go on to college **after** the CDA, a PIC could consider this a negative exit.

### 5.2.2 Disincentives Experienced by Families

Head Start's efforts toward encouraging families to participate in programs that will lead them to **self-sufficiency** sometimes are thwarted by the financial and service disincentives for education and employment. The harsh penalties for increase in earnings on AFDC, housing, and Medicaid are major deterrents to moving off AFDC. When transitional

benefits are terminated (about 12 months after employment is started) many families are left without any form of health care insurance or child care assistance. It is very **difficult** to obtain an entry-level job that will provide a quality of life comparable to **AFDC** and Medicaid and housing and child care subsidies. Many families are forced to chose unemployment rather than jobs that lack these benefits.

An obstacle confronted by **staff implementing** the JTPA-Head Start Interagency agreement is that when an individual is hired by Head Start as a staff member, that person is no longer eligible for JTPA training services.

### 5.3 STRATEGIES FOR SUCCESSFUL COLLABORATION

Head Start has developed innovative strategies at different levels to confront the barriers to the implementation of their collaborative efforts. To deal with those obstacles that derive from the Federal laws or regulations, these strategies have been directed mostly at the Federal policymaking level. In the case of challenges that originate at the local and practice level, ACYF and local Head Start programs have had to focus their efforts on increasing their understanding and awareness of the existing regulations, on training staff, and on developing the appropriate mechanisms to create and coordinate the resources that impact on each families' success.

Head Start grantees and program **staff** report overcoming successfully many of the barriers confronted and implementing successfully many of the collaborations initiated. **The** following are some of the creative and innovative approaches that Head Start programs **have** developed to assist their staff and families in gaining greater **self-sufficiency**.

#### 53.1 Pooling Funds

Some of the obstacles to the implementation of collaboration agreements are unintended consequences of requirements that were instituted (at the Federal, State, or local level) to achieve a beneficial result (for example, establishing safeguards, accountability, or a rational allocation of limited resources). At the service delivery level, however, these requirements may make it more difficult to coordinate the services being provided. It is crucial that local **staff** become knowledgeable about the source of the requirement that has become a barrier, in order to be able to work within the appropriate contextual framework.

The Head Start agencies in South Carolina found that the money allocated for the Head Start family literacy initiative were not enough. Therefore, all the Head Start directors decided to pool their ACYF initiative funds together. In addition, they got the State Department of Social Services to match these funds in order to provide monies for an adult education teacher and the parent education components in each of the 15 Head **Start** programs in South Carolina. Then they established a collaboration with the National Foundation for Family Literacy to receive **T/TA** to implement the program.

### 5.3.2 Exchange Participation in Advisory Boards/Private Industry Councils (PICs)

A successful strategy implemented in most initiatives is the participation of staff and parents in collaborating agencies' councils, boards, etc. This participation plays a pivotal role in enabling **staff** and participant **families** to better understand of each other. For example, Head Start **staff** participates in the PIC in several communities where they are implementing JTPA-Head Start collaborations. In addition, PIC representatives attend Head Start meetings. With this mutual participation, there has been an increase in the understanding of each other's programs and learning new ways in which Head Start grantees can be of assistance to the **PICs** (i.e., provision of licensed child care facilities for eligible trainees' children) as well as what benefits the councils can receive from Head Start (i.e., recruitment assistance with potential clients).

Local Head Start substance abuse initiatives also have benefitted from the inclusion of representatives on each other's boards and policy groups. Mutual participation has increased the areas in which the agencies work together in supportive ways.

### 5.3.3 Establishment of Administrative and Personal Relationships

Head Start **staff** have learned that for interagency efforts to become successful, collaboration should be fostered at every level of the organization, from the top administrative level to the level at which the family meets the front-line workers. Head Start **staff** have played an important role in setting up appropriately timed dialogues with employers, unions, schools, and parents. The Government has made it easier to carry out collaborative efforts between Head Start and the JOBS program. These relationships have facilitated both improved employment for Head Start parents and better child care for JOBS participants.

Administrative relationships have proved most effective in making long-term changes in the service delivery system. However, collaborations targeting immediate improvement in services offered to families, at the program level, were most effective when one-to-one relationships were formed between front-line **staff** to address specific needs and problems. For example, as part of a JTPA-Head Start interagency agreement to provide CDA training to Head Start parents, one program found it useful to designate a **staff** person to carefully **prescreen** all candidates referred for CDA training to ascertain that they were meeting all JTPA requirements. This Head Start staff person would contact personally the JTPA trainer to discuss the special needs of particular parents.

### 5.3.4 Interagency Agreements and Contracts

Collaborative initiatives require the development of clear interagency agreements that specify explicitly the responsibilities of the two parties involved. The most common type of interagency agreements **identified** by Head Start program staff are **(1)** contractual agreements which outline the provisions made by both parties, **specifying** the services and fees for services to be rendered; **(2)** cooperative agreements which contain information about the services to be provided and the tasks to be performed as **well as specify the duration for** which the given tasks or services will be provided; and **(3)** referral agreements which identify

contact persons at the agencies in the community to facilitate the process through which CCDP families receive services.

