



The State of Family Support

**Seven-Year Gains from the
Family Support America States Initiative**

Supported by the Robert Wood Johnson Foundation

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Preface: Family Support

Family support has been defined by Family Support America as a set of beliefs and an approach to strengthening and empowering families and communities; a type of grassroots, community-based program; a shift in human services delivery; and a movement for social change (see right). This articulation of family support has a historical precedent in Marie Baum's 1927 definition:

A social-political goal: All activities have the purpose of strengthening the family and of enhancing the caring and educational capacities

A method: The situation of the entire family, not the individual, is the starting point

An organizational form: Systems are coordinated so that parallel and overlapping services are avoided and there is one contact person or office with a unified plan for each family¹

While a number of terms were equally prevalent through the mid-1990s—family resource, family-centered, family-based—Family Support America has unified the field around the common term *family support*. Likewise, while early family support advocates stressed *prevention* (of crisis) as the desired outcome of family support, Family Support America has led a shift in paradigm toward *promotion* of positive outcomes.

Family Support Programs

Family support programs were started in the late 1960s and early 1970s by community-based groups of parents and those who sought to help them and their children. They all shared a common goal: to enhance the ability of families to successfully nurture their children. More important, they shared a common way of achieving that goal: involving and engaging parents as partners in creating a positive future for their children and their communities. This approach is summarized in the Family Support America motto: If you want to help families, ask parents what they want.

Parent education classes, parent support groups, childcare, parent-child activities, and information and referral were some of the services offered by the founding programs. Over time, local programs expanded their role to help families in areas beyond parenting. Some programs

Family support is:

A set of beliefs and an approach to strengthening and empowering families and communities so that they can foster the optimal development of children, youth, and adult family members.

A type of grassroots, community-based program designed to prevent family problems by strengthening parent-child relationships and providing whatever parents need in order to be good nurturers and providers. These programs have been proliferating across the country since the 1970s.

A shift in human services delivery that encourages public and private agencies to work together and to become more preventive, responsive, flexible, family-focused, strengths-based, and holistic—and thus more effective.

A movement for social change that urges all of us—policymakers, program providers, parents, employers—to take responsibility for improving the lives of children and families.

¹ Family social work pioneer Marie Baum's 1927 definition is cited in Joachim Wieler's article "Social pedagogy family help in Germany: New wine in old vessels or new vessels for old wine," published in *Family support: Direction from diversity* (2000), J. Canavan, P. Dolan, and J. Pinkerton, eds. (Jessica Kingsley Publishers: London), p. 64.

began offering services such as job training and school readiness, health and wellness, and family literacy, while others created links with community agencies as a way of getting needed resources and supports to families.

Family Support and State Government

During the 1970s, state governments began to see that because family support programs prevented problems like child abuse and neglect, criminal behavior, school dropout, and poor health, they could be more cost-effective than the alternative of responding to crises after they occur. They began to adopt new approaches in which parents and other family members were engaged as partners in planning and carrying out programs in child welfare, health, education, employment, criminal justice, and other areas.

But while state policymakers initially became interested in family support because of its ability to prevent crisis and therefore cut costs, the entrance of a national organization (see below) and its efforts to promote family support as more than crisis prevention led state policymakers to become key partners in the movement.

Family Support America

By the early 1980s, the family support momentum was building. Local programs were emerging and policymakers were taking notice of family support and using it as an approach in a variety of systems. A national organization was needed to take family support to the next level. In 1981, in Chicago, that organization was conceived by family support pioneer Bernice Weissbourd and was given the name Family Resource Coalition. The organization changed its name to Family Support America in 2000. (See “The Family Support America Story.”)

The Family Support America Story

The time: 1981. The place: Chicago. Bernice Weissbourd was a nationally known expert on child development and parenting education. She was a regular contributor to *Parents Magazine*. She had founded Family Focus, a program in Chicago that met parents’ needs by building on their strengths: one of a small but growing number of family support programs nationally.

But for Bernice, there was so much more to be done. Practically every day, she heard from directors of family support programs across the nation who were asking for advice, looking for funding to keep their doors open, or just wanting to share their promising work with someone who understood.

Bernice saw a movement taking shape. So she invited program directors, academics, legislators, parents, and government officials from across the country to a meeting in Chicago. She expected

50 people. More than 300 came. Local people opened their homes to these visitors because they shared the same hopes and the dreams.

They stayed up all night, drinking tea and coffee at kitchen tables, talking passionately about how to transform society to value parents’ voices and create a better world for children. The next day, they voted to start a national organization, then called Family Resource Coalition—a national partner that would provide materials and assistance, advocate for policies that would strengthen their work, and help them change systems and develop parent leadership in communities and states nationwide. In 2000, we changed our name to Family Support America.

Family Support America now draws more than 2,000 people to its national conference and has thousands of members all across the country. The organization is still spreading the same message: **If you want to help families, ask parents what they want.**

Family Support Program Typology

Over the past twenty-one years since Family Support America was born, and in particular during the seven years since the inception of the States Initiative, family support has expanded well beyond the initial vision of widespread local family support centers. Current family support efforts fall into five categories, defined by Family Support America in the following typology:²

1. Family Support Centers

Most family support centers in the United States and Canada are small, serving an average of 300 families per year through a set of formal and informal program components, generally agreed upon by the families themselves. Family support centers are an essential component of building the social fabric of a healthy community. They contribute directly to increasing social capital and cohesion and reducing social isolation. These centers are places in the community where families gather or turn to for help and assistance, to share knowledge and experience, to contribute to their community and to develop their resources and systems of support. Centers produce positive outcomes across generations and improve the quality of life in the communities where they are located. According to the California Department of Social Services, participation in family support centers in that state resulted in reductions in the rate of repeat child abuse and neglect (from 53 to 28%), the number of parents unable to meet basic family needs (decreased by 8–15%, depending on need), and the percentage of families experiencing arrest/citation (from 14 to 7%).³

2. Family Support Programs Nested Within Larger Organizations

Family support is also emerging in the form of family-serving programs within larger efforts, organizations, or institutions. These programs are allied with their host organizations, but have different programmatic focuses or missions. Increasingly, family support programs are located in schools, health settings, Boys and Girls Clubs, libraries, and a variety of other settings. These programs may be developed as family support centers within institutions or as discrete services and supports delivered in a variety of non-center settings.

Premises of Family Support

1. Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
2. Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
3. Children and families exist as part of an ecological system.
4. Child-rearing patterns are influenced by parents' understandings of child development and of their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
5. Enabling families to build on their own strengths and capacities promotes the healthy development of children.
6. The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
7. Families are empowered when they have access to information and other resources and take action to improve the well-being of children, families, and communities.

² The typology is published in: Mason, V. L. (2003) "Shared leadership with families: Social inclusion as a core strategy of family support" in Jacobs, F. , D. Wertlieb, and R. M. Lerner, *Handbook of Applied Developmental Science, Vol. 2: Enhancing the Life Chances of Youth and Families, Contributions of Programs, Policies, and Service Systems*. (Thousand Oaks, Calif.: Sage Publications, Inc.) 508.

³ (Calif. Dept. of Social Services, Office of Child Abuse Prevention, *Vehicles for Change*, 2000)

3. Organizations That Adopt and Work from the Principles of Family Support Practice

Any provider of health and human services or any business that chooses to work from, or chooses to adopt, practices that reflect the principles of family support “counts” as an avenue of delivering family support services. This model derives from organizations choosing to apply the principles of family support to their entire body of work and staff policies, not just to specific programs or services. Recently, providers of services such as health care, mental health care, child protection, child welfare, and family counseling have begun to use family support practices. Single agencies, organizations, systems, and programs such as day care settings, health clinics, and child protective systems have adopted the principles of family support as the foundation of their work.

4. Community-Level Systems of Family Support

Systems reform at the community level may result not in a single center base for family support, but rather in a more diffuse, less centralized, but nonetheless family support-based model of collaboration on behalf of families. El Centro de la Raza, in Seattle, Washington, offers one example of this model. It is a civil rights organization that operates a grass-roots multiple-service agency. Although its services are deliberately multicultural, it has been called the “moral and cultural center” for Seattle’s large Latino community.⁴ The organization coordinates services including employment counseling and placement; emergency services to assist with housing, food, clothing and transportation; a soup kitchen; a childcare and child development center that also trains teachers and parents in bilingual, multicultural methods; international relations and community outreach; midwifery; and housing. All of the organizations that are part of El Centro have a common system for outreach, intake, and referral.

5. Comprehensive Community Collaborative Structures for Family Support

Collaborative bodies, responsible for planning and organizing human services, embody the family support approach at the county level. Several states, including Georgia, Michigan, Minnesota, Washington, and West Virginia, have local collaborative bodies that are community-based efforts to improve the conditions of well-being for children and families. In contrast to the other models of family support, these collaborative bodies do not typically deliver direct services to families. The uniqueness of this model is its role in bringing parents and other community leaders together to shape and design integrated services and supports.

Of these five, this report provides information on models one, two, and five.

Principles of Family Support Practice

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance families’ capacity to support the growth and development of all family members—adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families’ cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

⁴ www.grass-roots.org/usa/raza.shtml

Executive Summary

The States Initiative: History and Background

In 1994, with funding from the Robert Wood Johnson Foundation, Family Support America embarked upon its multi-year States Initiative.⁵ Through the initiative, the organization has worked with a coalition of parents, state agencies, community-based organizations, and others in each of eight states—Colorado, Connecticut, Georgia, Michigan, Minnesota, New York, Washington, and West Virginia—to develop cutting-edge strategies for creating caring communities where all families have the resources they need to raise healthy children. Each of the states has goals for making sure the principles of family support practice are alive in every environment in which children and families are present, and Family Support America has helped each state achieve those goals, sharing the expertise it has gathered as the nation’s family support organization.

In 1995, a request for proposals was issued to all 50 states. By submitting a proposal, each state could apply for technical assistance to promote a family support agenda statewide. Each state could submit one proposal that was endorsed by the governor’s office and represented state government, networks of service and program providers, and parents.

Thirty-six states responded. In their proposals, these states described activities that could be undertaken to improve family support training, build state and local partnerships, promote parent leadership, improve cultural competence, and develop results-based accountability in alignment with family support practices. Of those 36, eight states were accepted. Over the coming years, these states would receive assistance in enhancing networking, communication, and information-sharing among family support programs, researchers, policymakers and the private sector; building the capacity of the state and its communities to advance a family support agenda; and expanding and reorienting services and systems so that they embodied family support policies, programs, and practices.

The States Initiative has evolved as it has achieved success and matured. During Phase One, the emphasis was on developing core teams, which involved state government officials, community providers, practitioners and parents. The initiative’s primary activity during this phase was to set goals and strategic directions. During Phase Two, the focus was on building capacity and

States Initiative History

Phase 1: Understanding Systems and Opportunities (1994 to 1997)

Phase 2: Working Toward Systems Change (1997 to 2000)

Phase 3: “Footprint” for Sustainability and Growing the Family Support Field (2002 to 2003)

States Initiative Goals

Initial:

- Parent engagement
- Systems reform
- Support for programs and networks
- Embedding the principles
- Building public will
- Developing state capacity

Subsequent:

- Adherence to principles
- Sustainable structures
- Partnerships with consumers and systems

⁵ Funding for the initiative began in 1994; the first year was spent planning the initiative and the second requesting and reviewing proposals from states. The initiative became active at the beginning of 1996.

leadership through training and technical assistance. During this phase, grants were offered to all eight states to support coordination and innovation. During Phase Three, in progress, the initiative is working to create sustainability and to measurably advance the family support agenda in each state.

The evolution of the States Initiative has been similar to that of the field of family support: the emphasis has been on program and policy development, systems reform, and embedding family support principles and practices as a normative approach. States have attempted to stabilize and expand family support programs in their states, make community-based services and supports more accessible and available, and create community change. Efforts have been underway to develop state policy that reflects more comprehensive, family-driven, family-centered, strength-based, and culturally responsive approaches to program and community development.

Lessons Learned

Through the States Initiative, valuable lessons have been learned about the elements required to successfully advance a family support agenda in a state. These elements are:

- **Recognizable structures.** When attempting to make real, sustained change, it is critical to create and connect to a convening authority with the ability to bring diverse partnerships together. These partnerships should include state government officials, community and parent leaders, and program providers.
- **Common language and terms.** States have understood the value of using common language and terms to discuss and advance family support values and ideals. Terminology that is common across state departments and agencies and local communities has helped to create an understandable mission that all support. Developing a typology of family support programs has helped people better understand how family support functions at the community and neighborhood level.
- **Parent leadership and engagement.** The test of time has shown that the engagement and support of parents is key to sustaining family support programs and funding for them. Parent leadership and engagement must be part of the design, delivery, and evaluation of services for children and families. States must learn how to move beyond “family involvement” and token participation and toward shared leadership. Civic engagement and leadership are key to states’ family support efforts.
- **Communication with policymakers, the public, and practitioners.** Communicating with policymakers, practitioners, and the public about the benefits of family support is important to growing and sustaining the field. Concrete examples of successful communication processes include using “storytelling” to convey the power and impact of family support, and throwing Family Day celebrations in states and communities.
- **Baseline data and evaluation.** In order to understand the breadth and depth of family support programs, it is necessary to have clear data and information on the populations served, services provided, sources of funding, and scope of services. Such information, when it is tied to the impact of family support, as well as evaluation methodologies, are needed to ensure quality practice, expansion of the field, and succinct message strategies.
- **Quality practice.** Knowledge regarding what constitutes quality practice in family support, and the skills to carry out such practice, are critical to ensuring better outcomes for families

and communities. Training for frontline staff, administrators, and others promotes adoption of and adherence to the principles of family support practice.

The Robert Wood Johnson Foundation's support has helped to increase the capacity and growth of the family support field. Through various mechanisms such as conferences and publications, Family Support America has disseminated information on state and local innovations and promising practices. This new knowledge has helped states and communities better understand how to embed the principles of family support into various systems and services. New tools and skills have been developed for family support program staff and others. Family Support America's national conferences and peer-to-peer meetings have helped to stimulate new ideas and have helped those in the field learn from each other. Family Support America has provided technical assistance and training directly to states and communities on a variety of topics to advance their work. These combined efforts have helped to grow and expand the field of family support not only in the eight states but also across the country. More individuals have heard the message of family support, believe it is the best way to strengthen families and communities, and have implemented practices that reflect the principles.

The lessons about how to create a statewide family support agenda are valuable and provide guidance to future efforts in other states. Beyond these lessons, Family Support America has observed and gathered information about the actual impact of the work in states over the seven years since the inception of the States Initiative. These observations are drawn from the technical assistance and training Family Support America has provided and the peer-to-peer support it has made possible in the eight states. Additionally, in the fall of 2002, staff conducted standardized interviews with state government officials in the eight states involved in the initiative and in several other states implementing family support strategies.

This report represents the excellent work, creative talent, deep commitment, and passion of thousands of individuals across the participating eight states and other states to improve outcomes for children families and their communities. It is intended to inform policymakers, foundations, programs, parent leaders, and others about how best to build on the gains of the States Initiative and the family support field to strengthen families and statewide systems to support them.

Gains in the Family Support Field

In the past seven years, since the inception of the States Initiative, the family support field has seen the following gains:

1. Multiple service systems are using family support principles and practices.

States are adopting the principles and practices of family support and working to change whole systems of care in health, child welfare, and education due to the increased understanding of family support and its potential fostered by Family Support America. A typology of family support programs has been developed that demonstrates the degree to which family support has penetrated multiple systems and domains. An accompanying taxonomy is needed. Policymakers, researchers, funders, and practitioners in multiple systems see the shift to family support as an effective way to better ensure stronger families and communities, and family support services are being made available to more families across the nation through increased avenues of access.

2. Parent leadership and engagement efforts have increased in all states.

State officials are acting on the bedrock belief of family support and Family Support America: “If you want to help families, ask parents what they want.” These officials are asking for better ways to engage parents more productively and respectfully in their work at the program and state policy levels. Currently, state efforts are arrayed along a continuum from involvement of parents in determining services for their children and families to conducting parent satisfaction surveys to hiring parents as advocates for the program’s design and development.

3. Family support training and learning opportunities are more readily available and used to enhance quality practice.

Training and innovative opportunities for those working with children and families, policymakers, and parent leaders to learn about family support are an important part of the strategy to ensure better outcomes for children and families. Over the past seven years, training has expanded, and a variety of training modalities are being used in multiple states. While Family Support America did the initial training, states have now developed the capacity and materials to disseminate training at multiple levels and in multiple domains. Training strategies include topical conferences, peer-to-peer reviews, pre-service orientations, and comprehensive training and credentialing systems.

4. Family-supportive legislation and public policy developments have created lasting change.

A combination of local advocacy and support from the legislative and executive branches of state governments has helped to increase family support policy, including the creation and perpetuation of laws and public programs. As the family support message becomes clearer and more widely spread, efforts to promote such legislative and policy efforts have become more successful. All eight of the initiative states have developed some form of policy and/or legislation to ensure long lasting change.

5. More is known about what it takes to sustain family support programs.

The States Initiative states have found that the following issues are important to sustaining family support programs: building strong leadership and identifying champions, promoting infrastructure and partnerships, and securing state and community support and advocacy. Overall, sustainability is an ongoing process that involves infrastructure development, parent and community engagement, and advocacy.

6. Innovative approaches to evaluation and research are being tested.

Over the past several years, states have been looking for more innovative approaches to conducting the research and evaluation that is necessary for strengthening families. State agencies and networks of programs are experimenting with peer-to-peer evaluation among family support workers, program self-assessment, participatory evaluations in which program participants play a strong role, participant satisfaction measures, and research techniques that lead to the development of a set of promising practices most likely produce positive outcomes.

In addition to the above gains in the eight States Initiative states, research involving a slightly different group of states over the same seven-year period has revealed the following:

7. There has been an increase in funding for family support, the number of family support programs, and the number of families served.

Data gathered across several common funding streams in both States Initiative states and other states shows increases in dollars allocated to family support during the initiative, resulting in more programs in operation and more families served. (A data table detailing these gains and noting which states were studied is included in Part Two.) The initiative's work has had a ripple effect as participating states set a precedent for family support policy and programs that other states can follow and create a national environment in which family support is seen as a desirable way to address the needs of children and families.

Conclusion

Family Support America's experience with the States Initiative shows that multi-year efforts can result in strong statewide networks of family support programs that outlast political and social shifts and changes. Over the past seven years, more and more state legislators, government policymakers, and citizens have rallied to build and expand family support programs. Valuable gains have been made in the field of family support programming. The initiative has built states' capacity to expand the field of family support by gathering knowledge, producing publications and tools, and creating opportunities to convene around best practices and approaches. These investments have produced gains in the eight states that have reverberated across the country.

The ability to build on the progress of the past seven years depends in large part on whether state governments continue to delegate funds for family support programs. Stability or increases in future funding are a major concern at this time. The National Conference of State Legislators indicates that nearly forty-two states are facing budget shortfalls this year. This situation could extend over the next several years, depending on the overall economy of our nation. Most states are facing very difficult decisions about what programs will be cut and what programs will remain. State budget shortfalls will make it particularly difficult for states to fulfill their responsibilities to provide for the health, education, and human services that families need. As a result, family support programs will have to advocate aggressively for adequate funding to continue providing services that build on families' strengths and maximize parents' capacity as leaders.

It's family support if it is:

- Building relationships based on equality and respect
- Building on strengths to effect change
- Improving families' ability to get resources they need
- Actively involving families in all aspects of the work
- Celebrating diversity and affirming cultural, racial, and linguistic identity
- Strengthening community
- Advocating for fair, responsive, and accountable systems

Introduction

This report describes the current state of family support in the United States. It is based on Family Support America’s intensive work with eight states over the past seven years and on additional research that the organization has conducted on a total of 16 states.

The States Initiative: History and Background

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The States Initiative has evolved as it has achieved success and matured. During Phase One, the emphasis was on developing core teams, which involved state government officials, community providers, practitioners and parents. The initiative’s primary activity during this phase was to set goals and strategic directions. During Phase Two, the focus was on building capacity and

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and communities. Training for frontline staff, administrators, and others promotes adoption of and adherence to the principles of family support practice.

Methodology

This report was compiled based on standardized methods of gathering and analyzing information on family support in each of 16 states. In 2002, Family Support America staff conducted uniform, intensive interviews with state officials in the States Initiative states (listed on page 12) and eight additional states: California, Kansas, Kentucky, Missouri, New Jersey, New Mexico, Oklahoma, and Pennsylvania. These officials are responsible for funding, supporting, and monitoring networks of family support programs in the arenas of education, early childhood, human services, and health.

To make it possible to analyze programs across states, Family Support America used a standardized list of common family support funding streams when gathering the information. Funding for family support programs comes from federal, state, local and other sources. The majority of family support programs receive funding from their state governments, while many also receive funds from the federal government and local governments. Foundation grants and other fundraising make up the remaining part of family support budgets.

The funding streams analyzed in this report are the following government programs in education and early childhood, human services and health arenas:

- Federal Community Based Family Resource and Support (CBFRS) Program
- Federal Promoting Safe and Stable Families
- Federal Even Start / Family Literacy
- Federal Maternal and Child Health Block Grant
- State Comprehensive Early Care and Education
- State appropriations dedicated to family support

Overview

This report is divided into three major sections:

Part I: Family Support Programs Today

Based on recent data gathered through Family Support America's National Family Support Mapping Project, this section paints a clear picture of family support programs today, including services provided, settings in which programs are located, numbers and types of families served, budgets, and funding sources. The two most common models of family support programs—free-standing and nested—are highlighted, and a third model, comprehensive collaboratives, is described briefly.

Part II: Gains in the Family Support Field

This section puts forth seven observations regarding progress made in the family support field in the past seven years, since the inception of the Family Support America States Initiative. These observations are supported by standardized research in 16 states. Calling upon numerous examples from specific family support programs and funding initiatives, this section highlights new frontiers, directions, and innovations in family support.

Part III: State-by-State Review of Family Support Funding

This section presents data on family support programs and funding sources collected through a process of interviewing state agency representatives in 16 states. State by state, it offers relevant details on current funding streams and the programs they support, including core services provided, numbers of sites funded and families served, types of families served, and amounts of funding allocated overall and to each site.

Part One

Family Support Programs Today

Background

All across America, family support programs are meeting the needs of families. These programs provide services that promote optimal child development, strengthen parent-child bonds, help families access the supports they need, and build stronger, more integrated communities—both through formal services systems and through informal, peer-to-peer opportunities. Their outcomes are crucial to family and community well-being: family support programs increase family stability, promote school readiness, strengthen family bonds, increase involvement in community activities, and promote community ownership of solutions.

Family support programs are recognizable by key markers and discernable characteristics that make them special and unique among other parts of the service system. Family support programs:

- Are neighborhood- or community-based
- Reflect the culture, language, ethnicity, and characteristics of the community
- Work to build community by strengthening interactions among community members and service providers
- Take a collaborative, team approach with other staff, community organizations, and families
- Engage family members and the network of service providers as partners in planning and delivering services
- Weave formal and informal services together
- Use community members, volunteers, paraprofessionals, and professionals to deliver services and supports
- Focus on family strengths

Family Support America has organized the range of family support programs into a typology that describes how family support services are delivered in communities across the country. Of the five types of family support programs, this report concentrates on the following three^{*}:

- **Family support centers** create a gathering place where families can turn to others for help and assistance, share knowledge and experiences, and contribute to building and strengthening their community. One of the most important contributions of family support centers is to reduce isolation and involve families in their community. Another is to provide families with assistance in navigating complex systems of formal service. Family support centers usually have outreach components and create a family atmosphere. They strive to be home-like places where safety and comfort can be found, and where families can find strength in themselves and each other. Center participants and staff work to ensure community engagement, family development, a sense of belonging and significance, and a strength-based approach.

^{*} The two types not described in this report are (1) organizations that adopt and work from the principles of family support practice and (2) community-level systems of family support.

Family support centers emphasize family engagement and leadership, ensuring that families are involved in making decisions about services and how they are delivered. This experience provides a base for family members to develop and hone skills in leadership, advocacy, and community building. These skills strengthen families' capacity for neighborhood self-governance and community participation.

- **Family support programs nested within larger organizations** represent one of the fastest-growing models in family support. Each of these programs is part of a larger organization such as a school, health care provider, library, Boys and Girls Club, or other child- and family-serving not-for-profit organization. These programs provide many of the same services and supports as free-standing family support centers but have the benefit of receiving administrative and other support from the host institution. These programs may or may not deliver their services from a family support center located in the larger organization's building.
- **Comprehensive community collaboratives for family support** are responsible for planning and organizing human services at the county level. These local collaboratives embody the principles and practices of family support and work to improve the conditions and well-being of children and families in their communities. In contrast to the other models of family support, these collaboratives typically do not deliver direct services to families. The uniqueness of this model lies in the fact that its role is to bring parents and other community leaders together to shape and design integrated services and supports.

Description of Family Support Programs

An accurate overall picture of family support programs can be gathered from data compiled through Family Support America's National Family Support Mapping Project. This project is an effort to locate and collect information on every family support program in the country and to create a national database of comprehensive information on family support programs. Using a Family Support Program Survey, information is captured on program mission, the population the program serves, the budget and size of the program, and details about the services and resources that the program provides. This database, which is fully searchable and available to the public at www.familysupportamerica.org, contains information on more than 2,000 free-standing and nested family support programs.

What services do family support programs provide? Family support programs provide a range of services from information and referral to job counseling and placement. The 10 most frequently provided services are: information and referral, parenting education, parent/child activities, child development activities, peer support (support groups and mentoring), child abuse prevention, community-building activities, childcare during other programming for adults, emergency assistance to meet basic needs, and life skills training. [See Figure 1.] Because of the nature of family support programs and their responsiveness to the people they serve, staff must be prepared to be flexible and constantly mindful of the changing needs in their communities.

Top 10 Services Provided by Family Support Programs

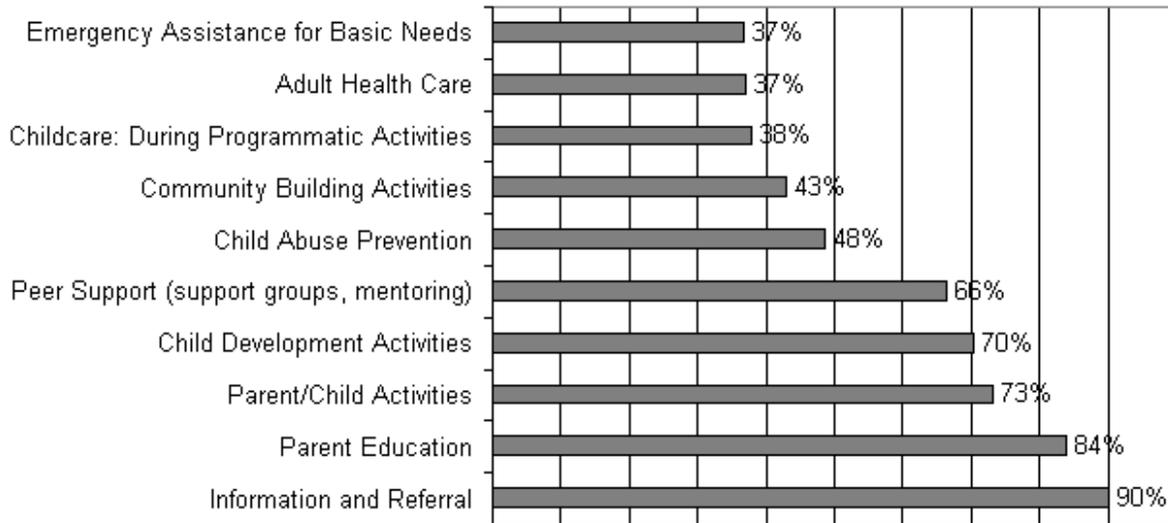


Figure 1

The mapping data indicates that there are several broad areas of support provided by over half of all programs. Fifty-seven percent of family support programs provide health-focused services. These services consist of health education, adult health care, counseling, mental health services and pediatric and adolescent health care. Many family support programs are located in neighborhood health centers in order to connect and ensure the optimal health status of children and their families. Approximately sixty-five percent of the family support programs also support families during times of crisis. Crisis-related services include child abuse prevention, crisis relief services, domestic violence services, emergency assistance for meeting basic needs, substance abuse counseling and treatment, and traumatic stress and grief counseling.

How many families do family support programs serve? Family support programs, depending on size, location, structure, and budget, serve varying numbers of families. A large program can support thousands of families in a year. Smaller programs, however, may work with small number of families intensively over a period of time. The National Family Support Mapping Project indicates that for the most part, family support programs are small. Twenty-four percent serve 100 or fewer families. Approximately 35% of family support programs serve 100 to 500 hundred families annually. Only 19% of programs are serving 1,000 or more families each year. [See Figure 2, right.]

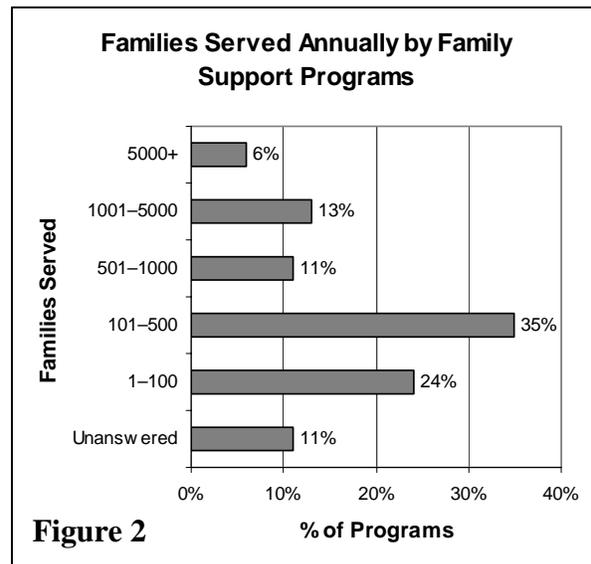


Figure 2

Which families do family support programs serve? The issues that family support programs address—access to child development information, increasing parenting skills, and development of supportive networks—are issues that cut across class, race, and ethnicity. Programs operate in a range of communities—serving families that are economically advantaged and poor, of all races, and of all configurations, including grandparents raising grandchildren, single-parent and two-parent families, gay and lesbian families, and foster and adoptive families. As more and more public resources are committed to family support programs, more and more programs have been directed to meet the needs of families facing the stresses associated with living in poverty.

Well over half of family support programs work with low-income families, and for 61% of programs, low-income families represent more than half of the families participating. Family support programs serve a mix of diverse families, including Native American, Hispanic and Latino, Caucasian, African American, and Asian or Pacific Islander families.

Where are family support programs located? Family support programs are in a variety of different locations, depending upon which program type is most appropriate for the community and population served (see introduction for Family Support Program Typology). Twenty-six percent of programs are not located within other institutions but have their own space (type 1), and at least 54% are located in larger organizations such as schools, day care centers, social service agencies, health clinics, and hospitals (type 2). Schools are the most popular setting for family support programs, representing 32% of all settings. Twenty-nine percent of programs provide services in families homes, which can be part of any type of program. In general, family support programs are located in places where families are most likely to congregate in their communities. [See Figure 3.]

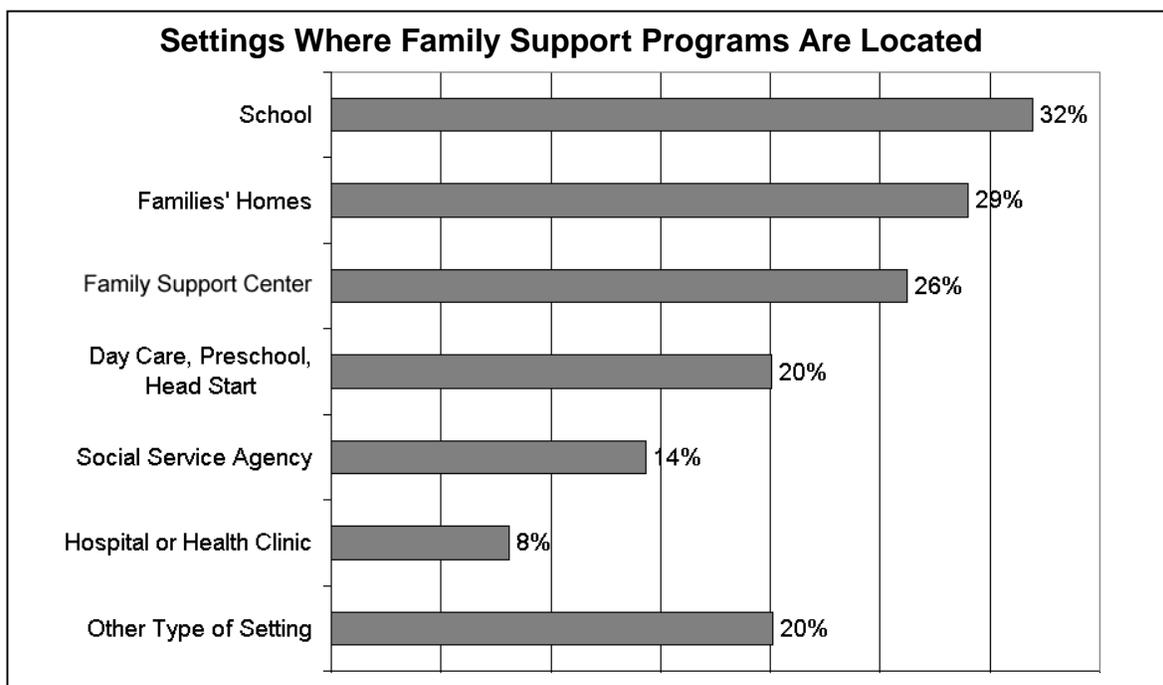
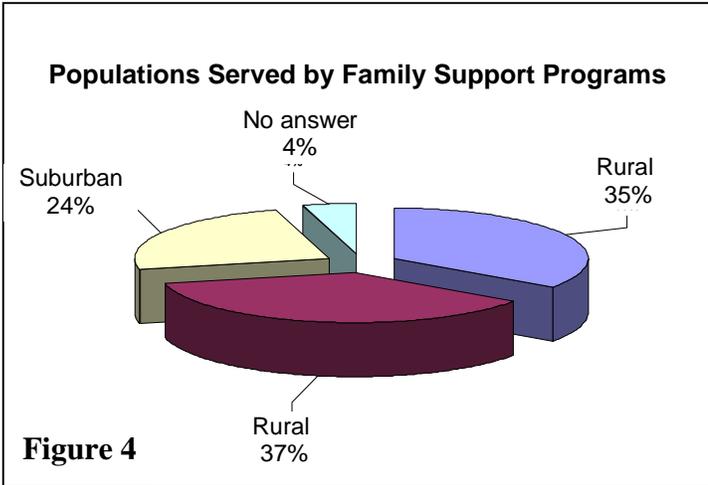
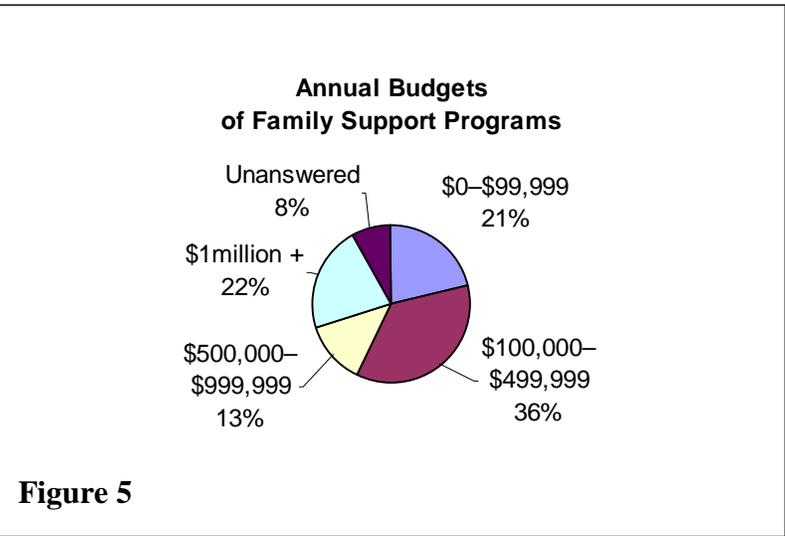


Figure 3

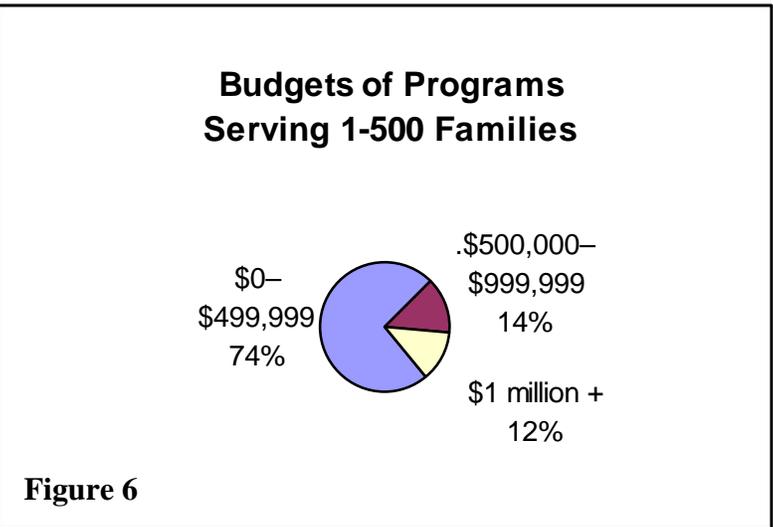
Family support programs are available in urban, rural, and suburban communities and are evenly divided between rural and urban programs. Thirty-five percent of programs serve rural populations and the thirty-seven percent serve urban families. A smaller percentage (24%) serves suburban communities. [See Figure 4.]