### **5.3.5 Commitment of Coordination Time and Resources**

Because collaboration involves sharing responsibility, it requires a consensus building that cannot be imposed hierarchically. The process is likely to be time consuming, as collaborators must learn about one another's roles and responsibilities as well as explain their own. Several programs indicated that it is critical to designate one person who is knowledgeable about all collaborating agencies to oversee the implementation of the program.

One Head Start program designated the social services coordinator to deal with the different government agencies, interpretation of rules, and completion of all administrative forms required to implement a Head Start-Jobs collaborative effort. In another effort, it took a period of **1 year** and guidance **from** an outside facilitator to pull Head Start together in order to work. Cross-agency training was encouraged and this provided the staff with the specific information, technical skills, and abilities necessary to meet new expectations.

### **5.3.6 Joint Case Management, Home visiting, and Outcome Monitoring**

The use of "shared" case management has been a critical variable in confronting some of the barriers imposed by the fragmentation of services. This strategy especially has been successful for Head Start substance abuse collaboration initiatives. Both agencies' staff participate together in case management interviews, periodically review the progress of families, and develop joint service plans. In some cases, staff **from** both agencies participate together in home visits in an effort to improve access and integrate services for families who may be facing transportation difficulties or other barriers in accessing programs for which they are eligible.

### **5.3.7 Cross-Agency Training**

Cross-agency **staff** training also was described as an essential strategy to confront collaboration challenges. Training usually provides **staff** with the knowledge of requirements of other programs as well as the technical skills and ability to meet new expectations. Cross-agency inservice and preservice training also is structured to accommodate a "collaborative" orientation.

Cross-agency training has been very successful in confronting some of the barriers in the JTPA-Head Start collaboration. This training has increased mutual referrals, the comprehensiveness of services provided, and access to services.

Within the Head Start-OSAP collaboration, cross-training has been helpful in a reciprocal way. Head Start staff has provided OSAP staff with training on how to provide family-centered services to families with young children, and OSAP delivered training programs on the prevention of AOD abuse as well as the availability of treatment services in the community.

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# APPENDIX A: NATIONAL HEAD START BULLETIN SUMMARIES

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## LITERACY

### **A Golden Opportunity: GEDs for Moms**

It was announced in the *National Head Start Bulletin #13* that mothers of children in Newport County Head Start were being offered the opportunity to work toward their general equivalency diploma GED while their children were at Head Start. In cooperation with the Newport School Department, an instructor was being sent to help the mothers earn their diplomas. The program was designed to be as flexible as possible and did not require the women to attend everyday. Child care services were being provided for siblings.

### **Head Start Launches Family Literacy Initiative**

*By Marlys Gustafson, Director, Program Support Division, Head Start Bureau*

The *National Head Start Bulletin #30* included an article delineating Head Start's role in promoting literacy in the families it serves and its value in addressing the national priority of nurturing new readers of all ages. Family literacy programs most often strive to break the cycle of intergenerational illiteracy by focusing on parents and their children, increasingly adopting Head Start's central tenet that the parent is the child's first and foremost teacher. According to the article, literacy research supports this approach, parents' reading values and habits have been found to be very influential in their children's literacy development.

In 1984, the Administration for Children, Youth and Families (ACYF) funded Head Start demonstrations of literacy development models. The Parent Enrichment Projects of 1986 expanded these efforts. At a June 1986 conference, Head Start recipients of **2-year** Coordinated Discretionary Program (CDP) literacy grants met and discussed their involvement with literacy programs. Grantees concluded that Head Start families strongly need literacy development; the relationship developed between Head Start staff and families is critical in retaining parents in literacy programs and, in fact, individualized efforts on the part of **staff** often are required to keep parents

involved. Transportation and child care needs also must be considered. Whenever possible, all grantees had coordinated with existing literacy programs.

In 1988 and 1989 several special literacy initiatives were directed at the regional and national levels. The Department of Health and Human Services (DHHS) formed an agreement with Literacy Volunteers of America, for example, enlisting the participation of 23 Head Start grantees in the New York and New Jersey areas to bring together regional and local representatives of Head Start and LVA to facilitate collaboration and development of literacy curricula tailored to Head Start parents.

In order to assist all Head Start programs in addressing family literacy, the Head Start Bureau was preparing a Literacy *Resource Package* identifying national resource organizations, providing a checklist of family literacy basics that can be incorporated into existing practices, and outlining successful strategies for incorporating family literacy into existing programs.

## A Commitment to Family Literacy

*By Clennie H. Murphy, Jr., Acting Associate Commissioner, Head Start Bureau*

The *National Head Start Bulletin #30* included a list of objectives for expanding Head Start's efforts in family literacy. These objects were as follows: (1) assessment of the literacy needs of Head Start families, encompassing determination of families' levels of economic **self-sufficiency** and prior involvement in literacy and adult education programs; (2) dissemination of information on existing literacy programs, including a list of State and regional literacy volunteer programs and descriptions of successful collaborations between Head Start and family literacy projects; and (3) expanding the capacity of Head Start to promote family literacy through the building of new resources and strategies, support of training and technical assistance, and demonstration and research and evaluation activities.