What is the scope of family support programs? Programs vary in scope and size, depending on the availability of resources, funding, and staff as well as mission. Most family support programs are small, with over half (57%) having budgets of under \$500,000. Approximately thirty-five percent have budgets of \$500,000 to \$1 million or more. [See Figure 5.] As would be expected, approximately 68% of the smaller programs, those serving 500 families or fewer, have budgets below \$500,000. [See Figure 6.]



Funding for family support programs is from federal, state, local and other sources. Seventy-six percent of programs receive funds from their state governments, 42% receive funds from their local governments, and 29% receive funds from the federal government. Many programs also are supported by foundation funding and their own fundraising efforts. Most programs sustain their efforts through a combination of the above sources.



How do family support programs maintain quality? Providing high-quality services and support is an essential feature of family support programs. Virtually all family support programs engage in regular staff training. Half of programs have trainers on staff. Program staff receive training from other more experienced staff as well as from staff of their affiliates. Seventy-eight percent of programs have some funds to support training from outside their own staff.

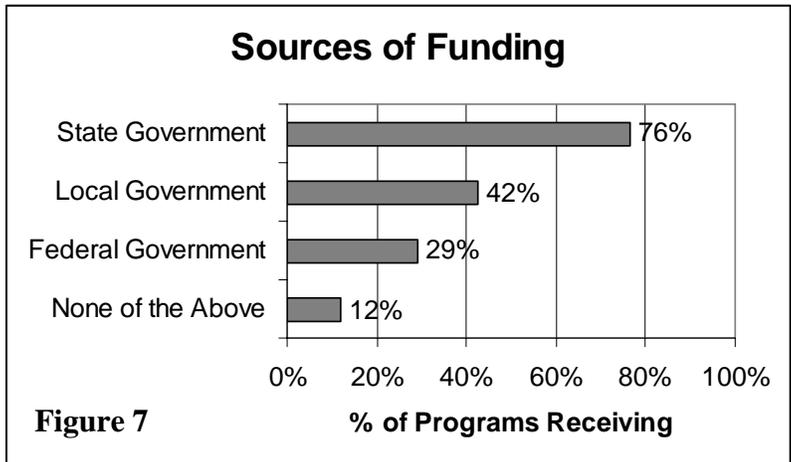


Figure 7

Family support programs also tend to monitor their own activities. Well over half of family support programs surveyed in the National Family Support Mapping Project have conducted self-assessments, many of them using a tool developed by Family Support America with the support of the Robert Wood Johnson Foundation (*How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*). Through that process, they have determined areas of their practice in which work is needed and other areas in which they are strong. These self-assessments provide an opportunity for program staff and participants to review and evaluate program components, participant satisfaction, and plans for improvement.

Through the States Initiative and its other efforts, Family Support America has worked to ensure quality practice in family support programs nationally. Based on the work in the eight states, the organization has developed the tools and processes needed by family support programs to monitor and improve the quality of their services. It has widely disseminated these resources and provided regular opportunities for programs to learn about state-of-the-art practices that they can use to strengthen families and communities.

What do comprehensive community collaboratives for family support look like? Currently, the National Family Support Mapping Project contains information only on center-based family support programs (type 1) and those nested within larger organizations (type 2). However, Family Support America also has collected some information on comprehensive community structures—a model used extensively in several states.

Typically, comprehensive community collaboratives are the product of a devolution approach that transfers planning activities from state governments to local communities. This model has come into being due to the leadership of state officials who have placed decision-making authority previously held by their offices in the hands of local authorities in county and municipal government. These collaboratives typically are funded by state appropriations, the federal Community Based Family Resource and Support program and/or other federal funds.

This model is usually available in all counties of a state either through single- or multiple- county efforts. For example, Georgia has 148 community Family Connections collaboratives. Each one brings together families, school professionals, health professionals, human services representatives, and business and community leaders to work together to improve services for children and their families. Similarly, West Virginia has 45 Family Resource Networks,

Washington has 39 Comprehensive Community Health and Safety Networks, and Michigan has 83 Multi-Purpose Collaborative Bodies.

These are comprehensive community collaboratives. A planning body in each county identifies needs for support and services for families, builds the community in order to maximize community investments, and seeds new innovations and programs.

These efforts have several characteristics that are critical to family support. They embed the principles and practices of family support into all aspects of programming and administration so that community residents are fully engaged in decision-making. They ensure that local services are provided in ways that are respectful and fully supportive of families and that all work is community based. These comprehensive community collaboratives gear their activities toward all families in a community; however, a disproportionate number of families who participate and benefit are low-income.

Part Two

Gains in the Family Support Field

Gains in the Family Support Field

During the past seven years, since the beginning of the Family Support America States Initiative, supported by the Robert Wood Johnson Foundation, family support has made significant gains in states and communities across the nation. State policymakers who had not heard of family support have begun to use its language and practices, and the systems they govern show it. The steady presence of a group of people dedicated to making change has resulted in much innovation and greater investment in family support services and practices.

Based on Family Support America's work with the eight states and interviews with state officials in those states (Colorado, Connecticut, Georgia, Minnesota, Michigan, New York, Washington and West Virginia), this section describes observable gains that have been made as a result of state investment in family support in the past seven years. It presents concrete examples and practical information on advancements in family support agendas at the state and local levels resulting from those investments. It does not look at the myriad programs that exist outside of state funding, but rather focuses on how states have used their own resources to embed family support as an approach to services and policy.

1. Multiple service systems are using family support principles and practices.

Adopting the principles and practices of family support in service systems such as health care, child welfare, education, early childhood, and literacy has been an important innovation in many states since the Family Support America States Initiative began in 1995.

With technical assistance and training from Family Support America, states have created core groups of individuals that are committed to making family support an important part of systems reform. These core groups represent state government officials from numerous agencies and departments, community providers, and parent leaders. They have formed a united vision for change that places the principles of family support at the center of all services, and they have developed and applied family-supportive approaches and strategies in multiple systems.

Family support embodies a different set of practices and principles than those traditionally found in these systems. Family support programs are centered on the principles and premises of family support; they build on strengths, are holistic, and are culturally responsive. They recognize the value of every member of the family and provide support that addresses the members in the context of their families.

Changing whole systems of care is a large task but, given the evidence from the past seven years (presented in several examples below), it is one worth pursuing as an agenda for family support. It is clear that funding streams that promote family

A Foundation Leader Speaks on Change

“Change is not the same as reform—we are motivated to enact change because we know we can do something better, as opposed to disparaging what we already do. ... We must be cautious about riding on the issue of reform, of wanting to change the system because it is harmful or isn't functioning. ... [W]e should stand for a truth that is so compelling it doesn't have to be contentious: that all people are created equal. That all people have an equal right to make the most of their lives. Helping families realize and benefit from this fundamental entitlement is what the family support movement is all about.”

—Terrance Keenan, Special Program Consultant
Robert Wood Johnson Foundation

support, such as the federal Maternal and Child Health Block Grants in the health system, can help stimulate change within state agencies and lead to better outcomes for children and families. As increasing numbers of systems adopt family support practices and principles, more avenues of access to these supportive services are made available to families across the nation.

This kind of change has been facilitated by Family Support America’s work through the States Initiative to spread a common definition of family support and its potential to do more than just prevent crises—to promote a variety of positive outcomes that are sought by multiple systems. A broadly defined typology of family support programs has been developed, showing the roles that family support plays in settings beyond family support centers. A more detailed taxonomy is also in the works.

Some notable examples of systems using family support practices and principles are:

1. Health Care

State health care systems, which use a medical model of care, have begun to make a shift toward family support. The federal Maternal and Health Block Grant, which provides millions of dollars for states to provide immunizations, infant health care, prenatal care, adolescent pregnancy services, smoking cessation services, and screening of newborns, is being influenced by family support principles. Programs are beginning to solicit the ideas of parents regarding services and how they are delivered, and attention is being given to the whole family, not just the patient or the presenting issue.

Children with Special Health Care Needs is one example of a federal program that has implemented many of the principles of family support. This program engages parents in designing systems of care for their children with special needs and provides a range of supports to help family members. Parents and other family members have gotten involved in setting performance standards and indicators of progress. For example, the Connecticut Children with Special Health Care Needs program has incorporated the following language into its standards:

“...the child is a member of a family, whose partnership and collaboration with health care professional are essential to the delivery of quality health care. To be effective, the process of planning and delivering care must reflect both the individuality of the child and the important role of the family.”⁶

That statement was developed by the New England SERVE Regional Task Force on Quality Assurance as a way of stating what is required to obtain quality health care for children with chronic illness or disability and their families. The standards they developed, which are used by numerous state systems, reflect the principles and premises of family support.

2. Child Welfare

Through its work on the States Initiative and the FRIENDS National Resource Center, Family Support America has strengthened the influence of family support on state child welfare systems.

⁶ *Enhancing quality: Standards and indicators of quality care for children with special health care needs*, S. Epstein, A. Taylor, A. Halberg, J. Gardner, D. Klein Walker, and A. Crocker. (New England SERVE Regional Task Force on Quality Assurance.)

The federal Promoting Safe and Stable Families program has provided states with a key opportunity to practice family support in state child welfare systems. This program focuses on strengthening families, preventing abuse, and protecting children. The program supports an array of services including family support, family preservation, reducing time in foster care and adoption. Minnesota and West Virginia, states participating in the States Initiative, have implemented a program whose goal is to strengthen families so that children can stay in their homes rather than being placed in a foster home or other facility. Toward that end, the West Virginia Family Options Initiative provides a range of family support services and practical help to low-risk families for 12 months while the children stay in the home. As long as the child's safety is not endangered, the family can receive caseworker support and take part in parent education, life skills development, social supports, counseling, and needs assessment.

Minnesota's Alternative Response, known as a "diversion" program, has shown success in reducing safety risks for children and improving family circumstances. The program allows counties to offer assessment and customized supports to families who have been reported for maltreatment but who pose a low safety risk. Families and case workers together create a plan to improve conditions; the plan may include connections to community services and resources, parent education, counseling or in-home therapy, transportation, childcare, and rent assistance. Each family receives a package of support that is tailored to its specific situation.

In addition to Promoting Safe and Stable Families, the federal Community Based Family Resource and Support (CBFRS) program has helped infuse family support as an approach to child abuse prevention. Family Support America, in its role as a partner in FRIENDS National Resource Center, provides technical assistance and training to the states in putting the CBFRS funding to use through local programs. In this role, it ensures that family support principles and practices guide the development of programs funded through this source.

3. Early Childhood

Many government-sponsored daycare and preschool programs have embraced family support. Pre-kindergarten programs are practicing family support by reaching out to families, engaging them in service design, and providing supportive services for parents and other family members. Other early childhood programs that traditionally have served only young children are taking the whole family into account. Examples of a family support approach in early childhood services include the following:

The Georgia Pre-Kindergarten Program, funded through \$18.4 million in lottery revenues, provides children with educational enrichment and provides their families with referrals and coordination of a variety of services. Families are seen as partners in their children's education.

The New York Universal Pre-Kindergarten Program, with a \$205 million state commitment, serves nearly 55,000 children each school year. This program engages parents in decision-making and provides them with referrals to social services and other supports.

Minnesota's Early Childhood and Family Education program serves any family with children aged 0–5. Statewide, 44% of families choose to participate in this comprehensive program, which includes parent education, parent-child play groups, home visiting, health screening, family literacy, and information and referral regarding other needed services. Families choose which services they want to receive. Evaluation results show that families who participate are more confident in their parenting and more connected to their communities.

The Washington State Early Childhood Education and Assistance Program, funded at \$30 million through state appropriations, is a comprehensive program for 3- and 4-year-olds. In addition to preschool and childcare, it provides parent education, access to social services and dental and health care, and life skills and literacy development for both children and parents. It has developed standards that ensure that the principles of family support are practiced at more than two hundred sites across the state. A family support coordinator hired by the state monitors these programs.

4. Family Literacy and Education

Family support is emerging in family literacy and education systems due in part to the federal Even Start/Family Literacy program, which is funded by the U. S. Department of Education as Title 1 B of the Leave No Child Behind Education Act and is available in all states. It provides funding to expand family support programming through state departments of education.

The influence of family support principles upon the program is evident. Federal guidelines require that local education agencies receiving these funds collaborate with local social services agencies to provide literacy, quality early childhood education, and family support programming to young children and their parents. Parents receive parenting education, literacy education, and other adult educational services—such as high school diploma or GED preparation—based on their needs. Children receive quality education with a focus on literacy. The grant requires that all sites across the nation offer parent-child activities, emphasizing the positive benefits of two-generation learning experiences. As a result of collaboration with social service providers such as Head Start programs, private non-profits, childcare agencies, and community colleges providing adult literacy classes, educators recognize the effects of family support on family stability and student success and are addressing the need for family support programming.

This innovative federal legislation has created a national definition of family literacy that encompasses all of the needs of the family, including self-sufficiency and economic success. As a result, many states have tailored their Even Start/Family Literacy efforts to meet the needs of those receiving TANF.

Lowest-Literacy Families Get Results

Even Start in Minnesota provides more than 400 low-income, low-literacy families with adult basic education, parenting education, parent and child literacy programs, early childhood education, and ESL for parents. Local programs such as Head Start, non-profit agencies, institutes of higher learning, and public health and county agencies can apply for funds in partnership with local school districts. The program has increased overall school attendance, on-time school attendance, and the number of children performing at grade level. These findings are especially impressive because the program serves families with the lowest literacy and income levels in the state.

For Parents, a Great Degree of Success

Colorado's Even Start program serves more than 500 families. Sites assess their success according to numbers of: adults who complete high school or get a GED, children who are promoted from one grade to the next, and children who are able to complete certain tasks. Recent evaluation data show that 80% of the parents enrolled in the program remained in their high school completion program throughout the year and 78% successfully graduated. Children also fared very well: 83% of all school-aged children enrolled were at or above grade level, and 88% of all preschoolers functioned at age-appropriate levels.

“By pulling together local communities and state initiatives, the Cabinet is creating a coordinated system out of previously fragmented efforts. The goal is to have all West Virginia families supported with the services they need.”

—Barbara Gebhard, Deputy Director, West Virginia Governor's Cabinet on Children and Families

2. Parent leadership and engagement efforts have increased in all states.

Partnering with parents is a bedrock belief of family support. This partnership takes many forms but is consistently done with full respect and the deep desire to work with parents and family members on service planning, delivery, and evaluation. Many state-directed programs are now striving to embed parent leadership and engagement into their philosophy and practice. This section will address the status of parent leadership and engagement in state-funded programs and practices that they have initiated which could be replicated elsewhere.

It is an indication of progress that since the beginning of the States Initiative seven years ago, the question among state agency staff is no longer, “Why engage parents?” but is instead, “How can we engage parents most productively and respectfully?”

State agencies’ demands for technical assistance and resources provide indication of this changing attitude: In 1996, Family Support America had been providing technical assistance to state agency staff to help them build consensus for the need for parent engagement. The organization published a resource toward that end, *Making Room at the Table: Fostering Family Involvement in the Planning and Governance of Formal Support Systems*. Now, the organization’s technical assistance centers more and more on providing improved, concrete ways to ensure parent leadership and engagement in these state systems, and it has begun publishing a Shared Leadership series that shares recommendations in that area.

State approaches to parent engagement comprise a continuum that includes involving parents in determining services for their children and families, conducting parent satisfaction surveys, and hiring parents as advocates in program design and development. The Family Support America States Initiative has played an important role in ensuring that parent leadership is considered an essential element of family support.

Below are some important examples of parent leadership and engagement efforts in the States Initiative states. These developments were fostered by the training and technical assistance offered to agency staff, parent leaders, policymakers, and others through the initiative:

Policymaking

- **Parent Leadership Task Forces.** The Washington Council for the Prevention of Child Abuse and Neglect has developed a task force that is parent-led and meets regularly to carry out a full agenda on parent leadership approaches to preventing child abuse and neglect.

“The commitment to family support principles in Washington is so strong that we have adopted them into policy statutes on the state level.”

—Laura Porter, Director, Washington State Family Policy Council

What Is Parent Engagement?

Parent engagement occurs when parents play active roles in the decisions that shape life for their families and communities. The roles of engaged parents comprise a continuum from involvement to leadership, including democratic participation in programs, grassroots community transformation, and civic engagement and involvement in public policy. Parent leadership is the ultimate goal of parent engagement. By engaging parents and building their skills along with providing needed resources, parent engagement supports parents’ capacity to become leaders. Through parent engagement, program providers and systems that have contact with children and families embody the principles of family support by working in relationships of equality and respect.

- **Advisory Committees and Review Panels.** New York State’s Family Literacy Program has developed parent advisory committees to guide programmatic direction as well as review panels to create an equal voice for parents with professionals.
- **Comprehensive Community Collaboratives.** West Virginia, Georgia, Washington, and Michigan all require that family members play an ever-increasing role in local planning efforts to improve outcomes for children and families.

“It’s amazing how much services have changed over the years. Now people are asking, ‘How can we help you?’ not, ‘How can you fit into this hole?’”

—Sue Wright, Parent Participant, Ionia County Family-Centered Practice Workgroup, Michigan

- **Program Requirements.** The Connecticut Even Start Family Literacy Program requires that sites make parent engagement a core element of their programs and uses parent engagement is an indicator of desired outcomes.
- **Hiring Parents.** The Children with Special Health Care needs programs in New York and Connecticut hire parents to negotiate policy changes and ensure parent feedback on program design.

Denver Parents Get Their Neighborhood Schools

In 1997, most of Denver’s parents were happy. Finally, thanks to a city council decision, kids would no longer have to bus across town for school, but could stay in their neighborhoods.

But not in Swansea. The neighborhood’s elementary school could accommodate only 460 of the 700 local children. So the city had decided that, unlike every other neighborhood, their kids would continue to be bused out.

The staff of Cross Community Coalition heard a grumbling that built to a roar, as parents coming to the family support center complained. One of the city’s poorest communities, Swansea was 98% Spanish-speaking. To many of these parents, Cross Community Coalition was a second home. They came for ESL and GED classes, social services, parenting classes, support groups, emergency assistance, family activities—but most of all, to be listened to and respected.

Staff wanted to help, so they started asking parents questions during their bilingual parent groups: What’s the problem? What would be a good solution? Who makes the decisions? As parents listened to each other and gained strength in numbers, they formed an organization, *Esfuerzos Unidos*, which grew to 90 members. Parents wanted enough classrooms to keep their children in their own neighborhood—including adding to the elementary school and building a middle school (there was none). Program staff helped parents write a proposal, do outreach in the community to get signatures, and take their proposal to the school board.

The time came to present the proposal to the school board. A special meeting was called, to take place in the school auditorium. That afternoon, a blizzard covered the city in

a foot of snow. Cross Community Coalition Executive Director Lorraine Granado got frantic phone calls: Should we cancel the meeting? “No, we can’t do that,” she said. “Parents have leafleted every house in the neighborhood!”

The auditorium had a capacity of 100. That afternoon, parents streamed out into the hallways. With only one exception, every single school board member attended. They had arranged for simultaneous translation, planning to give the parents headphones, but there were so many parents, the school board members wore them instead! The principal, who had resisted the parents’ proposal, stood before that crowd and claimed it as her own! The proposal passed by overwhelming majority.

Within one year, enough elementary school classrooms had been added to keep every child in the neighborhood. Within three years, a whole new middle school had been built, based on a plan created by parents. Based on the input of consultants brought in by Cross Community Coalition, the parents chose a design that divided the large school into three smaller schools of 250 students each. The seven parents on the naming committee, who were all Latino, called their school Bruce Randolph Middle School, after a local African American restaurant owner who was famous for donating food to thousands of poor people on Thanksgiving.

Colorado is involved in Family Support America’s States Initiative. Family Support America is bringing government agencies in the state together with others to make sure families like those in Swansea continue to have help developing leadership skills and advocating for their children.

Service Quality Improvement

- **Parent Engagements Plans.** The New York State Universal Pre-Kindergarten program requires sites to create plans for how parents will be involved in their children’s education.
- **Youth Engagement.** The West Virginia Adolescent Health Initiative ensures that young people are actively engaged in determining the supports, services, and activities that will help them become happy and productive adults. Youths are engaged through local youth councils, newsletters, and strong outreach activities.
- **Research.** The Georgia Promoting Safe and Stable Families Program uses family satisfaction surveys printed in English and Spanish to improve program quality.

Advocacy

- **Public Hearings.** The New York State Children with Special Health Care Needs Program has brought parents to testify at public hearings so that their experiences, needs, and strengths shape the program’s services.
- **Mobilizing.** Michigan has encouraged parents to advocate for resources and services for parents with young children through their Zero to Three Secondary Prevention Fund. And Minnesota’s Council for Community Leadership leads a parent advocacy day at the state capitol each year. The Council is parent-created and parent-led and was created through the States Initiative.

Special-Needs Parents are Partners

From policy to practice, parent engagement and leadership permeate New York’s Children With Special Health Care Needs program. With funds from the federal Maternal and Child Health Block Grant, the program hires parents of children with special needs as consultants. They hold focus groups and, in turn, tell agency staff how the services are working and how they need to change. Other mechanisms are in place to assess parent satisfaction as well, and programs are evaluated in part based on how well they engage parents as leaders and partners. Family members are partners with professionals and are seen as critical to healthy outcomes for their children.

Learning and Building Skills

- **Family Conferences.** West Virginia’s annual Family Conferences bring together hundreds of parents from across the state to learn, share, and develop leadership skills.
- **Leadership Training.** Georgia is providing leadership training to parents of children with disabilities. In Minnesota, parents are taking part in Partners in Policy Making, a nine-month program that teaches policy-making skills on weekends. Also in Minnesota, parents of developmentally disabled children are acquiring advocacy skills through the Voices that Count and Project Bridge programs.
- **Civics and Democracy Training.** Connecticut has created the Parent Leadership Training Program, which includes two 10-week courses where parents learn skills and apply them in a corresponding neighborhood project. The program has been used throughout the country.
- **Parent Trust Fund.** In Connecticut, policymakers created the Connecticut Parent Trust Fund, thereby embedding parent leadership and engagement in the law. The trust fund solicits and accepts funds for “parent community involvement to improve the health, safety, and education of children.”

“Real power in parent leadership comes when parents recognize that they need to advocate for other people’s children and not only their own. The effect becomes a movement, which affects public policy.”

—Patti Keckeisen, Facilitator and Graduate, Parent Leadership Training Institute, Danbury, Connecticut

3. Family support training and learning opportunities are more readily available and used to enhance quality practice.

A central strategy of the States Initiative has been to improve quality practice through increased family support training and learning opportunities. Program directors recognize that the family support practices contribute to better outcomes for children and families. Since the inception of the initiative, more state officials likewise see family support training as an important part of the strategy to ensure better outcomes through local programs. Toward that end, the eight states are providing family support training to staff in numerous agencies, through topical conferences, peer-to-peer review, pre-service orientation, development of standards, and comprehensive training and credentialing systems.

Georgia Uses States Initiative Training to Meet Federal Requirements

In Georgia, extensive technical assistance and training with Family Support America's *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field* has helped to ensure continuous program improvement. The state provides training in order to better meet service delivery standards set by the federal Promoting Safe and Stable Families Program. All agencies receiving funding from this program are expected to model family support principles and practices.

The training, resources, tools, and publications produced by Family Support America through the initiative have been critical to the states' work in improving practices in family support. This support has been beneficial for work with local programs, enhancing parent participation and leadership and providing a vision for what is possible. The States Initiative has helped states clarify goals for training, identify new resources for training, and put in place innovative models and approaches for learning opportunities.

For example, West Virginia collaboratives and programs are now engaged in a targeted effort to better understand, adopt, and adhere to the principles of family support. Minnesota has incorporated family support training into its statewide child welfare training system. These and other training and learning opportunities supported by the States Initiative are based on the principles of family support practice developed by the States Initiative. The training available through the States Initiative has been replicated and disseminated to agencies nationwide through the publications supported by the initiative. These include:

- *Guidelines for Family Support Practice, second edition*
- *Learning to Be Partners: An Introductory Training Program for Family Support Staff*
- *Know Your Community: A Step-by-Step Guide to Community Needs and Resources Assessment*
- *Making Room at the Table: Fostering Family Involvement in Planning and Governance*
- *How Are We Doing? A Program Self-Assessment Toolkit for the Family Support Field*
- *Family Support Centers: A Program Manager's Toolkit*

Family support training has caught the attention of the federal government. The comprehensive, state-level review of child welfare services that is mandated by the federal government has drawn attention to—and helped to meet—the need for training. In New York state, the results of

“The training helped me to better understand cultural competence and taught me ways to build a rapport with families.”

—Mary Alice Kannenberg, Staff Member, El Paso County Department of Human Services, Colorado

the in-depth review carried out in three counties has resulted in more training in parent engagement and program involvement. The federal regional health and human services office also has played a significant role in supporting training to promote quality practice, and the federal Even Start Family Literacy program's mandate that paraprofessionals be credentialed has been fulfilled through family support training. Maternal and Child Health guidelines also encourage sites, particularly those serving children with special health needs, to provide parent advocacy training for families.

State officials have stimulated further family support training. By bringing these leaders together for interagency discussion of family support, the States Initiative has sparked their support of training opportunities for local networks of programs. Washington state's Comprehensive Community Health and Safety Networks require attendance at conferences such as those offered by Family Support America to increase the skills and leadership abilities of community program staff. This direction was encouraged by the Washington Family Policy Council, a key partner in the States Initiative, to create a learning community so that information is shared across communities. In New York state, the Even Start coordinator participated in the Family Development Training and Credentialing program (see below) before enrolling her staff in it.

In addition to generating original training and learning opportunities, the States Initiative has fostered the development and replication of promising training opportunities that existed before its inception, and has created a greater demand for these opportunities. The most comprehensive family support training program is found in New York State. The Family Development Training and Credentialing program (see sidebar), developed by an interagency group of state agency officials and chaired by the New York State Council on Children and Families, is available to all frontline workers in health, social services, education, and behavioral

New York's Family Development Training and Credentialing Program

Frontline workers involved in the program are mentored by a field advisor and develop a portfolio documenting their skills. Upon completing a portfolio and passing a standardized exam, workers earn a New York State Family Development credential from Cornell University. The goal of the program is to embed family support principles and practices into all systems of services so that all workers are more skilled and families are treated with respect, as partners.

health. The program provides 110 hours of interactive training that is based on *Empowerment for Family Workers*, a curriculum developed by experts at Cornell University with close ties to Family Support America. Classes are offered by community-based trainers in nearly all counties of the state in supportive, interactive learning environments. Many agencies in New York and other States Initiative states have provided their workers with training through this program, including New York's Even Start Family Literacy program and William B. Hoyt Children and Family Trust Fund. The New York State Community Health Worker Program has also developed a curriculum and training program for its frontline workers, which builds on the empowerment approach of the Family Development Training and Credentialing Program.

The increase in use of family support training also is manifested in states' greater use of family support training provided by the National Center for Family Literacy. State-level managers of the federal Even Start Family Literacy program are obtaining training from the center to help them provide adult education, children's education, parent and child time together, and parent time activities. The center's training is family-supportive and strengths-based. It takes into account the whole family, recognizes parents as the first teachers of their children, and helps families connect to needed community resources.

4. Family-supportive legislation and public policy developments have created lasting change.

The work of the eight States Initiative states over the past seven years has revealed that with a combination of local advocacy and support from the legislative and executive branches of state government, change can be made at the state level to provide families with supports and services that strengthen them, their children, and their neighborhoods. The States Initiative has provided staff of family support agencies, parent leaders, and legislators themselves with powerful language to describe family support and its successes, which has enabled them to better advocate for and pass family support legislation and policy changes. By bringing together parents, agency directors, governors' office staff, and legislators, the initiative has forged the formulation and pursuit of common goals for family well-being, which have been the basis for and impetus behind policy development and legislation.

The eight states involved in the States Initiative have pursued family-supportive policies that can act as models for other states to emulate and learn from. These policy-making efforts, some of which are described below, can be placed in three categories: those that support family support programs, those that promote standards in programs, and those that promote collaboration and alliances between agencies.

Policies Supporting Family Support Programs

The eight States Initiative states have developed many forms of legislation to fund family support programs.

Based on the long and documented success of the Early Childhood and Family Education program in Minnesota, Senator Paul Wellstone introduced legislation to create a similar program nationally prior to his untimely death. Without his leadership, it is doubtful that the legislation will pass, but its proposal demonstrates the reach of successful family support programming.

Colorado's House Bill 1303 on Family Literacy calls for public/private funding for literacy programs. Members of the Colorado Literacy Consortium advocated for the bill, which guarantees \$10,000 in state funding for family literacy if the consortium raises the same amount in private funds. In the climate of a critical state budget shortfall, this creative public/private fund will provide local programs with match dollars that they need in order to receive federal Even Start/Family Literacy funding.

Similarly, the leadership of the New York State Family Literacy program has recognized that legislation is important to build the public will and state funding for family literacy. Assembly Bill 5541, drafted five years ago, would create a state-funded program with the same components as the federal Even Start program. It passed the Assembly but became bogged down in the Senate. Advocates are hard at work to get the legislation passed; they have started a state Even Start chapter and are inviting legislators to visit local Even Start sites.

The Healthy Families New York program has developed legislation to support family support programming. The law passed because it had support from the governor's office and the newly

“The reason for looking to parents as leaders in policy is not just that they have children—it’s that they are, while sitting at the decision-making table, making children the most important priority.”

—Fran Hesch, Managing Partner, Minnesota Council on Parent Leadership

formed Home Visiting Council, which mobilized support for the bill.

Washington state recently passed legislation to sustain its Comprehensive Community Health and Safety Networks as a way to uphold strong citizen voices and input into community services. The networks are a result of legislation passed in 1992, in which the state adopted family-friendly principles. Written based on input from 50 public meetings statewide, these principles call for development of a system that (1) is family-oriented and demonstrates respect for different cultures; (2) encourages collaboration and coordination between agencies; (3) promotes innovation, flexibility and local planning; (4) emphasizes prevention and promotion; (5) works toward measurable results; and (6) promotes better family involvement.

The Connecticut Parent Trust Act (see sidebar), sponsored by Christel Trulia under House Bill 7503, Public Act Number 01-2, established a trust fund that supports training for parents in civic leadership skills and activities to engage parents in community affairs.

Michigan's policy efforts have been focused on appropriating resources from the state's general fund and other streams to support programs in early childhood support. The state is pooling funds from TANF, tobacco education, and the Michigan Department of Community Health to support its Zero to Three Secondary Fund, which supports families at risk of negative outcomes. It also delegated \$30 million from the state's general fund (up from \$5 million previously) to the Full Day Services for Michigan Children and Expanded Head Start program (although the program is now being reduced due to state budget deficits). The state has created a dedicated funding stream for its All Students Achieve Program / Parent Involvement in Education.

Georgia has not developed dedicated family support legislation but has supported a comprehensive set of services that integrate community development and family support as complimentary strategies. Deploying federal funding under the Appalachian Regional Commission, the governor dedicated \$1 million of discretionary funding to services such as intensive home visiting, parent education, adult education and job training, and childcare. This initiative generated interest statewide in ways to enhance outcomes for children by offering opportunities to their families.

Policies Promoting Standards

The states involved in the States Initiative have created public policies that embed family support into the standards and expected outcomes of state-funded programs. While examples of these policies are not as numerous as those in the program arena, Family Support America's Evidence Along the Way project, supported by the Robert Wood Johnson Foundation, will unearth and

Shared Leadership Takes Root: The Connecticut Parent Trust Act

In December 2000, Family Support America brought together more than 100 people from across the country to answer the following question: What are the basic components of a public policy that supports families? The meeting was called "Shared Leadership." The participants—parents, family support staff, policymakers, funders, and researchers—walked away with boilerplate language for creating new laws and programs.

Seven months later, Connecticut residents and state policymakers used that language to draft a powerful bill: one that would give parents training in civic leadership and in getting involved in community affairs.

The bill passed, and the resulting Connecticut Parent Trust Act has made a big difference. Now, hundreds of parents have access to training so that they can take a stronger leadership role in their communities and in their schools.

generate more developments, particularly in the area of family-supportive, promotional indicators that are signs of success in programming.

Minnesota has received a federal grant to develop statewide standards and is embedding family support principles in them. State officials report that strong standards, based on research and evaluation, have promoted family support efforts and increased quality practice.

In Washington state, performance measures pertaining to serving families across all jurisdictions have helped to keep priorities clear and to engage the public. The Washington Early Childhood Education and Assistance Program is one of the first comprehensive early childhood programs in the United States to develop program performance standards that address family support practices. All 200 sites must provide programming that helps meet the economic self-sufficiency, literacy, and parenting needs of all parents of enrolled children. Sites also must work with parents to identify and address what they consider to be their individual needs. Staff are required to develop a family plan to support each family enrolled in the program, including involving them in parent-child activities (see sidebar).

**Early Childhood in Washington:
It's About the Whole Family**

While many state-funded early childhood programs make a point of getting parents the services they need (after all, parent well-being impacts child well-being), few really focus on the whole family. Washington Early Childhood Education and Assistance Program sites are different. They develop activities for parents, for children, and for both together. Staff receive annual training on family support principles and practices. And each site has to meet performance standards in family support—with help from a state-employed family support specialist.

Policies Promoting Interagency Collaboration

State Efforts

From the inception of the States Initiative, which required state agencies to apply as a team, the initiative has encouraged interagency collaboration and strategic alliances within states. Recognition of the merits of collaboration, state and federal mandates, reduced funding, and state deficits all have acted to stimulate this partnership approach. For some state-level agencies, collaboration is a given as new children and family service programs are designed.

The New York Department of Health and the New York Office of Children and Families Services have worked closely to create a partnership regarding their home visiting programs. The two programs have similar goals and missions and serve the same populations. The partnership has helped the agencies support long-term sustainability, develop joint standards and training, enhance quality and program improvements, and communicate the importance of home visiting to the public and others. The two departments have created a pilot project to combine best practices in both health and human services-oriented home visiting programs.

Like several other states, Michigan has created formal structures to promote collaboration (see sidebar, next page). Its PIT (Putting It Together) Crew, developed in 1995, brings numerous state agencies together to focus on developing community- and neighborhood-based systems of care to better meet the needs of children and families and to engage them the change process.

New York state has created a useful organizing structure to advance a family support agenda throughout the state. One of the major partners is the New York State Council on Children and Families. This Council brings together 13 health, education, and human service agencies to

create a unified vision for services for children and families. Through this mechanism, state agencies can work together to identify gaps in services, reduce duplication of efforts, and embed family support principles and practices.

West Virginia has a similar structure. The West Virginia Governor's Cabinet on Children and Families was created by the legislature to enhance the ability of families to protect, nurture, educate and support the development of their children so that each child's full potential is achieved. It is made up of state agency leaders, citizens, and legislative members. The cabinet and staff work to promote and facilitate state agency efforts in implementing the governor's agenda, promote best practices and innovation, work with communities through the Family Resource Networks, and help to connect community efforts to state policy and programs.

Washington state has developed the Family Policy Council. Established in 1992, this high-level state governance group is comprised of the governor, the superintendent of public instruction, four state agency executives, and the legislators representing the four caucuses. This group works to improve services for children and families and connect to the local Community Health and Safety Networks throughout the state.

Federal Efforts

The federal government has played a significant role in advancing family-supportive policies by promoting collaboration among state agencies. Work in this area has been greatly advanced by the interagency collaboration models provided by states involved in the States Initiative and the cumulative positive experiences with interagency meetings, planning, and cooperation provided by the initiative.

Recently, the federal government has encouraged collaboration in the area of early childhood. The creation of the Healthy Child Care America legislation brings together staff of the Child Care Bureau with staff of the Maternal Child Health Bureau, who previously worked in different departments. This is an attempt to serve families more comprehensively by viewing childcare and health needs within the same lens. Also, there has been a federal effort to forge collaboration between the agencies administering Head Start and childcare to create a more seamless system in the early care arena. And in the child welfare realm, various initiatives are underway to link child welfare and mental health programs, as mental health problems often are a factor in child abuse. The federal government has made interagency and inter-program collaboration a requirement for receiving certain funding streams, stating and enforcing that requirement in its requests for proposals, administrative directives, and other federal guidelines.

Michigan's PIT Crew Tunes Up Community Services

Michigan has long understood the importance of collaboration across state agencies. Its PIT (Putting It Together) Crew is made up of staff from different agencies as well as parents served by those agencies. When they put on their PIT Crew hats, they focus on a common set of goals: making every community in Michigan a place where families can meet their needs and are engaged in the process of positive community change. That means that when a family visits one of their agencies' programs, they can also access the services of the other agencies represented on the PIT Crew. The PIT Crew is bringing parents and staff together as partners to create sensitive and responsive services.

5. More is known about what it takes to sustain family support programs.

The past several years in particular have been difficult for programs serving children and families. Competing commitments, state deficits, and shifting priorities have made these programs vulnerable to funding cuts. Family support programs are no exception. Sustainability in funding local family support programs is critical to strengthening families over the long term. According to a recent national study of family literacy programs conducted by the University of Texas, local programs are not likely to become self-sufficient quickly, therefore, a large portion of the extended funding that programs require must be from public sources. Federal and state governments must plan to support programs for the length of time needed to retain qualified staff, secure administrative support, and develop training and technical assistance systems.

What does it take to sustain family support programs? The States Initiative states have found that it is necessary to build strong leadership and identify champions, promote infrastructure and partnerships, and secure community support and advocacy. All of these efforts together make up an ongoing effort toward sustainability that relies on parent and community engagement, advocacy, and infrastructure development.

Building Strong Leadership and Identifying Champions

The States Initiative states have found that leadership is the single most important ingredient in fiscal and programmatic success. In many cases, these leaders have been elected officials such as governors, senators, and state representatives. Examples can be found at the national level as well; the Even Start Family Literacy program has grown and flourished under the vision of Congressman Goodling from Pennsylvania. As he has prepared to depart the public sector, he has worked to leave the program fully funded and strong for the future.