## Head Start Literacy Project in "The City That Reads"

In the *National Head Start Bulletin #30*, it was announced that the Baltimore City Head Start program was developing a literacy program designed to break the cycle of intergenerational literacy. The development of this project was in accord with the spirit of Baltimore, Maryland's declaration of being "The City That Reads." The Baltimore City Head Start, in collaboration with the Baltimore City Literacy Corporation, Office of Employment, and IBM, was designing its literacy program to offer computer-assisted literacy training to a maximum of 180 Head Start parents.

## Texas Head Start Program Commits to Ongoing Literacy Project

The Gulf Coast Community Services Association Head Start's literacy component was highlighted in the *National Head Start Bulletin #30*. The Adult Literacy Project, begun as a pilot program in 1985, addresses the following literacy needs of parents: basic adult education, English as a second language (ESL), and pursuit of a GED.

## Promoting Family Literacy in Head Start

**As** reported in the *National Head Start Bulletin #30* the following objectives and activities have proven beneficial to the promotion of family literacy in Head Start: (1) addressing the literacy needs of family members through a family needs assessment process, setting of appropriate goals, enacting plans to meet these goals, necessitating knowledge of **existing** community literacy services and care of other family needs such as child care; (2) promoting family literacy within the home through appropriate modeling during home visits, instruction and provision of books; (3) collaborating with the public library; and (4) establishing of “print-rich” environments in which the function of print to communicate ideas continually is demonstrated.

## Reading is Fundamental Serves Head Start

The *National Head Start Bulletin #30* includes brief descriptions of notable features of the Head Start programs working directly with Reading is Fundamental (**RIF**). RIF has brought books into many Head Start preschooler’s homes and encouraged parents and children to read through projects operated by libraries, schools, and others in addition to direct collaboration with several Head Start programs. One goal of the **Midvale**, Utah, project, is to make culturally appropriate books available to Navajo, Kickapoo, and Mexican-American Head Start children.

## Head Start Funds Family Literacy Programs

**In** the *National Head Start Bulletin #30*, it was announced that the following Head Start programs had received **2-year** CDP funding to address family literacy: Head Start PLUS (Parent Literacy Upgrade and Support) in Arizona in collaboration with Literacy Volunteers of Maricopa County and **IBM’s** PALS (Principles of the Alphabet Learning System); the Conocimiento Program, also in Arizona; the Head Start Parent Literacy Program in Missouri; Ready Start Literacy Project in Ohio; One Teaches One Illiteracy Project in Puerto Rico; Project Literacy in Tennessee; Family Literacy Awareness Project in Wisconsin; and Parents’ Reading Project, also in Wisconsin.

## Head Start Community Partnerships

Included in the list published in the *National Head Start Bulletin #32* of Head Start programs that have formed successful community partnerships were the Action for Boston Community Development North End Head Start which works with the Boston Public Library, North End Branch to encourage library use by Head Start Children and their families; the Omaha Head Start Parent-Child Center which in collaboration with the public school provides continuing education for teenage mothers in addition to child care and transportation services; and the Delaware State Head Start Parents Association, which received 6,600 books **from** McGraw-Hill Publishing Company for use in the association’s Reading is a Family Affair program.

## **Innovative Minnesota Project Encourages Parents to Read to Kids**

The *National Head Start Bulletin #33* featured White Earth Head Start's Innovative Individualized Parent Involvement Project, a demonstration project funded through Head Start. Through the program, parents on the reservation in White Earth, Minnesota, are encouraged to read to their children at home, utilizing the local book mobile and a reading list they developed themselves.

## **State Collaboration Project Activities**

As reported in the *National Head Start Bulletin #40* several Head Start programs in New York have joined with local school districts in an effort to enhance educational opportunities for Head Start families and expand the number of literacy projects. State employee preparation education (EPE) funds have been made available to Head Start programs to support literacy programs. In The **Warren-Hamilton** Counties in rural upstate New York, the Warren-Hamilton Counties Head Start has formed a collaborative agreement with a local school district to provide day and evening adult literacy classes. Transportation and assistance with child care costs for parents attending the evening sessions are available. EPE funds pay the teachers' salaries. In Cortland County, New York, a Family Literacy Coordinator provides activities to home-based Head Start parents through partnership with the Reading Together is Fun program and joint county board sponsorship.

In South Carolina, comprehensive training opportunities have been made available through the National Center for Family Literacy, the first statewide Head Start-initiated family literacy project in the United States. The South Carolina Head Start Directors' Association, the Community Action Directors' Association, the State Department of Education, and the State Department of Social Services have worked together to establish quality literacy programs throughout the State.

## **SUBSTANCE ABUSE**

### **Substance Abuse: A Significant Cause of Child Abuse**

*By Karen C. Mitchell, M.Ed., Program Analyst, Head Start Bureau*

The *National Head Start Bulletin #22* linked substance abuse to child abuse citing a *New York Times* study which reported that drug abuse, particularly cocaine and crack-cocaine, is involved in about 50 percent of all child abuse and neglect cases heard by New York City's family court. If alcohol abuse is included, substance abuse accounts for 64 percent of the court's child abuse and neglect cases. According to the bulletin, although New York City statistics are not representative of the Nation as a whole, generally it is agreed that substance abuse throughout the United States is an endangerment to children. It was suggested in the article that Head Start, nationwide, may find addressing problems of substance abuse to be one of its greatest challenges.

## Demonstration Projects Near Completion

**By John P. Corrigan, Social Services/Parent Involvement/Parent and Child Centers Branch, Head Start Bureau**

**In the *National Head Start Bulletin #27*** several Head Start grantees that were implementing the last year of a **2-year** demonstration project designed to improve parenting skills and increase parent involvement were highlighted. These included the Parent Education for Drug Awareness project developed by South Plains Head Start in Levelland, Texas. The program centers on four videotapes developed by South Plains Head Start stressing the importance of parent and family recognition that substance abuse **affects** the whole family and is often cyclical in nature. South Plains also developed an accompanying teacher training model.

## NHSA Wins Drug Abuse Prevention Contract

The ***National Head Start Bulletin #26*** announced that the National Head Start Association had received a \$150,000 subcontract from United Schools of America to develop a drug abuse prevention and education program for Head Start parents and their children. According to the bulletin, the **12-month** program would use one Head Start program as a development and test site and then pilot the parent and classroom activities in seven Head Start Programs. In the project's second phase, minority scholars from throughout the country would work with individual Head Start pilot sites. Representatives from the Head Start community would provide guidance to the project by serving on the Drug Abuse Prevention Advisory Task Force.

## Health Tip

In the ***National Head Start Bulletin #35*** it was reported that smoking is a contributing factor in 40 percent of **all** deaths due to coronary heart disease. Other consequences of smoking were identified as well. The four D's were suggested for those trying to quit: (1) deep breathing, (2) drinking water, (3) doing something else, and (4) delay.

## The Head Start Substance Abuse Initiative

**By Susan Weber, Special Assistant to the Commissioner, ACYF**

The ***National Head Start Bulletin #35*** featured the Head Start Substance Abuse Initiative. According to the article, the following four concerns were critical in the development of the initiative: (1) Head Start is not an AOD treatment program but a comprehensive child development program, (2) problems related to substance abuse vary across Head Starts, (3) awareness of the substance abuse problem often is suppressed by denial of the problem by anyone who is AOD dependent, and (4) Head Start teachers and **staff** have been overloaded with new approaches and materials for addressing special problems.

In response to these concerns, developers of the initiative incorporated several key features into its design, namely a resource "desk reference" on substance abuse

specifically tailored to the needs of Head Start programs, information pamphlets, and program information memorandum on substance abuse. The initiative was developed in collaboration with other Federal, State, and local resources including the National Association of State Alcohol and Drug Abuse Directors, the Office for Treatment Improvement, and the Office for Substance Abuse Prevention within the **DHHS**.

The initiative was developed primarily to address three areas of need: the needs of families at high risk for involvement in AOD abuse or who already are abusing substances, along with the needs of Head Start staff assisting these families; the needs of children from families involved with AOD abuse or children who have exhibited harmful effects of exposure to substances, whether prenatal or postnatal; and the need for Head Start programs to participate in community-based efforts which address substance abuse strategies for prevention in order to strengthen their capacity to support families affected by **AODs** and for effective treatment services.

### **Update on NHSA's Substance Abuse Curriculum**

According to the *National Head Start Bulletin #35* the National Head Start Association (**NHSA**) was conducting a field test of its new substance abuse prevention curriculum. The curriculum targets both parents and children and emphasizes communication, self-esteem, coping, health, and other issues to assist families in resisting the pressure to abuse drugs. Regional training events, conducted by NHSA, were expected to be completed within the year.

### **How To Choose a Substance Abuse Prevention Curriculum**

*By Mary Lewis, Ph.D., Education Specialist, Head Start Bureau*

The *National Head Start Bulletin #35* included an article cautioning the hasty selection of substance abuse prevention curriculum. Evaluation and needs assessment questions such as the exposure of children to substance abuse, the extent of the substance abuse problem in the families being served, and the suggestions of the social services and parent involvement staff regarding the stresses local families may be feeling. In addition, a program should emphasize good mental health practice in combination with good education, health practice, and parent involvement. The Head Start Bureau's "As I Am" curriculum module and resource book was recommended for those seeking prevention materials which meet the Mental Health **Performance** Standards.

### **The Critical Message on Pregnancy and Substance Abuse**

*By Susan Weber, Special Assistant to the Commissioner, ACYF*

The *National Head Start Bulletin #35* delineated the most important problems associated with substance abuse for pregnant women. These included the following facts: drinking, smoking or taking illegal drugs during pregnancy risks the life and health of the unborn child who can be affected by the mother's use of any of these substances, even if this use is infrequent; the **effects** of the mother's smoking,

drinking, or taking of illegal drugs may not be apparent until years later and may be temporary or permanent; and the more substances a pregnant woman abuses, alone or in combination, the more likely it is that the unborn baby will be affected. According to the article, it is never too late in a pregnancy for a woman to stop abusing substances and it is essential that a woman obtain prenatal care as soon as she becomes aware of her pregnancy.

### **The BABES Project in Alaska**

As reported in the *National Head Start Bulletin #35* the Rural Alaska Community Action Program, Inc., received a Head Start grant to conduct an innovative project focused on the prevention of AOD abuse in three remote Alaskan villages. The BABES (Beginning Alcohol and Addiction Basic Education Studies) curriculum was implemented to provide children with the opportunity to develop self-esteem in addition to learning about the effects of alcohol and other harmful substances. The project **also** incorporated workshops for **staff**, parents and teachers about parenting skills, Fetal Alcohol Syndrome, counseling, and the identification of children **affected** by family alcohol abuse.