The importance of the commitment of elected officials is at least matched by that of the state government officials responsible for funding and monitoring family support programs. Within the eight states involved in the initiative, these partners—primarily the heads of state agencies and departments—have played a significant role in continuously finding opportunities to ensure that programs, collaborations, and overall approaches to family support are strong and long-lasting. These individuals have been adept at marshaling resources, developing partnerships and strategic alliances among state departments and programs, and making connections to universities, businesses, and other stakeholders. State officials frequently work to develop program standards and strategies to measure and improve program outcomes. By generating and sharing evaluation results, state government officials can offer evidence of program successes and cost efficiencies that lead to sustained support of programs.

Directors of state-funded family support programs often promote the mission and vision of those programs by initiating public relations campaigns and developing information for key legislative committees and advocates. Seasoned administrators in the eight states also have sustained family support programs by making sure that those programs pursue outcomes that are on the minds of the state's legislators. For example, as education outcomes have come to the forefront in legislatures, state directors of Even Start/Family Literacy have designed programs that not only pursue the required outcomes of this federal program, but support their states' education goals.

Promoting Infrastructure and Partnerships

The States Initiative has provided an infrastructure in each state that fosters family support by establishing a team of leaders from a variety of agencies and entities who work together on pursuing a family support agenda. The existence of that team has led to ongoing partnerships that have been necessary to sustaining family support programs.

One category of these necessary partnerships is the public/private venture. The McKnight Foundation funded a portion of the Minnesota Alternative Response program in child welfare. The foundation has invested \$5 million in the four-year pilot that is in place through 2003 in 20 counties. The pilot will take a child welfare approach to serving families that is strength-based and tailored to individual family needs. Due to the success in the demonstration counties, over 16 additional counties in the state have used state and local appropriations to bring the program to the families they serve. By spring, 2003, a total of 70 counties will implement Alternative Response, and by the end of 2003, the program is expected to be in all 87 counties in Minnesota.

In addition, partnerships among agencies and other government entities have emerged as vital to program sustainability. The growth of the New York State Healthy Families program is due to such partnerships. In 1999, a Home Visiting Council was formed among representatives from the governor's office and the legislature as well as other influential people. The council has taken a leadership role in expanding support and funding, and the program has enjoyed bipartisan support in the legislature.

The Connecticut Children with Special Health Care Needs program established a task force comprised of a variety of representatives to examine the needs of these children and their families and to make recommendations. The task force recommended a specific kind of coordination of the different types of care received by this population. Based on their recommendations, the program received strong financial support from the legislature.

The Early Childhood Education and Assistance Program in Washington state will continue to exist and grow because of its commitment to comprehensive services and partnership among state departments and local education agencies. Cost-sharing strategies for transportation and health services have helped to sustain the program and promote collaboration over time.

Building Networks of Family Support Programs and Practitioners

Community-based networks and family support and resource networks are an important element in helping to sustain and improve the quality of family support programs. The States Initiative states and others have found that these networks respond to the need for coordinated action at local, state, and regional levels. Networks provide the infrastructure for sustained and continued growth of supports to strengthen families.

The Community Based Family Resource and Support (CBFRS) program has been particularly successful at developing and using networks to perform a variety of functions—such as peer review, evaluation, technical assistance and training, creating directories, and disseminating information about policy, best practices, and updates in family support and child welfare. These networks disseminate messages and organize community activities around the prevention of

“It's got to start at the local level—that's where families gain the confidence that they can make a difference.”

—Janet Hunt, Family Resource Network Coordinator & President, West Virginia Family Resource Network Association

child abuse and neglect and have provided cost-effective and efficient mechanisms that are already in place and could spearhead future efforts.

A prime benefit of networks is the increased local visibility and power that membership brings to individual members. Working together, network members have increased clout at local levels to secure additional funding and support for services. Networks provide an essential infrastructure for public education and communications that allow program administrators and citizen groups to reach out to their intended audiences with higher impact and cost-effective investment.

Networks are also an excellent vehicle for disseminating training and technical assistance at state and regional levels. Without organized networks, it would be costly and logistically cumbersome to reach out to individual programs and interested supporting parties to implement new program approaches. Networks allow programs to share specialized resources, such as bilingual tools, that are necessary but not frequently used by individual programs. Networks utilize tools such as state report cards and other appropriate evaluation methods, and have the agility to take immediate remedial action. They channel the volunteerism opportunities of a community or state, and provide the opportunity for development of local leadership. All states that were interviewed for this document have created networks of programs through CBFRS or other funding streams.

Securing Community Support and Advocacy

The states involved in the States Initiative have found that local demand drives program sustainability. In Minnesota, parents who receive support from several state programs have instituted a state Capitol Rally Day that is jointly planned with state employees and parents. Parents meet with legislators to discuss the benefits of the program and to garner support for their continuance. Programs such as Early Childhood and Family Education (described earlier) have been maintained and expanded through such efforts.

Location, Location

West Virginia Initiative Gets Results on Local Issues

“Programs continue to grow and thrive when they are placed in communities that are ready for a strengths-based approach, can retain high-quality staff and foster staff continuity, promote local innovation, and encourage local ownership.”

—Pat Moss, Office of Maternal, Child and Family Health, West Virginia Department of Health and Human Services.

Family support programs thrive and get results when they are located in communities that are ready for a strengths-based approach. Such is the case with the West Virginia Adolescent Health Initiative (see sidebar above). Because the program was placed in communities that were actively interested in a service model that was based on equality, respect, and parent engagement, it has been successful in meeting local needs and addressing key issues affecting local families.

The New York State Universal Pre-Kindergarten program has encouraged parents and school staff to be more aggressive about program expansion. As a result, the board of regents has worked to shift the program from being funded by state grants to being funded by state aid; this technical change would ensure that the sites receive money in a timely manner and that all sites have a secure funding base.

Partnerships such as these rely in part on the success of family support program directors in communicating the value of these programs to potential partners. In all of the states involved in the States Initiative, program directors have begun to help public officials recognize that value and understand specifically what their programs do to support and strengthen families. Public education campaigns are a necessary means toward that end. Due in part to their child abuse

prevention awareness campaigns, state trust funds administering the Community Based Family Resource and Support program have secured sustained budgets for these programs despite severe state budget cuts. These campaigns are supported by local community advocates and providers of services.

6. Innovative Approaches to Evaluation and Research Are Being Tested

Research and evaluation continue to be major issues confronting all family support programs, especially as those programs engage in the process of pursuing, justifying, and maintaining funding. The experience of the States Initiative shows that those advocating for family support programs face the following questions on an ongoing basis, either implicitly or explicitly:

- Does your program make a difference in the lives of the families who participate? How do you know? Do the impacts last?
- Why should we spend money on your program instead of other programs? Is this money well spent?
- How does the community benefit from this program?

These are legitimate questions that must be answered. But often, the ability to answer them is hampered by insufficient evaluation resources (funding, expertise, and support). Also, expectations for outcomes may not be realistic, given the amount of money being spent and the nature of the issues being addressed. Yet despite these complications, most programs are still driven by a need to answer the outcomes-oriented evaluation questions outlined above. At the same time, they are interested in how they can use evaluations to improve their programs and satisfy their participants as well as their funders. In the current environment of scarce funding and projected budget deficits, programs are especially interested in issues of research and program evaluation and the roles they can play in strengthening families.

The States Initiative states, like other states, are increasingly relying on outcomes-based evaluation frameworks to more fully capture the impacts of family support programs. While these frameworks are typically well developed at the federal, state, and institutional levels, their application at the program level presents significant challenges for most programs and systems. Despite the clarity of these frameworks and their focus on major outcomes and suggested indicators of achievement, it is still difficult for programs to measure progress toward outcomes in ways that are meaningful and manageable for program staff. Simply stated: Evaluation is not a simple and easy task—it takes time, dedication, and support.

“Homegrown ideas and solutions are the best as they have roots right here in the community ... and nothing grows without roots.”

—Doris Fowler, Executive Director, Community Partnership of Rabun County, Georgia

To improve measurement in evaluation, many states involved in the States Initiative are making efforts to measure aspects of family development and growth in ways that are consistent with family support principles and practices. Colorado, Minnesota, New York, Washington, and West Virginia have all made significant efforts to incorporate “promotional indicators” (measures that tap into assets and capacities that typically arise as a result of family support practices) into their outcome frameworks. In addition, Washington and several other states have formally adopted “risk and resiliency” frameworks to more accurately capture the potential changes in program participants. Numerous other states are adopting “youth asset” frameworks based on the work of the Search Institute and are adapting similar asset frameworks for use with diverse audiences. All of these measurement and evaluation efforts represent a growing realization of the need to measure growth, positive development, and capacities as key outcomes related to family support.

Overall, program evaluation remains a major challenge for which most programs have few resources and little training or expertise. To deal with these challenges, several states and initiatives rely on networks of technical assistants and other support staff to help local programs in the evaluation process (Colorado, Georgia, and West Virginia, among others). Numerous other states have also partnered with university systems to evaluate progress in their programs. These partnerships between programs, state systems, universities, and other research/evaluation institutions provide unique opportunities to develop and support evaluation mechanisms that are scientifically sound and satisfy the needs for manageable evaluation at the program level and accountability needs at the level of state systems.

Under the work for the federally-funded FRIENDS National Resource Center for CBFRS Programs, staff from Chapel Hill Outreach-Training Project (CHTOP) developed *The FRIENDS Guide to Outcome Accountability for Family Support Programs* in April 2001 to help family support programs start identifying, measuring, and reporting the outcomes of their services.

Through the end of 2002, the CBFRS National Resource Center conducted 28 outcome evaluation workshops for more than 1,000 people in 13 states, including the “field test states” of Arkansas, California, Idaho, Massachusetts, New York and Vermont. More than 1,000 copies of *Outcome Accountability for Family Support Programs* have been distributed to CBFRS state leads and their network programs, and a training curriculum has been developed around the guidebook’s concepts.

Peer-to-peer efforts to facilitate program evaluation, self-assessment, and program improvement are also evident in many states, including California and, among States Initiative states, New York. Given the federal requirement for peer review in the Community Based Family Resource and Support (CBFRS) program regulations, virtually every state has been working to develop peer review processes for their CBFRS networks. The FRIENDS National Resource Center, under the leadership of Family Support America and the Chapel Hill Training Outreach Project, has been instrumental in creating publications and supports for this process. All of the tools developed have been made available and in some cases used by states in the States Initiative.

Programs are also engaging in participatory evaluations in which program participants play a stronger role in shaping and conducting the process. In addition, many programs utilize participant satisfaction measures to evaluate program quality (e.g., consumer satisfaction measures are required by Maternal and Child Health). These efforts reflect an increased attention to participant input into program planning and evaluation efforts.

In an effort to identify research-based practices that will most likely lead to positive outcomes, promising practices and evidence-based practice are also receiving significant attention. The Promising Practices Network (www.promisingpractices.net) has been established to identify and disseminate research findings relevant to quality practice. In addition, research on family literacy and early childhood literacy has been especially strong and has been able to establish the link between literacy activities and long-term outcomes. The States Initiative has facilitated the dissemination and use of this research in the eight states and beyond.

Family Support America hears continually from states and programs that they need help in confronting the evaluation issue. Evaluation is not a perfect science, and making sure it functions well for funders, programs, and participants is exceedingly complicated. The states involved in the States Initiative, like all others who are interested in family support evaluation, are on a journey that involves both learning and struggle. To advance the learning process and to apply evaluation lessons in the real settings of daily family support activities, Family Support America is engaged in the Evidence Along the Way project, with support from the Robert Wood Johnson Foundation. Through this project, it will build on its work in the States Initiative to develop knowledge, materials, and resources in the following areas, all in the service of improved information and evaluation for the family support field:

Mapping and Tracking Family Support

To establish a baseline of knowledge about the number of family support efforts and their characteristics, Family Support America is engaged in an effort to map and track family support efforts nationwide (to learn more, visit www.familysupportamerica.org/content/mapping_dir/find.asp). The States Initiative states have worked hard to participate in this effort and have their family support programs identified and mapped.

Developing an Outcome and Indicator Framework

The *FRIENDS Guide to Outcome Accountability for Family Support Programs*, mentioned in the previous section, is built on the premise that—if adequately funded over a sufficient period of time in enough communities—family support programs can be expected to produce a progression of outcomes, beginning with the short-term outcomes of participant engagement and learning. Over time, these will lead to intermediate outcomes (behavior change) and eventually long-term outcomes (population-wide impacts such as reduced risk/incidence of child abuse and neglect).

To provide guidance for programs in terms of what they are trying to achieve and what to measure in order to assess progress, Family Support America is also working to develop a flexible framework that will capture the kinds of outcomes to be expected, possible indicators to be measured, and ultimately the tools and instruments to be used to measure this progress. As part of this process, the Colorado Foundation for Families and Children has led focus groups that explore family and community perceptions of well-being and how family support can achieve it.

Developing and Piloting Evaluating Methodologies

In partnership with the Aspen Institute and the Orelena Hawks Puckett Institute, Family Support America is developing methodologies for evaluation at the program level. Pilot sites in Colorado and West Virginia are currently developing theories of change that describe what they hope to achieve and how they hope to achieve it. In addition, they are developing evaluation plans that will describe how they are going to measure the impacts of the programs. In the near future,

these sites will complete the process of conducting a preliminary evaluation, and the process will be refined and adapted for broader use in additional programs.

Literature Reviews and Publications

The Evidence Along the Way project will result in a series of publications and resources that will capture key learnings on family support evaluation and the thoughts of many experts in the field. These proposed publications will include how-to guides for the field, literature reviews in relevant areas, and publications relevant to researchers, policymakers, and practitioners. The first in the series, *Issues in Family Support Evaluation*, was published in June 2002; it highlights the input of thought leaders at a national meeting in October 2001 to discuss an evaluation framework for the family support field and offers a framework for family-supportive evaluation processes.

Quality Practice and Accreditation

Family Support America is also exploring ways to ensure quality practice in the family support field. How can programs ensure that staff are interacting with participants in the best possible ways? Portions of this work will focus on how evidence-based practices can be identified and disseminated (see Promising Practice Network, above), while others will focus on the ways in which accreditation, grounded in and driven by the principles of family support, can contribute to quality practice.

7. There has been an increase in funding for family support, the number of family support programs, & the number of families served.

The last seven years have led to valuable gains in family support programming. The States Initiative's work has had a ripple effect, as participating states have set a precedent for family support policy and programs that other states can follow. This work has created a national environment in which family support is seen as a desirable way to address the needs of children and families. Capacity has been built to grow the field of family support, which includes more knowledge, publications and tools, and opportunities to convene around best practices and approaches. These investments have reverberated across the nation and additional gains have been witnessed elsewhere in the country.

Family Support America recently asked government officials in 16 states, including those participating in the States Initiative, several questions related to funding: What are the trends in family support funding? Is funding stable or growing? What social or political pressures have influenced the availability of resources for family support? What information and environments are needed to sustain family support programs? What will funding support look like in the near future? This section presents and processes the answers to those questions, addressing trends and impacts on family support programs over the past seven years. The information here primarily pertains to state appropriations; more detailed information on federal funding streams is available in section three of this report.

Not surprisingly, the interviews revealed state funding to be a very important and significant funding stream for family support programs and networks of programs. It funds an array of programs across the country, including school-based family support programs, early childhood and pre-kindergarten efforts, and small, community-based programs. These efforts include centered-based as well as home visiting models. States' commitment to funding these programs

is significant because it demonstrates that in those states, family support is seen as a vehicle for achieving better outcomes for children and families.

Overall, it appears that state funding for family support has increased over time. More and more state legislators, government policymakers, and citizens have rallied to build and expand family support programs, recognizing their value in addressing the needs of children as well as supporting families in their job of raising healthy, happy leaders for the future. A modest trend analysis was conducted on seven states for which comparable data was available for the years 1995 and 2001-2002 (see chart, below). The states included all have made a significant commitment to family support programs.

Increase in Use and Funding of State-Funded Family Support Programs⁷

	Families Served		Programs Funded		State Appropriations	
	1995	2001/02	1995	2001/02	1995	2001/02
Colorado	5,000	23,500	16	22	\$1,000,000	0
Connecticut	4,000	14,097	18	61	\$762,000	\$6,050,000
Kentucky	40,958	559,000	543	774	\$37,276,700	\$51,000,000
Minnesota	258,000	305,000	373	347	\$14,544,000	\$20,786,665
New Jersey	20,000	33,000	36	44	\$7,200,000	\$6,500,000
Oklahoma	39,000	57,871	45	40	\$930,000	\$5,800,000
Pennsylvania	5,000	5,500	48	48	\$4,000,000	\$3,183,505
Totals	371,958	997,968	1079	1334	\$65,712,700	\$93,320,170

Using this data and other sources, Family Support America has drawn several conclusions:

- During the past seven years, state appropriations used to fund family support programs have increased overall.
- When state appropriations were reduced, sources of federal funding were used.
- Cultivating a state-level commitment to family support programs takes about 20 years.

These conclusions are discussed and elaborated upon below.

Growth in State Appropriations

State appropriations have grown primarily because of committed partnerships among legislators, state government officials, and citizens. The partnerships created by the States Initiative in eight states have provided models and examples that other states have learned from and, in some cases, emulated. The singular vision for family support that the initiative has forged has created a momentum that multiple stakeholders could rally around and work toward.

⁷ Sources: 1995 data: Family Support America (1995) *From Communities to Capitols: State Experiences with Family Support*. (Chicago); 2001-2002 data: Family Support America interviews with state agency staff.

Although not a States Initiative state, Kentucky is a prime example of a collaboration that worked to increase funding. State support for family support programming went from more than \$37 million in 1995 to \$51 million in 2001. In many states, impressive growth can be seen as well in the number of family support programs funded: In Connecticut, that number went from 18 to 61. In both states, citizen action and mobilization fostered by the States Initiative helped to expand the state's commitment both in terms of dollars and programs.

In addition to leadership and citizen commitment, states' experiences indicate that positive evaluation results have helped to stabilize programs and promote growth. Minnesota has done much to evaluate its Early Childhood and Family Education Programs. Through formal evaluation, the program has demonstrated positive outcomes in family functioning. One study found that 10 years after participating in the ECFE program, parents were more engaged in their communities, had less social isolation, and were applying skills learned in the ECFE program in their family lives and careers. While it is a universal access program, ECFE has demonstrated excellent success with low-income families of many ethnic backgrounds and family compositions. Ninety-two percent of participating families report positive differences in their parenting as a result of participation. This information is communicated aggressively to all stakeholders and decision-makers.

Substituting Federal Funding

In several instances, when state funding was reduced, family support programs were supported by a combination of state and federal funding. This approach continues to maintain the program and in some instances provides an even more stable base for funding.

In Pennsylvania, in 1995, the state's Family Centers Initiative was receiving approximately \$4 million in state and federal funding. As the amount of state support available shrank, the state allocated more and more federal dollars to the initiative. Currently, the family support program receives more than \$3 million from state appropriations and approximately \$6.5 million in federal resources (more than \$6 million from Title IV B and \$471,000 from the Community Based Family Resources and Support program). Diversity in funding is expected to contribute to the stability of the program over time.

In New Jersey, the School Based Youth Services Program has shifted from a sizeable total of \$7.2 million in 1995 drawn totally from state appropriations to, in 2001, a total of \$11.5 million: \$6.5 million in state appropriations and \$5 million in federal funding from Temporary Assistance to Needy Families, the Substance Abuse and Mental Health Services Administration, and the Child Care Development Block Grant (CCDBG).

Colorado, an unusual example, lost all state sources of family support program support as a result of a change in administration. Rather than deny families the programs they needed, wanted, and had become accustomed to participating in, family support advocates got to work building support among the new administration and were able to keep the centers going with a mixture of federal and local sources. In 1995, there were 16 programs receiving approximately \$1 million in state appropriations and a mixture of federal funds. Today, there are 22 family support centers, although not all of the programs from 1995 still exist. The centers receive federal CBFRS and the CCDBG funding, as well as local support from foundations, fees, and other sources.

Growth Takes Time

Building a strong statewide network of family support programs takes time. The experiences of some of the 16 state officials interviewed indicate that substantial growth can take more than 20 years of continued vigilance and effort.

Kentucky Makes History With School Reform

How would you feel if your children's schools were the worst in the nation? Ashamed? Defeated? Angry? In Kentucky, that's how parents of poor families felt, year after year, generation after generation. Then, in 1984, a group of distinguished citizens across the state began working with policymakers to develop a vision for reform that would change Kentucky's public schools forever: a school system that would provide a quality education to all children, poor or not.

These citizens comprised the Prichard Committee for Academic Excellence. For the next five years, the committee worked to build support among key legislators, educators, business people, and the public. What they were proposing was radical, but without it, the cycle of poverty and poor education would continue. They wanted financing that gave schools in poor areas as much as those in other areas. They wanted governance that put local teachers, parents, and principals in charge of schools. They wanted to improve the curriculum.

As these advocates gathered input and reviewed more data, they realized that what happened in the classroom was only part of the problem. Parents were failing to help their kids succeed in school because they hadn't had a good education themselves, or they lacked money or food, or they had substance abuse problems or were isolated from other families. So to the initial three proposed reforms, they added a family support program in each school district in poor communities.

The momentum was building. Policymakers saw the potential of these reforms to reverse the negative outcomes that had plagued poor communities. Citizens held pro-reform town meetings in 150 communities statewide simultaneously. An organization called Kentucky Youth Advocates circulated reports that showed how bad public schools perpetuated the cycle of poverty by keeping poor kids from getting good jobs later. Businesspeople backed the proposal, knowing a better school system meant a more educated workforce.

In 1989, the Kentucky Supreme Court declared the entire state school system unconstitutional and forced the creation of a whole new system. The legislature passed a new law, the Kentucky Education Reform Act, that included all four of the key reforms. Family Support America staff flew to Kentucky at the request

of state policymakers to help design the new family support programs, called Family Resource and Youth Service Centers.

Now, there are 774 centers across the state, serving the families of 557,791 students in 1,145 schools. They provide emergency food and clothing, child development and parent-child activities, support groups, information and referral, home visiting, and, most important, support whenever parents need it. "Linda's like a sister to me," says Carolyn Coleman, of Casey County, about her family support worker. "She doesn't judge me. She listens and gives me information and ideas."

Is it working? Look at the results: In 1990, only 20% of Kentucky's preschool-aged children were in preschool. Now, it's 80%. Test scores have improved statewide across the board. Over 1000 school-based decision-making councils are up and running, with parent membership mandatory. Businesses have taken notice: In the early 1990s, Toyota, then the largest manufacturing company in the country, chose Georgetown, Kentucky as a location for its plant.

Bob Sextan has never seen more parent leadership in his many years as Director of the Prichard Committee. Five years ago, the committee started the Commonwealth Institute for Parent Leadership, a "cadre of parents who are working hard to make school reform work." Based on what they've learned in their communities, by being leaders in their schools, these parents are helping others do the same.

Who really made the Kentucky school reforms, the most successful and radical in our nation's history, work? Several dedicated policymakers who inspired the public to believe that their investment in family support would pay off. State House and Senate leaders presented a unified front and wouldn't quit until they gave all of Kentucky's families the fair education system they deserved. Governor Wilkinson, who originally did not back the needed tax increases, changed his mind by the time KERA passed, leveling with the public about the resources they needed to devote and the consequences they'd face if they didn't.

"The school reform experience suggests that Kentuckians will support a tax increase," wrote Kentucky Youth Advocates Director David Richart in the June 7, 1990, *Kentucky Post*, "if elected officials are open and honest about why the money is needed."

Minnesota has seen its Early Childhood and Family Education program grow throughout its 30 years. In the first nine years, after the state had passed legislation initiating a pilot, 34 program sites were initiated. Statewide implementation began in earnest in 1984, when legislation authorized any school district with a community education program to establish an ECFE program. Funding, rather than coming solely from grants, began to come from a combination of local tax levies and state aid. Currently, there are approximately 425 ECFE sites.

Connecticut, too, has seen its Family Resource Centers grow from a pilot program to a program firmly entrenched in legislation. The Family Resource Center program was launched in 1989, with state appropriations. It started with three centers representing urban, rural, and suburban areas. Now, the centers are 61 strong and available to families statewide.

Oklahoma's Early Childhood Development and Parent Education program is one of the oldest publicly supported programs dedicated to enhancing parent skills and strengthening young families. The program was initiated in 1974 by a state official who wished to shift from diagnostic and treatment services to primary prevention approaches. Since 1994, the program has gone from receiving \$930,000 in state funding to receiving \$5.8 million in state funding, plus a significant county share.

New Jersey started its School Based Youth Services program in 1987. It was initiated by a commissioner of human services and was announced in the governor's state-of-the-state address that year. The number of program sites has grown from 36 in 1995 to 44 in 2002, and the program currently serves 22,000 children and 11,000 adults.

Kentucky's Family Resource and Youth Service Centers (see sidebar, page 47) grew out of recognition in the 1980s that the state's schools were among the poorest and lowest performing in the country. The centers were part of a statewide revamping of the education system. Perseverance and determination by a variety of stakeholders has helped this program to grow to \$51 million in general revenue funds.

The Future of State Funding

What will happen in the future regarding state appropriations to fund family support programs? Stability or increases in future funding are a major concern at this time. According to the National Conference of State Legislators, nearly 42 states are facing budget shortfalls this year. State budget shortfalls are the result of decreases in personal income tax revenues and business and sales tax revenues. This situation could extend over the next several years, depending on the overall economy of our nation.

The economic slowdown as well as economic fall-out from a lack of confidence in corporate business practice diminishes state resources. This downturn hurts vulnerable families and leaves them at even greater risk. The loss of revenues and profits has also affected county governments, foundations, and others who support local programs. All states have also experienced the negative impact of the September 11 attacks. These attacks have led many public officials to decide to invest more strongly in anti-terrorist protection at the expense of human services. In some instances, efforts within states have focused on increased activities related to homeland security and fighting bio-terrorism, building stronger infrastructures in public health, and putting in place plans to protect the health and safety of its citizens.

These budget shortfalls and changing priorities will make it particularly difficult for states to fulfill their responsibilities to provide health, education, and human services to strengthen children and families. Most states find themselves facing very difficult decisions regarding which programs to cut and which to sustain. As a result, family support programs have had to advocate aggressively for themselves and the necessity of their services.

Conclusion

Much has been accomplished over the past seven years to expand the field of family support. The States Initiative has provided an opportunity for tremendous learning regarding what it takes to ensure that children and families have a range of supports that help to keep them strong. The partnership between the eight states and Family Support America has been one of continuous learning and growing together. During this powerful partnership, the rest of the nation has benefited as well. The tools, resources, and innovations developed to support the eight states have been shared nationally, resulting in widespread reverberations of family support successes.

Part Three

State-by-State Review of Family Support Programs and Funding Sources

A Resource Guide

Funding for Family Support Programs

Funding for family support programs comes from many sources, at federal, state, and local levels. Although programs may be funded by a variety of funding streams, several federal and state sources—in education and early childhood, human services, and health arenas—are typically associated with family support programming. The programs and funding sources in this report include:

- **Community Based Family Resource and Support Program (CBFRS)**—funds state efforts to create and support a statewide network of community-based, family-centered, prevention-focused family resource and support programs, in order to strengthen families and reduce the incidence of child abuse and neglect.
- **Promoting Safe and Stable Families**—focuses on strengthening families, preventing abuse, and protecting children. Grants help state child welfare agencies and Indian tribes operate preventive, family preservation services and community-based family support services for families at risk or in crisis.
- **Even Start/Family Literacy Program**—provides resources to help break the cycle of poverty and illiteracy by improving the education opportunities of the nation’s low-income families through the integration of early childhood education, adult literacy or basic education, and parenting education into a unified family literacy program.
- **Comprehensive Early Care and Education**—provides supports to ensure school readiness for young children and to improve education for children in poor areas by equalizing their educational services.
- **Maternal and Child Health Block Grant**—provides resources to promote the health and well-being of children and families. Helps create and develop service systems to meet maternal and child health challenges, including providing comprehensive care to women before, during, and after pregnancy and childbirth; providing primary care for children and adolescents; reducing adolescent pregnancy; and meeting the nutritional and developmental needs of mothers, children, and families.
- **State Appropriations**—used to fund family support activities that focus on family and child strengthening. These funds typically are a discrete line item in the state budget or incorporated into the budget of at least one state agency.

The following chart highlights data on 16 states and their efforts to fund family support programs using these six different funding streams. The chart identifies the number of programs as well as number of families served. It is important to note that this summary does not come close to representing all family support programs in each state. Many programs operate independently or are supported by other federal, state, and city funding, or foundations and other non-public funding sources. What it does provide is a snapshot look at family support programs in 2002 as identified through six important funding streams.

	# of Programs	# Served
California*	58+	887,554+
Colorado	109	88,921
Connecticut	183	39,029
Georgia*	86+	114,098+
Kansas*	530+	83,123+
Kentucky	983	598,589
Michigan*	791+	851,032+
Minnesota	450	326,309
Missouri	21	2,549
New Jersey	161	72,914
New Mexico*	93+	36,586+
New York	422	83,156
Oklahoma*	553+	93,078+
Pennsylvania*	184+	20,747+
Washington*	444	17,831+
West Virginia*	78+	136,500+
Totals*	5,146+	3,452,016+

**Data not available for all programs.*

Across these 16 states, these funding streams are helping family support programs reach families in their communities. In addition, many have helped programs form statewide family support networks, which provide a place for them to learn and share information about quality practice, receive support for new innovations, learn about new resources, and create a political base for additional funding.

What follows is a state-by-state review of family support programs in 16 states—California, Colorado, Connecticut, Georgia, Kansas, Kentucky, Michigan, Minnesota, Missouri, New Jersey, New Mexico, New York, Oklahoma, Pennsylvania, Washington, and West Virginia—that are funded from any combination of these funding streams. Each state’s review offers relevant details

on current funding streams and the programs they support, including core services, number of sites funded and families served, types of families served, and amounts of funding allocated overall and to each program.

California

California has a long commitment to family support. The California Department of Social Services, Office of Child Abuse Prevention (OCAP) has provided funds for family support programming for several years, during which it has launched initiatives that promoted and developed family resource and support centers. The language and practice of family support are familiar to programs and agencies within state government as well as in the not-for-profit and funding sectors. A Family Support Funders Group formed recently to help promote the principles and practice of family support. The Department of Social Services is undergoing a long-term planning process to redesign all aspects of service, and the concepts and language of family support are an important aspect of the underlying philosophy guiding the redesign. Additionally, voters approved the redistribution of tobacco tax funds to counties for the purpose of creating and sustaining programs to address early childhood, school readiness, and parenting.

1. Community Based Family Resource and Support

The California Office of Child Abuse Prevention receives funding from the federal Community Based Family Resource and Support program. Based on 2001 data, needed support is provided to 89,776 children and 297,778 adults.

Core services include, but are not limited to: (1) classes with a focus on parenting, child development, health and nutrition, household management, and English; (2) peer support, which includes support groups for parents, grandparents raising grandchildren, Latino parents, and breastfeeding mothers; (3) case management; (4) home visits; and (5) individual or group counseling.

Counties identify the following types of families with children aged 0–5: those at risk due to prenatal exposure to drugs, exposure to domestic violence and/or child abuse; low-income; first-time parents under age 25; relatives keeping kin children (including grandparents raising grandchildren); children with disabilities; migrant workers; international student families; homeless families; and families with pre-release inmates as parents.

Requests for Proposals are distributed at the county level. Counties distribute their own RFPs based on community needs. Those eligible are generally nonprofit organizations, local government agencies, community-based organizations, family resource centers, and child abuse prevention councils. Selected sites receive funds ranging from \$12,154 to \$125,495. Federal CBFRS funds totaling approximately \$2.9 million are allocated for administration and grants to the counties; networks; those providing technical and training

KEY FACTS

California CBFRS

Core Services

- Parenting classes
- Life skills classes
- ESL
- Parent/peer support groups
- Case management
- Home visits
- Counseling individual and group

Number Served

- Number of programs not available
- 89,776 children
- 297,778 adults

Types of Families Served

- Families with children 0-5 who are:
- At-risk due to prenatal drug exposure, domestic violence and/or child abuse
- Low income
- First-time parents under 25
- Kinship caregivers
- Children with disabilities
- Families with pre-release inmates parents
- Migrant worker families
- Homeless
- International student families

Major Funding Sources

- CBFRS: \$2.9 million

Funds Distributed to Counties

- \$12,154-\$125,495

assistance, parent leadership, peer review, or data system development; and small county initiatives.

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2. California Children and Families First Act of 1998 (Prop 10)

First 5 California

First 5 California receives funding through the California's Children and Families First Act of 1998, which allocates tobacco tax money to the state commission and 58 county commissions to serve children 0-5 years old. First 5 counties receive 80% of Prop 10 funds, allocated on a birthrate formula.

First 5 California's overarching goal is school readiness, which encompasses: (1) early childhood learning and education, (2) early health services, (3) parent and community education, and (4) tobacco cessation.

At this time, it is estimated that about 3 million children and their families are within the target group, and that 500,000 are reached through county and state activities.

The First 5 California State Commission receives 20% of the funds for administration, research and evaluation, statewide initiatives, policy development, and county commission support. A statewide data collection and evaluation of Prop 10-funded programs began in April 2002, which in future years will provide a statewide look at indicators, goals, and outcomes.

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KEY FACTS

First 5 California

Areas of Focus

- School readiness
- Child development and early education
- Child health
- Parenting and community education
- Systems / infrastructure improvement

Number Served

- 58 counties
- 500,000 children (est.)

Types of Families Served

- Families with children 0-5

Major Funding Sources

- State Proposition 10 (tobacco tax funds): \$650 million

Funds Distributed to Local Programs

- 80% distributed to county commissions; 20% to First 5 California State Commission

3. Promoting Safe and Stable Families

The California Department of Social Services, Office of Child Abuse Prevention receives funding from the federal Promoting Safe and Stable Families program. The funds support services and programs statewide administered by the counties.

Services are provided in four areas: family preservation, family support, reducing time in foster care, time-limited family reunification, and adoption promotion and support. The program focuses on children and foster care, and families served are primarily single-parent and low-income.

A competitive approach is used to distribute funds. Counties issue a Request for Proposals and accept proposals. Counties receive a range of funds, from approximately \$10,000 to \$14,000,000 each year. In California, the bulk of money goes to private nonprofits within the counties, which provide direct services. Major funding for this program is provided by \$43 million in federal Office of Child Abuse Prevention dollars.

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KEY FACTS

California Promoting Safe and Stable Families

Core Services

- Family preservation
- Family support
- Time-limited family reunification
- Adoption promotion and support

Number Served

- Number of programs not available
- Number served not available

Types of Families Served

- Single parent families
- Low income families

Major Funding Sources

- Federal Safe & Stable Families: \$43 million

Funds Distributed to Counties

- \$10,000–\$14 million each

Colorado

Colorado has been working diligently to promote family support premises and practices throughout the state. The Colorado Foundation for Families and Children has helped to develop the Colorado Family Resource Network. This network is well known in the state and has provided family support training and technical assistance to a wide array of state stakeholders and community-based organizations. As a result, *family support* is a familiar term to the funding bodies described below, all of which provide promotion and prevention programming that focuses on supporting and strengthening Colorado families. Program sites are rural, urban, and suburban and serve populations including Colorado's Native American communities.

1. Community Based Family Resource and Support

Colorado Children's Trust Fund

The Colorado Children's Trust Fund receives funding from the federal Community Based Family Resource and Support program and serves 1,300 families through its 15 grantees throughout the state. Grantees serve mostly low-income families, although their services are available to all families. In addition, the CBFRS program funds 22 Family Resource Centers statewide. A wide array of support services—including parenting education with home visiting and consultation—is offered across the state. Currently, 60% of grantee programs are offering father support programs, a new emphasis in the state. Each program develops outcome indicators to assess its effectiveness in its community. The Kempe Children's Foundation has been a significant partner and has sponsored a public awareness campaign to educate the public about ways they can intervene when they witness a potential child abuse situation.

Funding is primarily distributed through local nonprofit organizations. An RFP process is used to distribute the bulk of the funds to local agencies. Some funds are retained to support the statewide Family Resource Centers that complete RFPs. All RFPs are reviewed by a statewide panel, which makes awards ranging from \$12,000 to \$35,000 per application. Despite state cuts in funding, the Trust Fund has remained a relatively stable source of prevention programming.

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KEY FACTS

Colorado Children's Trust Fund

Core Services

- Parenting education
- Home visits
- Father programs
- Public awareness

Number Served

- 15 programs
- 1,300 families

Types of Families Served

- Mostly low-income, though all can access

Major Funding Sources

- CBFRS: \$300,000 (66% for Family Resource Centers)
- State Divorce Docket Fee match: \$324,000

Funds Distributed to Local Programs

- \$12,000–\$35,000

2. Promoting Safe and Stable Families

The state disseminates federal Promoting Safe and Stable Families funding to 28 contracting programs in 38 counties and the Ute Mountain Ute Indian Reservation, which serve 15,728 families and/or individuals. Colorado's Promoting Safe and Stable Families program provides family preservation and support services for those needing adoption promotion and support, time-limited reunification, and family stabilization/prevention.

The programs primarily serve low-income families who are at risk of out-of-home placement or involvement in the child welfare system. Services offered range from parenting/adult education, arts and crafts, asset-building strategies, basic family needs, early childhood development, family literacy, and the more intensive services of case management, counseling, and family-strengthening therapies.

County departments of social/human services can apply with the consent and collaboration of local community advisory councils, which help counties determine which programs to fund. In the past, community councils received the funds directly, but now they act as advisors to the county. Councils have grassroots participation by local parents who help make these decisions. The state requires that counties use other resources when possible to prevent the duplication of services. Councils monitor the local programs and report to the state if services are not being rendered in accordance with the contracts.

The program is funded by \$3 million federal Promoting Safe and Stable Families dollars and \$1 million from the State General Fund and local match. Funds distributed to the counties range from \$25,000 to \$400,000.