### **New Jersey Head Start Association Develops a Statewide Substance Abuse Project**

The *National Head Start Bulletin #35* featured New Jersey's success in forming a Statewide Interagency Agreement of Collaboration linking the New Jersey Head Start Association, the Region II Resource Center, the New Jersey Department of Health and the Governor's Council on Alcoholism and Drug Abuse in their fight against alcohol and other drug (AOD) abuse. The agreement specified goals and joint activities for community advocacy, training and technical assistance, (T/TA), and provided funds to assist with coordinated statewide T/TA for the **staffs** of Head Start programs. Funds also were allocated to assist Head Start programs in accessing State substance abuse prevention resources. This initiative was the result of considerable efforts by the New Jersey Head Start Association which formed a statewide substance abuse task force to increase the knowledge and skills of Head Start staff, develop specific workplans, and access the resources needed to meet Head Start's needs in working with children and families struggling with AOD dependency.

### **Drugs and the Workplace**

The *National Head Start Bulletin #35* cited the prevalence of drug use by employed people based on findings from the National Institute on Drug Abuse. According to the article, the majority of illicit drug users are employed. **Worksite** programs, therefore, may offer a unique potential for success in reducing drug use and its adverse consequences in a large portion of the drug-using population.

### **State Collaboration Project Activities**

As reported in the *National Head Start Bulletin #0* several Head Start programs have formed linkages with State agencies to provide a wide range of services to the families they serve. Included among these was New York State Head Start

Association's collaborative projects with the New York State Division of Substance Abuse Services which was designed to encourage local linkages, meetings, and conferences to address substance abuse; provide funding for a statewide Head Start substance abuse project director; and develop a funding proposal for an early childhood substance abuse prevention curriculum. In addition, comprehensive services were to be provided to chemically-dependent women and their children in 19 locations through New York's new Family Support Communities initiative. In Oregon, the Head Start drug abuse prevention program, funded by three State offices, has trained **staff from** a variety of early childhood programs to effectively use its curriculum with parents and children.

## EMPLOYMENT

### Head Start as Innovator

*By Pam Coughlin, Director, Program Support Division, Head Start Bureau/ACYF*

In *the National Head Start Bulletin #11* it was announced that ACYF had put \$2 million into the ongoing funding of innovative projects in order to determine the cost and efficacy of serving some children and some families in new ways never before implemented on a national scale. Through these innovative programs, the implications of close work between Head Start, Job Training Partnership Act (JTPA), Work Fair, and other job training schemes can be revealed.

### New Training Opportunities: JTPA

The *National Head Start Bulletin #11* featured issues and suggestions that had arisen in five innovative projects funded through an interagency agreement between the ACYF and the Employment and Training Administration (ETA) of the Department of Labor (DOL). This agreement was designed to facilitate the coordination of Head Start with PIC's which are empowered to allocate JTPA training opportunities and to purchase child care services for trainees. The following issues were mentioned in the article: (1) Head Start has minimal opportunity to schedule the days and hours of operation of the child development program since it must satisfy the schedule of other agencies (nevertheless, Head Start must coordinate the activities of the provider agencies); (2) Head Start also must develop admission agreements specific to each funding source; (3) more mental health and social services support is required for parents in training or the initial phase of the program; (4) if long hours of child development services are provided, additional **staff is** needed in order to comply with Head Start performance standards; (5) providing developmental child care only for **3- to 5-year-olds** is not enough for parents who have other children; (6) income guidelines seemingly do not reflect realistically the child care needs of low-income working parents; (7) since parents are in training, they cannot be expected to participate in the Head Start classroom; (8) PIC members need to understand thoroughly the need for a qualified child caregiver instead of a babysitter; (9) and only the forms provided by the local PIC should be used in developing a concise written proposal describing CDA

training and assessment for adults or comprehensive child development services for children.

### **JTPA-Head Start Collaboration**

The *National Head Start Bulletin #13* highlighted a collaboration between Child Advocates of Blair County, Inc., Head Start and JTPA for Child Development Associate (CDA) training and assessment. The **10-month** program was contracted through a contract with Southern Alleghenies Planning and Development Commission utilizing JTPA funds to provide **T/TA** and support services to 16 income-eligible individuals, leading to their assessment for the CDA credential and their employment in the child care field. Following formal classroom training which focused on personal and professional development, the **13** CDA functional areas, and supplemental child development issues, each candidate was assigned to a Head Start classroom in which she worked and received further training as an integral part of the teaching team. The program provided transportation, meals, and babysitting support services to candidates throughout the year. Counseling and moral support were offered by the Head Start parent involvement and social services staff

According to the article, increasing requests were being made by the private sector for such training to be offered on a private, fee-for-service basis. Child Advocates planned to expand the JTPA-DA program to include trainees based at two other Head Start programs and one child care home.