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KEY FACTS

Colorado Safe & Stable Families

Core Services

- Parent / adult education
- Arts and crafts
- Asset building
- Basic family needs
- Early childhood development
- Family literacy
- Case management
- Counseling
- Family-strengthening therapies

Number Served

- 28 programs
- 15,728 families and/or individuals

Types of Families Served

- Low-income
- At risk of out-of-home placement or involvement in child welfare system

Major Funding Sources

- Federal Promoting Promoting Safe and Stable Families: \$3 million
- State General Fund: \$50,000
- Local match: \$950,000

Funds Distributed to Local Programs

- \$25,000–\$400,000

3. Even Start

The state disseminates federal Even Start funding to 13 sites serving 551 families, 789 children, and 569 adults as of summer of 2002. Most of the programs are concentrated in eastern Colorado. This year, efforts will be made to focus on the western part of the state.

A broad range of families is served. Most Colorado Even Start participants are low-income families. A large percentage are English-language learners, and many can be described as single parents, teen parents, or welfare (TANF) recipients. This program has strong ties to the state TANF program, Colorado Works. Core services offered include parenting education tailored to meet individual needs as surveyed by the program, and adult education and computer literacy. ESL and GED programs are sometimes offered in collaboration with Head Start, which provides early childhood education services to the children of participating adults. A special feature of Colorado Even Start is that all participant families receive home visits.

Colorado Even Start encourages local applicants to apply for a planning year before full three-year funding. Local education agencies (school districts and education service districts) must partner with at least one community agency that can provide for one or more of the required federal components of this program. The state competitive grant process distributes funds ranging from \$75,000 to \$150,000 per program. A 10% local match is required for the first year of funding, and the match increases by 10% for each following year.

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KEY FACTS

Colorado Even Start

Core Services

- Parenting education
- Adult education, literacy, computer skills, ESL, GED
- Child development partnered with Head Start
- Parent-child activities
- Home visits

Number Served

- 13 programs
- 551 families
- 789 children
- 569 adults

Types of Families Served

- Low-income
- ESL
- Single parent
- TANF recipients
- Teen parents
- Pre-GED and GED

Major Funding Sources

- Federal Title 1B Even Start: \$1,173,368
- Local match

Funds Distributed to Local Programs

- \$75,000-\$150,000

4. Maternal and Child Health Block Grant

Children with Special Health Needs and Nurse Home Visitor Programs

The Colorado Children with Special Health Needs programs receive funding through a federal Maternal and Child Health block grant and through state general funds. A total of 53 grantees serving 64 counties receive funding for children with special health needs. A total of 7,635 children receive these services. The Colorado Nurse Home Visitor Program reaches families of 62,900 newborns who receive hearing screenings and follow-up.

Most families served are low-income without medical insurance or those who are underinsured. Families receive assistance with care coordination and Medicaid as well as referrals and home

visits. Prevention programming is the main focus of the children with special health care needs component of the program. Although this program can be found in most counties, emphasis is given to intervention programming.

Over half the funds go directly to the counties. The state formula applied in funding each county is based on local populations' needs and the number of low-income families. The state asks for a plan from each county and emphasizes that the practices described in the plans must be based on research.

A federal Title V Block Grant for \$6.76 million and state funds from hospital newborn screening fees of \$5.8 million support the program. Funds distributed to counties range from \$6,000 to \$463,195 for a three-county consortium.

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Health Care Program for Children with Special Needs
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KEY FACTS

Colorado Children with Special Health Needs and Nurse Home Visitor Programs

Core Services

- Care coordination
- Referrals
- Assistance with Medicare
- Home visiting

Number Served

- 53 programs covering 64 counties
- 7,635 children with special health care needs
- 62,900 newborns

Types of Families Served

- Uninsured or under-insured low-income families

Major Funding Sources

- Federal Title V Block Grant: \$6.76 million
- State hospital newborn screening fee: \$5.8 million

Funds Distributed to Counties

- \$6,000–\$463,195

Connecticut

The state of Connecticut has been a leader in promoting civic engagement to increase the public's sense of accountability for children's well-being. It was the first state in the nation to legislate parent involvement by creating a Parent Trust Fund for training parents in civic engagement and leadership skills. Capacity building is a priority for the state. Connecticut uses a variety of funding streams to promote expansive services for families and children. Programs are diverse, and multiple settings are used. Home visiting programs are emphasized, as well as center-based models. Services are generally available to all families, although program eligibility varies and nearly all programs reach out to low-income families and high-risk communities.

1. Community Based Family Resource and Support

Connecticut Children's Trust Fund

With money from the federal Community Based Family Resource and Support program and other funds, the Connecticut Children's Trust Fund supports about 85 programs statewide. In 2002, 10,000 families received needed services from these programs.

The programs provide comprehensive services to all families. However, they focus on single parents and low-income families who are not involved in child protection systems. Major services include parenting education, peer support, child development, home visiting, and life skills.

Funds are distributed widely to not-for-profit organizations, including cities and towns, with emphasis on "at-risk" communities. Funding for this program is \$1 million in federal CBFRS monies, \$6 million from state appropriations, and \$500,000 in local match from private foundations and other donors. Funding for programs ranges from \$1,000 to \$300,000.

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KEY FACTS

Connecticut Children's Trust Fund

Core Services

- Parenting education
- Peer support
- Child development
- Life skills
- Home visiting

Number Served

- 85 programs
- 10,000 families

Types of Families Served

- Single parents
- Low-income
- All families eligible

Major Funding

- Federal CBFRS: \$1 million
- State appropriations: \$6 million
- Local: \$500,000

Funds Distributed to Local Programs

- \$1,000-\$300,000

2. Even Start

The state disseminates federal Even Start funds to 9 sites statewide. Based on data gathered during July 2001 to June 2002, the programs served 200 families, 245 children and 202 adults.

The sites provide comprehensive family-centered education programs to improve children’s academic success and increase parents’ economic opportunities. The program has five primary components: (1) early childhood and/or school-age education for children 0-7, (2) adult education, (3) Parents and Children Learning Together (PACT), (4) parenting education and support, and (5) home visiting. In addition, local programs build on existing community resources to complement the core services. Families served are those hard to serve and most in need and those with low literacy levels, English as a second language (ESL) populations, and parents lacking a high school diploma. The target population includes low-income, migrant, and incarcerated families, and families involved in domestic violence or abuse.

Funds are distributed through a competitive Request for Proposals process. Programs are funded on a four-year cycle. Annual continuation applications are required. Match dollars are determined on a sliding scale and may consist of local, state, or federal dollars. Any local education agency in collaboration with a community-based organization, public agency, institution of higher education, or other nonprofit organization is eligible for funding. Community-based organizations or other nonprofit agencies in partnership with a local education agency may also apply.

Funding for 2001/2002 was \$2.2 million in federal dollars from the Department of Education. The federal share cannot exceed 90% of the total cost of the program in the first year, 80% in the second year, 70% in the third year, 60% in the fourth year, 50% in the fifth through eighth years, and 35% after eight years. Match dollars varied.

Contact Information

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<p>KEY FACTS</p> <p>Connecticut Even Start</p> <p>Core Services</p> <ul style="list-style-type: none"> ▪ Adult education ▪ Early childhood and school-age education ▪ Parenting education and support ▪ Parents and Children Together ▪ Home visiting <p>Number Served</p> <ul style="list-style-type: none"> ▪ 9 programs ▪ 200 families ▪ 245 children ▪ 202 adults <p>Types of Families Served</p> <ul style="list-style-type: none"> ▪ Hard-to-serve, most in need, lowest literacy ▪ Non-English-speaking ▪ At 100% of poverty level <p>Major Funding Sources</p> <ul style="list-style-type: none"> ▪ Federal Dept. of Ed. Title 1: \$2.2 million ▪ Local match (varies) <p>Funds Distributed to Local Programs</p> <ul style="list-style-type: none"> ▪ \$150,000–\$250,000
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3. Maternal and Child Health Block Grant
Children with Special Health Care Needs Program

The Children with Special Health Care Needs (CSHCN) program receives funding from the federal Maternal and Child Health Block Grant. In Connecticut, this program serves 1,200 to 1,300 children annually, based on 2001 data.

The program is operated via contractual arrangement with two regional centers: the Connecticut Children’s Medical Center for Children with Special Health Care Needs located in Hartford and the Yale Center for Children with Special Health Care Needs located in New Haven. The program provides care coordination, advocacy, and family support to any child with a special health care need regardless of enrollment or insurance status. Enrolled children may also receive certain services including but not limited to: adaptive and specialty equipment, special prescriptions, specialty and sub-specialty care, occupational/physical/speech therapy, and special nutritional formulas. Each center also has a limited respite program, and both subcontract with statewide community-based facilities that serve to increase access to needed services for families. Enrolled children must meet both a medical and financial (at or below 300% of the federal poverty level) requirement.

KEY FACTS

Connecticut Children with Special Health Care Needs Program

Core Services

- Family advocacy
- Family support
- Information and referral to support groups
- Access to services and medical equipment
- Care coordination
- Needs assessment for child and family

Number Served

- 2 centers
- 1,200–1,300 children

Types of Families Served

- Children with special health care needs
- Many low-income at or below 300% of poverty level

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$600,000
- State appropriations: \$1 million

Funds Distributed to Local Programs

The Connecticut Department of Public Health has consolidated work into two contracts to ensure statewide coverage. Of the \$1.6 million dollars allocated to this program, \$600,000 comes from the federal Maternal and Child Health Block Grant, and \$1 million from state appropriations.

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4. Maternal and Child Health Block Grant

Right from the Start

The Connecticut Public Health Department funds the Right from the Start Program through the federal Maternal and Child Health Block Grant. This is a new program for Connecticut that is being developed in five communities across the state. Five programs have been selected. Since the program is new, there are no estimates of families served.

Core services are intensive case management, parenting education, life skills development, and other services to support young adults during their pregnancy and early parenthood. The program is geared toward pregnant and parenting teens.

Funds for this program were made available to the towns with the highest incidence of teenage pregnancy in the state. The types of organizations eligible for funding through an RFP process include community-based organizations, faith-based programs, health clinics, hospitals, and local health departments.

Funding for the program is \$340,000 in federal Maternal and Child Health Block Grants and \$135,723 in state appropriations. The range of funds for local programs is approximately \$66,000 to \$105,000.

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KEY FACTS

Connecticut Right from the Start

Core Services

- Intensive case management
- Parenting education
- Life skills
- Support young adults in pregnancy and early parenting

Number Served

- 5 programs
- # families to be determined (new program)

Types of Families Served

- Pregnant and parenting teens

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$340,000
- State appropriations: \$135,723

Funds Distributed to Local Programs

- \$66,000–\$105,000

5. Promoting Safe and Stable Families

The state disseminates Promoting Safe and Stable Families funds to 11 programs statewide, which last year served 481 children under its therapeutic visitation program, and 11,804 adults and children with supportive services.

The 11 program sites serve biological families of children who have been removed from the home due to abuse and neglect. The centers offer a range of services; however, core services are supervised therapeutic visitation and supportive services to biological, adoptive, and foster families. The goal of the Connecticut Promoting Safe and Stable Families Center is to work with children involved in the system and in turn reunite them with their families, if possible.

Funding is distributed so that all families have access to services. Efforts are made to maintain a regional balance in the distribution of funds. A competitive Request for Proposals was used initially, but the 11 sites awarded funding under the original RFP will continue until funds are depleted or the program is eliminated.

Funding for the program is \$1.8 million in federal dollars from the Department of Health and Human Services, Administration for Children and Families. The state has two years to spend down its federal entitlement dollars, which totaled \$3.1 million for fiscal year 2001–02. Programs are funded from \$65,000 to \$300,000.

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6. Comprehensive Early Care and Education

Family Resource Centers

Connecticut supports 61 Family Resource Centers statewide, which receive funding from the Connecticut Department of Education. In fiscal year 2001–02, 14,097 families received a range of comprehensive services, including preschool childcare and education, school-age childcare, families in training, adult education, teenage pregnancy prevention programs, and resource and referral. Services are provided to all families.

Any local elementary school may apply for funding to start and manage a Family Resource Center. The Connecticut Department of Education allocated more than \$6 million to fund Family Resource Center in fiscal year 2001–02, with approximately \$95,000 to each.

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KEY FACTS

Connecticut Promoting Safe and Stable Families

Core Services

- Supervised therapeutic visitation
- Parenting education
- Parent support groups
- Youth support groups
- Social recreation
- Parent/child activities

Number Served

- 11 programs
- 481 children
- 11,804 adults and children

Types of Families Served

- Biological and families and children
- Children in foster care
- Families with abused or neglected children

Major Funding Sources

- Federal DHHS/AFC: \$1.8 million

Funds Distributed to Local Programs

- \$65,000– \$300,000

KEY FACTS

Connecticut Family Resource Centers

Core Services

- Preschool childcare and education
- School-age childcare
- Parenting education
- Child development
- Life skills
- Adult education
- Teenage pregnancy prevention
- Resource and referral

Number Served

- 61 programs
- 14,097 families

Types of Families Served

- All families in attendance areas

Major Funding Sources

- State Appropriations: \$6 million

Funds Distributed to Local Programs

- \$95,000 each

7. State Appropriation

Parent Leadership Training Institute

The Parent Leadership Training Institute (PLTI) works collaboratively with the Parent Trust Fund and Family Support Connecticut (part of the Family Support America States Initiative). Ten PLTI sites are funded under the collaborative, and a total of 900 adults have graduated.

PLTI offers a 20-week program on civic leadership to advocate for children and families at the local, state, or federal level. Participants are given a toolkit on how to read budgets, form coalitions, and how to understand law. Onsite childcare is provided (as is reimbursement for family care), as well as transportation to community sites and family meals. There is also a corresponding children's curriculum to discuss civics at a developmentally appropriate level and promote family reading through children's literature. Though programs are diverse and open to all, efforts have been made to target men, since most enrolled have been women.

Funds are distributed by the Connecticut Parent Trust to PLTI sites. Each site operates as its own franchise.

Nonprofits, schools, and organizations that are providing skills in parent leadership training and not engaged in parenting education are eligible to apply for funds. Applicants must demonstrate sustainability and develop a curriculum specific to parent leadership and training. Any parent leadership training organization may apply for funding.

Funding for the program is comprised of \$205,000 from state appropriations and \$296,000 from national and local private foundations. Programs are required to procure a 25% match in local in-kind contributions. Local programs receive up to \$19,000.

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KEY FACTS

Connecticut Parent Leadership Training Institute

Core Services

- 20-week program on civic leadership and advocacy
- Onsite childcare
- Reimbursement for family care
- Transportation to the program site
- Family meals

Number Served

- 10 sites
- 900 adults have graduated

Types of Families Served

- Diverse families; open to all

Major Funding Sources

- State appropriations: \$205,000
- Private foundations: \$296,000
- Local in-kind: 25%

Funds Distributed to Local Programs

- Up to \$19,000

Georgia

Georgia’s approach to implementing family support demonstrates its commitment to fortifying existing social service delivery with family support efforts. Family support approaches have been incorporated into programs focused on child abuse and neglect, early education and childhood development, and community development, and programs targeted at families with disabled children. In 154 of its 159 counties, Georgia has a statewide community collaborative structure (Family Connection); these collaboratives are important vehicles for leveraging family-supportive strategies. Community and state efforts have promoted community-based planning efforts using family support principles to guide the planning and implementation process for community and family services.

Family-serving programs in the state serve both “at-risk” and general populations. They serve a diverse rural and urban population, including a growing number of Latino families. The services provided include home visiting, parenting education, health and wellness education, childcare and child development, employment and training, and peer support. The state’s community collaborative structures and other entities have facilitated coordination and referral with the end goal of engaging comprehensive approaches to serving families. Parent involvement has been an emergent and important theme within the scheme of social service delivery, and an increasing interest in the role of fathers has begun to surface as an important consideration when serving families.

1. Community Based Family Resource and Support

Children’s Trust Fund

The Children’s Trust Fund receives funding from the federal Community Based Family Resource and Support program. It funds 21 First Step and Home Visitation programs (located at 21 Healthy Family Georgia sites), which serve approximately 14,026 children and 13,634 families.

The programs are available to all first-time birth families and young single parents, who are typically under the age of 20 and considered at-risk. The families served are in many instances low-income and racially diverse, with a growing Latino population. Services provided include home visiting, parenting education, child development, child-family health care and education, home safety education, nutrition education, peer support, MELD Young Dads activities (at five sites), and parent leadership training (at two sites).

Funding is applied for through Requests for Proposals, and total funding available for distribution is \$4–5 million. Any nonprofit agency, Family Connection Collaborative, health department, or university is eligible.

KEY FACTS

Georgia Children’s Trust Fund

Core Services

- Home visiting
- Parenting education
- Child care and development
- Child-family health care and education
- Home safety education
- Nutrition
- Peer support
- MELD Young Dads
- Parent leadership training

Number Served

- 21 programs
- 13,634 families
- 14,026 children

Types of Families Served

- First birth families
- Single parent (typically under 20)
- Latino
- Low-income

Major Funding Sources

- Federal CBFRS: \$4–5 million

Funds Distributed to Local Programs

- Not available

Contact Information

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2. Promoting Safe and Stable Families

The Georgia Department of Human Resources, Division of Family and Children Services, receives and disseminates funding from the federal Promoting Safe and Stable Families program. Approximately 12,869 children; 9,203 adults; and 6,885 families are served, with referrals and coordination often occurring with the support of the state's 157 community collaboratives.

The program targets families at greatest risk of coming in contact with the child protective services system. Approximately 50% of families served are African American and 50% are Latino; 41% are single, divorced or widowed, 39% are married, and 8.7% are teenage parents; 38% have annual incomes below \$10,000 and 28% are dual-income with less than \$19,000; 11% have been involved in domestic violence, and 6.7% in substance abuse. Services are home visiting and various family support services addressing pregnancy and parental substance abuse, kinship caregiver support, and support for teen and first-time parents.

The federal Promoting Safe and Stable Families program provides \$3.4 million in Georgia. Grants disseminated by the state are competitive, range from \$20,000 to \$75,000, and require the site to obtain a match. Eligible providers include nonprofits, colleges, universities, police departments, state agencies, hospitals, and county health departments. \$750,000 in state funds have been made available to support a Community Child Protection Model Demonstration focused on building neighborhood networks of support at nine sites throughout the state.

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KEY FACTS

Georgia Promoting Safe and Stable Families

Core Services

- Home visiting
- Family support services

Number Served

- Number of programs not available
- 6,885 families
- 12,869 children
- 9,203 adults

Types of Families Served

- 50% African American, 50% Latino
- Single parent families
- Low-income
- Involved in domestic violence
- Involved in substance abuse
- First-time and teen parents

Major Funding Sources

- Federal Safe & Stable Families: \$3.4 million
- State Community Child Protection Model Demonstration: \$750,000
- Local match

Funds Distributed to Local Programs

- \$20,000–\$75,000

3. Appalachian Regional Commission

Early Childhood Initiative

Georgia uses federal Appalachian Regional Commission funds to support early childhood services in the Appalachian region through the Early Childhood Initiative. The state administers this grant through its community collaborative structure. After two years of implementation, more than 4,000 individuals have been provided various types of family support, and over 300 families have received intensive support through home visitation.