### **Head Start-JTPA Partnership for CDA**

*By Trellis **Waxler**, Head Start Bureau*

According to the *National Head Start Bulletin #26, ACYF* and the ETA of the DOL formed an interagency agreement that provides JTPA resources to enable **child** care providers to receive CDA training and assessment leading to the CDA credential. Through the interagency agreement, child development centers provide career training opportunities for adults enrolled in JTPA programs as well as provide child development services for the preschool age children of trainees. In addition, a number of cooperative efforts between local **PIC's** and community-based child care programs were stimulated by the interagency agreement.

### **Mississippi Program Funded for Self-Employment Training**

*In the National Head Start Bulletin #28*, it was reported that the Friends of Children of Mississippi Head Start program had received funds from the Government and Levi Strauss Foundation to operate a Self-Employment Investment and Training Demonstration Project (SEITD). Through this program at-risk persons gain the knowledge and **skills** necessary for starting and maintaining a business and to become **self-sufficient**.

Program participants attend a weekly peer group for **12** weeks to learn how to plan and operate a business. Individual consultations also are provided. Upon completion

of the training, participants may apply for loans of \$1,000 to \$10,000 and are allowed to continue receiving welfare benefits up to 1 year after business startup. Those interested in self-employment but not yet ready to enroll in SEITD can attend Exploring Economic Self-Sufficiency workshops.

### Changing Families

**As** cited in the *National Head Start Bulletin #28* four trends in family life have been found to affect programs such as Head Start that serve low-income families, one of which is the increasing challenge for low-income families to attain economic self-sufficiency. These trends are discussed in detail in the article "Changing Family Trends, Head Start Must Respond," by Valora Washington and Ura Jean Oyemade, in *Young Children*, September 1985.

### MELD Curriculum Meets Parents' Needs in Milwaukee

The *National Head Start Bulletin #33* featured the innovative **12-week** Minnesota Early Learning Design Curriculum utilized by the Community Relations-Social Development Commission in Wisconsin which was developed through funds awarded by Head Start to pursue special initiatives such as family **self-sufficiency** and demonstrate practical approaches to serving at-risk populations. The innovative curriculum was designed to help decrease the Nation's high rate of black teenage pregnancy by helping parents to complete **GEDs**, get job training, and learn better parenting skills.

### Project Independence Aims at Self-Sufficiency

The *National Head Start Bulletin #34* highlighted the efforts of NORWESCAP, a Phillipsburg, NJ Head Start Agency, to stabilize and teach better coping skills to 119 families from three rural counties. NORWESCAP works in accordance with New Jersey's mandate that all welfare recipients develop a plan for achieving self-sufficiency under the Reaching Economic Achievement program. An individually designed team of consultants and Head Start **staff**, including a therapist at each center who acts as the case manager, develop a family treatment plan for each referred family. Services are provided at the center, home, and workplace and by referral to mental health, abuse prevention, and other programs. The family team meets quarterly to review the family's progress.

### Collaborating to Expand Head Start Services

*By A. Kenton Williams, Ed.D., Associate Commissioner, Head Start Bureau*

**In** the *National Head Start Bulletin #40* A. Kenton Williams announced his position as ACYF associate commissioner for Head Start. He also commented on the increasing importance of collaboration with other agencies and people in meeting the needs of Head Start children and their families, pointing out that Secretary Sullivan has made collaboration and service integration one of his major priorities.

As stated in the article, collaboration allows agencies to provide families with a wide array of comprehensive and developmentally appropriate services; increases the capability of agencies to provide needed services; and assists stressed families in negotiating the service delivery maze to secure needed services. The most successful collaborations often build on positive prior relationships. For example, Head Start's collaboration with Job Opportunities and Basic Skills (JOBS) and vocational schools in Massachusetts and Rhode Island has provided Head Start parents with vocational training for technical professions such as welding, computing, and practical nursing. Through special arrangements, many parents have obtained **GEDs**, and some have received community college credits **from** community colleges located near the technical high schools.

### The Joint Economic Empowerment Initiative

DHHS and the Department of Housing and Urban Development announced their award of \$4.8 million to 22 Head Start grantees to complement the \$2 million funding of 13 Economic Empowerment Partnerships to encourage economic **self-sufficiency** through job training, child care, and resident management and homeownership efforts in public housing communities. The Head Start awards ranged from \$60,000 to \$300,000 and will be used for startup and operating expenses.

### Head Start and JOBS Working Together

The *National Head Start Bulletin #40* featured Head Start grantees collaborating with JOBS in order to present examples of collaborative efforts for those Head Start grantees in the process of establishing their own partnership with JOBS in response to the joint initiative between the two programs to provide a comprehensive array of services for parents involved with both programs.

The Heartland Head Start, Inc., in Bloomington, Illinois, has offered GED courses through the local school district and provides child care for infants, toddlers, and preschool children while their parents attend the courses. Project Chance, the Illinois JOBS program, has reimbursed Heartland Head Start, Inc., for the cost of this child care. In Quincy, Illinois, Quincy Public Schools has offered wraparound child care sites for parents participating in Project Chance activities. The program was designed as an extension of the Head Start day, and staff have been shared with the local Head Start center to ensure continuity.

In Jefferson, Indiana, Head Start has formed an agreement with the Hoosier Falls PIC, which is the local Indiana JOBS administrator. Head Start parents have been given priority for JTPA-JOBS involvement, and Head Start has given priority for Head Start enrollment to the children of JTPA-JOBS participants. The Hoosier Valley Economic Opportunity Corporation, Inc., has been operating a Family Support and Development Center under an Administration on Children and Families (ACF) Family Service Center Demonstration Grant (FSCDG). Center activities emphasize **self-sufficiency**. Parenting skills, adult education programs, and career and personal development are enhanced through a case management approach.

A new child care training program has provided job training and experience for adults while filling some of Head Start's **staffing** needs through a partnership agreement between the New Hampshire Head Start and JOBS program in Concord, New Hampshire. JOBS participants have been spending a minimum of 20 hours a week in a Head Start classroom in conjunction with their participation in CDA training that the New Hampshire Head Start provides for its **staff**.

In Philadelphia, Pennsylvania, a joint Head Start-JOBS initiative. was developed to provide training to the staff and parents of several local Head Start programs at a community college beginning in September 1992. Extended child care would be offered to participants training to be early child care providers.

In Puget Sound, Washington, the Head Start Family Child Care Demonstration Project has generated training and career opportunities in early childhood education for JOBS and Family Independence Program (FIP-the State's welfare reform program) participants. Providers also have been recruited to offer full-day Head Start services for FIP-JOBS participants. The Head Start Family Child Care Demonstration Project in Port Angeles-Clallam County, Washington, also has targeted Head Start FIP and JOBS enrollees for training, employment, and career opportunities in the early childhood field. The program **also** has provided full-day and full-year child care and early childhood education. Additionally, with the help of local **child care** organizations, the program has established a community toy-lending library for early childhood professionals.

The Western Dairyland Economic Opportunity Council, Inc., a Head Start grantee, has coordinated services with JOBS providers in four county rural areas. In two of these counties, the Head Start grantee also has been the JOBS provider. Head Start brochures and applications have been included in the JOBS orientation package, and Head Start **staff** have conducted family communication and child development training at JOBS orientation meetings. In addition, JOBS participants have included Head Start parent meetings and parent classes in their employment development plans. The County Department of Social Services has been the JOBS provider in the other two counties, and services in one of these counties have been integrated much like those in the other two. In addition, JOBS **staff** have spoken at Head Start meetings, and volunteering in Head Start also has been incorporated into the employment development plan.

## **Working Together for Children and Families**

According to the *National Head Start Bulletin #40*, many **difficult** issues facing Head Start and Community Action Agencies (CAAs) in their partnership efforts were addressed in the fall training conference, "Community Action, Child Care and Head Start-Working Together," of the National Association of Community Action Agencies (NACAA). Internal agency communications and the importance of making the system responsive to all participants were discussed. Participants noted a continuing need for training regarding the important roles and role distinctions among administrators, the grantee board, and the policy board. Both NACAA and the National Head Start Association, in cooperation with the Head Start Bureau, expressed commitment to

exploring ways to build communication linkages on behalf of the Head Start program and the Head Start and CAA grantees.

## Collaboration Helps Head Start's Social Service Professionals

The *National Head Start Bulletin #40* featured Indiana University of Pennsylvania's (IUP) Family Services Professional Development Program (FSPDP) training program. FSPDP was designed for current Head Start Social Services Component **staff** and other individuals who wish to prepare for entry-level employment with Head Start and to provide them with the knowledge and skills to create linkages between the family, the program, and the community. FSPDP was based on the **ACYF's** Head Start Social Services Training Manual and is being taught by **IUP** faculty and Head Start professionals.

## The Caregiver Program, Oakland, California

As reported in the *National Head Start Bulletin #40* the Oakland Parent-Child Center is operating the "Caregivers" program which places refugee and immigrant women in Head Start classrooms for **30** hours per week for **3** to **6** months. The program is helping these women become **self-sufficient** by providing the training necessary for them to provide quality child care in private homes. The program has received funding from Federal, State and county sources.

## COMBINATION OF SELF-SUFFICIENCY AREAS

### Head Start's Challenge in Effectively Serving Families

*By Richard H. Johnson, Chief, SSIPIIPCC Branch, Head Start Bureau*

The *National Head Start Bulletin #28* focused on the social services component of Head Start, stressing the need to invest substantially in strategies for assisting families at highest risk. The overall goal of Head Start is to improve the social competence (i.e., the ability to deal effectively with the present environment and with later responsibilities in school and life) in children of low-income families. Most often, the family is the dominant socializing agent and primary **influence** on a child's life.

According to the article, although poverty does not necessarily damage all children, it does put them at greater developmental risk. However, infant mortality, gross malnutrition, recurrent and untreated health problems, child abuse, educational disability, low achievement, early pregnancy, AOD, **homelessness**, personality deterioration, and failure to become economically **self-sufficient** are much more prevalent among the poor. The social services component in Head Start is responsible for responding to families' needs and linking them to community resources to relieve some of the awesome pressures and stresses facing those families.

## Refugee Families: Providing Culturally Sensitive Services

*By Pam Praeger, Executive Director, Spokane Head Start*

The Spokane Head Start's work with refugee populations was highlighted in the **National Head Start Bulletin #28**. Through a Head Start Innovative Grant, the Spokane Head Start has devoted considerable effort to providing comprehensive services as well as classes in ESL to refugee infants, toddlers, and their parents. In working with this population, the **staff** has learned that these families have had many complex problems specifically related to their refugee status. The most apparent of these problems was language. Translators were needed who spoke the correct dialect, were the appropriate age and sex and would be trusted by the family. In addition, it was often difficult for parents to find employment, and family planning issues became problematic as women started to work outside the home or go to school, often for the first time. However, the mental health needs of the families were perhaps the most critical. Families experienced confusion with their new environments and language as well as a sense of loss of their culture (usually in addition to the trauma of their exodus.) Each refugee population was found to be unique, requiring investigation of the experience and needs of each group.

## Head Start Provides Diverse Parent Education Strategies

*By Richard H. Johnson, Chief, Social Services/Parent Involvement/Parent and Child Centers' Branch, Head Start Bureau*

The **National Head Start Bulletin #27** focused on parent education, tracing the history of parent education in the United States and Head Starts' commitment to parent education. The Parent Involvement section of the **Head Start Performance Standards, 45-CFR 1304**, stipulate that Head Start programs must offer comprehensive parent involvement opportunities and activities, including parent education experiences, recognizing parents' individual needs and interests.

In May 1975 the Comptroller General of the United States submitted a report to Congress delineating the problems and achievements of Head Start. One of the problems identified was insufficient parent involvement. In response to GAO recommendations, the Head Start Bureau systematically has developed publications, national training programs and demonstration projects to increase the number of parents involved

## Region VIII Announces Self-Sufficiency Initiative

**As** reported in the **National Head Start Bulletin #27** Region VIII Head Start Bureau announced a self-sufficiency initiative for Head Start parents in FY 1989. The initiative was designed to provide guidance and assistance in the development and implementation of self-sufficiency programs that strengthen and stabilize Head Start families by focusing on four particular areas: (1) self-esteem, (2) literacy, (3) educational attainment, and (4) job opportunities.

## An Update on the PEP Project

*By James Colvin, Social Services/Parent Involvement/Parent and Child Centers Branch, Head Start Bureau*

In 1986 the Head Start Bureau and the Office of Private Sector Initiatives introduced the Parent Enrichment Program (PEP) in order to increase Head Start parent participation in community education programs. As part of this initiative, grantees have been required to establish a support organization comprised of parents from Head Start, Follow Through, Chapter I, child care, continuing education services and the public-private sector in order to develop long-range interests and resources.

According to the PEP update the *National Head Start Bulletin #27* the types of activities incorporated under the PEP project were new and included activities such as college training, drivers' education, and JTPA funds to provide CDA training for parents. Most grantees have focused on ABE, GEDs, and literacy classes. Furthermore, the PEP project has motivated grantees to identify representatives of public and private agencies to serve on Head Start advisory groups where they could assist in identifying-resources that would help the Head Start parents in their efforts to become self-sufficient.

## Demonstration Projects Near Completion

*By John P. Corrigan, Social Services/Parent Involvement /Parent and Child Centers Branch, Head Start Bureau*

In the *National Head Start Bulletin #27* several Head Start grantees implementing the last year of a 2-year demonstration project designed to improve parenting skill and increase parent involvement were presented. Included among these was the Community Partnership for Child Development which was designed to help dysfunctional families of the working poor enrolled in Head Start in El Paso County, Colorado. The project focuses on multiproblem families who have become ineligible for many services and resources because they have chosen to work instead of receive public assistance. Single parents make up 75 percent of these families.

## Innovation Reaps Rewards for All

*By Marlys Gustafson, Director, Program Support Division, Head Start Bureau*

*The National Head Start Bulletin #33* focused on discretionary projects funded through the Human Development Services Coordinated Discretionary Program and the Head Start Innovation Program. According to the article, Head Start has funded innovative projects so that they may pursue special initiatives such as literacy and family self-sufficiency, demonstrate practical approaches to serving at-risk populations and adapt certain products and technologies to a Head Start environment. A list of 1988-90 demonstration areas and Cycle II Innovative Grantees was included.

## **IBM Works with Eight Head Start Innovative Grantees**

According to the *National Head Start Bulletin #32* eight Head Start programs across the country were set up to provide a comprehensive range of computer supported education experiences through an informal agreement between Head Start and IBM. The demonstration effort has provided for learning centers in classrooms for children and focus on computer-based basic literacy and job skills training for parents. Mobius Corporation, an IBM systems technical assistance provider, has offered **onsite** training for **staff** and parents during the initial phase of the project.

## **Head Start Funds New Family Service Centers**

***By Richard H. Johnson, Chief, Social Services, Parent Involvement, and Parent-Child Centers Branch***

The **ACYF's** award of 13 grants to Head Start grantees to demonstrate how Head Start can work with other community agencies and organizations to deal effectively with the problems of substance abuse, illiteracy and unemployment among Head Start families was announced in the *National Head Start Bulletin #35*. The **3-year** demonstration grants range in amounts from \$125,000 to \$225,000. The grant requires that each project carry out an evaluation of the effectiveness of its demonstration efforts. The Head Start Bureau is responsible for conducting a national evaluation of the projects in the second year of the demonstration effort.