The Early Childhood Initiative targets families with children 0-4 in five counties located in Georgia's Appalachian region, a number of whom are teenage parents, low-income, underemployed, illiterate, or at risk of school failure or involved in child abuse. Services include contact with all parents following childbirth, intensive home visiting using the Parent as Teachers, Healthy Families and Nurturing Parenting Programs; developmental childcare to support parental pursuit of education, training, and/or job opportunities; job training and employment support for parents, including GED and other adult courses; and parenting education.

Total federal funding for the Early Childhood Initiative is approximately \$1 million annually. The federal funds are matched at 100% with state and local funds. Funds are used to provide services to families through nonprofit organizations, educational institutions, health institutions, and social service agencies; and to promote changes in community systems that support families with young children within the five counties.

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4. State Appropriation

Georgia Pre-K Program

Since 1992, the state has allocated its lottery proceeds to the Georgia Pre-K program, which provides education enrichment to children of pre-kindergarten age. All families in the state are eligible for the program, which provides six hours of programming each day over a 180-day

KEY FACTS

Georgia Early Childhood Initiative

Core Services

- Contact with all parents following childbirth
- Home visiting
- Developmental childcare
- Job training & employment support
- Parenting education

Number Served

- 5 County Community Collaboratives
- 300 families for intensive visiting services (2-year total)
- 4,000 individuals for all core services (2-year total)

Types of Families Served

- Teen parents
- Low-income
- Underemployed
- Illiterate
- At risk of school failure
- Past involvement in child abuse

Major Funding Sources

- Federal Appalachian Regional Commission: \$1 million
- State match: \$40,000
- Local match: \$960,000

Funds Distributed to Local Programs

- \$2.9 million over 3 years

period. Staff also provide referrals to participating families for various services and supports, include housing and employment.

The Georgia Pre-K program serves 65,000 children. The state lottery provides \$265 million for this program. Fund distribution varies, depending on the number of children served.

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KEY FACTS

Georgia Pre-K Program

Core Services

- Education enrichment
- Referrals

Number Served

- Number of programs not available
- 65,000 children

Types of Families Served

- All families eligible, regardless of income

Major Funding Sources

- State Appropriation, Lottery: \$265 million

Funds Distributed to Local Programs

- Varies based on number served

5. Combination Funding

Children at Risk of School Failure Family Advocate Program

Multiple grant sources fund the Children at Risk of School Failure Family Advocate Program serving approximately 9,000 children in 60 of Georgia's 159 counties. Family advocates provide access to services and resources for families with children ages 0 to 21 (including Medicaid eligible) who have been identified as being at risk of failing to complete high school due to poor academic performance, frequent absenteeism, inadequate health care, low socio-economic conditions, and poor family support systems. The family advocate identifies strengths and needs, develops a plan to address those needs, reviews progress, links and consults with resources and services in the community, and assists with crises.

Development and implementation of the program is a local decision of Family Connection collaboratives as they address the area of school success. Funding sources are determined by the collaborative partners. The current range of funds supporting local programs is \$20,000 to \$250,000, based on the number of children served.

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KEY FACTS

Georgia Children at Risk of School Failure Family Advocate Program

Core Services

- Identifying and addressing family strengths and needs
- Linking and consulting with community resources
- Assisting with crises

Number Served

- 60 programs
- 9,000 children

Types of Families Served

- Families with children ages 0-21 at risk for school failure

Major Funding Sources

- Federal Medicaid and grants
- State and local grants

Funds Distributed to Local Programs

- \$20,000-\$250,000

Kansas

Kansas's commitment to family support is evidenced in part by the ability to reach a large number of children and families throughout the state. Priorities carried out through the state's many community- and county-based programs include parenting education and support, child development, information and referral, and home visiting, but each county helps identify and meet the needs of parents and families in their communities as well. With a large number of programs focusing on low-income families with newborns and expectant mothers, Kansas is enacting a prevention and promotion agenda.

1. Community Based Family Resource and Support

Children's Cabinet and Trust Fund

The Children's Cabinet receives funding from the federal Community Based Family Resource and Support program to serve 941 families, 4,163 children, and 2,826 adults through Children's Trust Fund Prevention Grants.

Major services include referral, parenting classes, ESL classes, employment training, literacy, GED, and emergency assistance. The program also helps initiate or open family support centers and supports their development, enhancement, and structure. While there is no specific target population, families served tend to be low-income, single-parent, teen parents, unemployed or homeless families in crisis, ethnic minorities including ESL speakers, and families court-mandated to participate.

Five-year limited grants are awarded to community partnerships or community agencies on behalf of partnerships; 80% of each site's total budget is covered by this program for the first two years, 50% for the next two years, and 20% for the final year. A sustainability plan must be established before the grant is awarded. Types of programs eligible for funding include nonprofits, schools, Community Action Programs, cooperative extensions, Child Care Resource and Referral Agencies, and housing authorities.

In 2002, sites were funded by \$160,605 in federal CBFRS dollars and \$612,034 from local communities. Grants ranged from \$26,360 to \$80,150.

Contact Information

Joyce A. Cussimano
Executive Director
Kansas Children's Cabinet and Trust Fund

KEY FACTS

Kansas Children's Cabinet and Trust Fund

Core Services

- Referral
- Parenting classes
- ESL classes
- Employment training
- Literacy
- GED
- Emergency assistance

Number Served

- Number of programs not available
- 941 families
- 4,163 children
- 2,826 adults

Types of Families Served

- Low-income
- Single-parent
- Teen parents
- Unemployed
- Homeless
- In crisis
- Ethnic minority, ESL
- Court-mandated

Major Funding Sources

- Federal CBFRS: \$160,605
- Local: \$612,034

Funds Distributed to Local Programs

- \$26,360–\$80,150

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2. Chapter C of the Individuals with Disabilities Education Act (IDEA)

Infant-Toddler Networks

The Kansas Department of Health and Environment (KDHE) receives federal Part C funding from the Office of Special Education Programs (OSEP) plus state funds to serve 3,700 children and their families (in 2000–01) through 37 local Infant-Toddler Networks.

Major services include: assistive technology, audiology, family training and counseling, some health and medical services, nursing, nutrition, occupational and physical therapy, psychological services, service coordination, social work, special instruction, speech language pathology, transportation, and vision services. The target population for these services is children birth to 3 years of age who have a developmental delay and/or disability.

KDHE, the designated lead agency, applies for funds which are distributed to local agencies using a formula that was approved in 1996 by the Networks. Funds distributed to each site range from \$11,000 to \$1.04 million. Funding for this program is \$3.88 million federal Part C funds, \$2.5 million in state general fund dollars (including \$500,000 in tobacco settlement funds), and local contributions.

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KEY FACTS

Kansas Infant-Toddler Networks

Core Services

- Assistive technology
- Audiology
- Family training & counseling
- Health and medical services
- Nursing & nutrition
- Occupational & physical therapy
- Psychological services
- Service coordination
- Social work
- Special instruction
- Speech language pathology
- Transportation
- Vision services

Number Served

- 37 networks
- 3,700 children and their families

Types of Families Served

- Those with children 0–3 with developmental delay and/or disability

Major Funding Sources

- Federal Part C: \$3.88 million
- State general fund: (includes \$500,000 tobacco funds): \$2.5 million
- Local match

Funds Distributed to Networks

- \$11,000–\$1.04 million

3. Maternal and Child Health Services Block Grant

The Kansas Department of Health and Environment receives federal funding from the Maternal and Child Health Services Block Grant plus state appropriations to serve each year 12,700 pregnant women, 15,300 families, and 33,600 children.

Major services include: prenatal care coordination and prenatal health promotion/risk reduction; outreach, support and referral services through home visits; and child health services.

Funds are distributed to public health departments based on performance and needs assessment, with grants ranging from \$1,200 to \$780,000. Funding for this program is \$1.9 million in federal Maternal and Child Health dollars, \$176,000 from other federal sources, \$1.8 million from the state general fund, and \$1.3 million from a county mill levy and other local funds.

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4. Abandoned Infants Assistance, Medicaid, and TANF Funds

Healthy Family Programs

The Kansas Children's Service League uses federal AIA dollars, state Medicaid and TANF dollars, and local monies to enable Healthy Family programs to serve 300 families.

Home visiting, parenting education, and child development information are provided to families at risk for abuse and neglect. Funds are distributed to nonprofits and health clinics to serve at-risk populations. Other programming through the Kansas Children's Service League is universal. The program receives over \$200,000 in federal AIA funds, \$300,000 in state Medicaid funds, and \$200,000 from a variety of local sources. Funds distributed to local programs range from \$5,000 to \$200,000.

Contact Information

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KEY FACTS

Kansas Maternal and Child Health Services Grant

Core Services

- Maternal health services
- Child health services

Number Served

- 86 local health departments
- 15,300 families
- 33,600 children
- 12,700 pregnant women

Types of Families Served

- Expectant and new families
- Low-income and uninsured families
- Families with children

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$1.9 million
- Other federal: \$176,000
- State general fund: \$1.8 million
- State tobacco settlement funds: \$250,000
- Local match: \$1.3 million

Funds Distributed to Local Programs

- \$1,200–\$780,000

KEY FACTS

Kansas Healthy Family Programs

Core Services

- Home visiting
- Parenting education
- Child development information

Number Served

- Number of programs not available
- 300 families

Types of Families Served

- Families at risk for abuse/neglect

Major Funding Sources

- Federal AIA: \$200,000+
- State Medicaid: \$300,000
- Local sources: \$200,000

Funds Distributed to Local Programs

- \$5,000-\$200,000

5. Federal and State Block Grant Prevention Dollars

Juvenile Justice Authority (JJA)

Approximately 400 different program in Kansas are funded by multiple funding streams known collectively as Federal and State Block Grant funds. The federal funding streams are OJJDP Title II, Title II Challenge, Native American Pass-Through and Title V; state funding come from the Prevention Trust Fund and Children’s Initiative Funds. Data on numbers served is collected quarterly but is not compiled at the state level for prevention programs.

The approximately 400 programs focus on providing the following services: day reporting, diversion, early childhood services, juvenile intake and assessment case management, mentoring, parent education, school-based or after-school intervention, treatment, education and support services, truancy prevention/intervention, victim/offender mediation/restitution, and youth court. Prevention programs serve children birth–18; graduated sanctions programs serve youth 10–23. The target population for prevention programs is at-risk youth and families; the target population for graduated sanctions is juvenile offenders who have had contact with law enforcement and/or are in the custody of the JJA.

Based on needs identified within their comprehensive strategic plans, local units of government—31 judicial districts—receive state funds from the JJA based on a funding formula, and in turn subcontract with local private, nonprofit, and governmental entities to provide direct services to youth and families. This represents a unique community-state partnership in which communities identify needs based on risk and protective factors; the JJA administers money and provides technical assistance to support these programs. In addition to receiving state money, districts as well as community agencies are encouraged to apply for federal dollars, which are made available on a competitive basis. Federal OJJDP funding for this program is \$3,716,474 (which includes Title II, Title II Challenge, Native American Pass-Through, Title V, and JAIBG funds). State funding, which includes the Prevention Trust Fund, the State General Fund (for intervention/graduated sanctions), and the Children’s Initiative Fund, is \$24,584,415. The range of grants distributed to local programs is \$1,000 to \$1 million.

Contact Information

Erica Niles-Plumlee
Director of Prevention
Juvenile Justice Authority

KEY FACTS

Kansas Juvenile Justice Authority

Core Services

- Juvenile intake and assessment
- Juvenile intensive supervision
- Community case management
- Early childhood
- Mentoring
- Parent education
- School-based/after-school intervention
- Treatment, education, and support services
- Truancy prevention/intervention
- Victim/offender mediation/restitution
- Youth court

Number Served

- 400 different federal- and state-funded programs
- Numbers served not available—maintained at the community level

Types of Families Served

- Children 0–18 for prevention programs; 10–23 for intervention/graduated sanctions programs

Major Funding Sources

- Total federal funds: \$3,716,474
- Total state funds: \$24,584,415

Funds Distributed to Local Programs

- \$1,000-\$1 million

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6. Master Tobacco Settlement Dollars

Smart Start Kansas

The Kansas Children's Cabinet combines Children's Initiatives Fund monies from the Master Tobacco Settlement with a 10% local cash match to implement Smart Start Kansas initiatives that serve 10,534 children and 980 adults (January 2002). In addition to the cash match, a 10% in-kind match is required.

Smart Start's core service areas encompass family support activities, including affordable and available high-quality early learning experiences for families who need or choose them, and children's health services. Smart Start is designed to serve all children and their families.

Funds are distributed to 7 pilot sites based on a community plan to address school readiness. Recipients must use data to determine need in the community. Funds are distributed through a community partnership with nonprofit status or by a community agency on behalf of the community partnership. Funding for this program is \$2,738,395 from the Children's Initiatives Fund (Master Tobacco Settlement dollars), and \$755,145 total match from the local communities. Awards range from \$233,778 to \$656,350.

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KEY FACTS

Smart Start Kansas

Core Services

- Children's health services (screenings, referrals, occasional direct health services)
- Family support services (early learning experiences, home visitation, referral, follow-up services)

Number Served

- 7 pilot sites
- 10,534 children
- 980 adults

Types of Families Served

- All children and their families
- Many programs target single parents, low-income and at-risk families, teen parents, and under- and unemployed

Major Funding Sources

- Children's Initiatives Fund (Master Tobacco Settlement): \$2,738,395
- Community (20% match): \$755,145

Funds Distributed to Local Programs

- \$233,778–\$656,350

Kentucky

Kentucky has allocated to family support programming a sizable portion of state funds, general revenue, and tobacco settlement funds. While funding is administered from several different Cabinets, similar state and federally funded programs are working together to establish practice standards and similar outcomes for evaluation. Family literacy programming, which originated in Kentucky, is notable in this regard. Kentucky has also added tobacco settlement funding to address and enhance a number of federally and state funded projects to improve the quality of services and extend needed services to more areas of the state and has dedicated significant resources to Family Resource and Youth Services Centers in schools.

1. Community Based Family Resource and Support Program and Promoting Safe and Stable Families Act

Community Collaboration for Children

CBFRS funds are administered by the Community Collaboration for Children program within the Department of Community-Based Services in the Division of Protection and Permanency of the Cabinet for Families and Children. This year, as part of Kentucky's revamped child welfare system's "Multiple Response Approach," Kentucky's family support/prevention dollars from the Promoting Safe and Stable Families Act of Title IV-B were combined with the CBFRS funds in order to best connect at-risk families to community services to prevent them from entering the child welfare system. The Cabinet is working aggressively with regional child welfare offices to build effective linkages with local programs.

In the second half of 2001, 6,692 families with 9,151 children at risk of child abuse and/or neglect received services from one of 42 funded programs across the state. Local service providers include nonprofit programs, community service networks, multi-service agencies, and Family Resource Youth Services, among others.

The kinds of services offered through the Community Collaboration for Children program are: home visiting, respite/crisis nursery services, Parents as Teacher programs, information and support for parents of teenagers, parenting skills for young families, domestic violence prevention, and resource libraries. The program serves families who are "deflected" from the child welfare system, those who are receiving services while their child is still at home, as well as families who have not come to the attention of the child welfare system.

Funds are allocated regionally based on the population of children in the child welfare system, poverty level, and number of families leaving TANF. Each region, through its Community

KEY FACTS

Kentucky Community Collaboration for Children

Core Services

- Home visiting to families
- Respite/crisis nursery
- Information, training, and support for parents
- Parenting skills
- Domestic violence prevention
- Resource libraries
- Parents as Teacher program

Number Served

- 42 programs
- 6,692 families
- 9,151 children

Types of Families Served

- Families at risk of child abuse and/or neglect
- Families receiving services from child welfare while child remains at home

Major Funding Sources

- Federal CBFRS: \$1,050,000
- Federal Title IV-B Promoting Safe and Stable Families: \$1,375,000

Funds Distributed to Local Programs

- \$50,000 average per program

Collaboration for Children Network, selects local providers through an RFP process. The CBFRS funding is approximately \$1,050,000, which is combined with \$1,375,000 from the Promoting Safe and Stable Families Act. The average grant to programs is \$50,000.

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2. Even Start

Kentucky's Even Start program is administered through the Division of Extended Learning of the Kentucky Department of Education. Currently, Kentucky funds 32 programs serving 33 counties across the state. Even Start programs—all administered by local school districts—provided services for 795 families in fiscal year 2001-02. In addition, the Kentucky Department for Adult Education and Literacy provides state funds for family literacy programs (formerly PACE—Parent and Child Education), offered in all 120 counties of the state.

Even Start services, mandated by federal legislation, include adult education, early childhood education, and parenting and interactive literacy activities between parents and their children. Eligible families are those most in need economically, with low literacy/English proficiency skills and children 0 to 8 years of age. (The state-funded program includes families with children up to 16.)

Kentucky has involved three cabinets and two private institutions to establish the Kentucky Institute for Family Literacy, a collaborative organization with objectives to coordinate, improve, and expand family literacy services. Major activities of the Institute include professional development, a Family Literacy Resource Center, development of performance indicators, and promotion of public awareness and support for family literacy in Kentucky. Even Start and state-funded family literacy programs participate in the same professional development and training. The Kentucky Family Literacy Performance Indicators are used as the basis for evaluation of both federal-and state-funded family literacy programs.

Kentucky receives approximately 3 million federal dollars for Even Start programs. Another 4 million state dollars are available to family literacy programs through local adult education providers. School districts apply for Even Start funds through a competitive RFP process for grants ranging from \$75,000-\$100,000.

KEY FACTS

Kentucky Even Start

Core Services

- Adult education
- Early childhood education
- Parenting and life skills
- Parent and child literacy activities

Number Served

- 32 programs
- 795 families

Types of Families Served

- Low-income, low-literacy families with children ages 0-8

Major Funding Sources

- Federal Even Start: \$3.1 million

Funds Distributed to Local Programs

- \$75,000-\$100,000

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3. Maternal & Child Health Block Grant

Commission for Children with Special Health Care Needs

This Title V/CSHCN program is administered directly by the state through a statewide system with 15 regional clinic sites, together with Part C early intervention services for children ages 0–3. In total, it employs approximately 200 people to work with 12,000 children and their families (2002.) The program also provides services to both children and adults with hemophilia and all children (0-21) with severe or chronic illness or disability (limited to restricted diagnoses).

The Commission provides health services, diagnosis and treatment, nursing, and care coordination and contracts with existing statewide family professional organizations for networking, education and support for families, and staff training. It emphasizes transition services at key developmental stages, especially for youth transitioning to adult services and independence, and supports hearing and scoliosis screenings in schools.

Funding is allocated to clinics across the state based on population and services offered. In 2002, funding for the program included \$5 million from the Maternal & Child Health Block Grant, \$4 million from General Revenue Funds, and \$26 million from Medicaid.

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KEY FACTS

Kentucky Commission for Children with Special Health Care Needs

Core Services

- Health services--diagnosis and treatment
- Nursing and care coordination
- Support and training by parent support groups
- Transition services
- Universal newborn hearing screening
- School-based hearing and scoliosis screenings

Number of Programs and Families Served

- 15 clinics
- 12,000 children and their families

Types of Families Served

- Families with incomes up to 200% of federal poverty level
- Children ages 0–21 with severe or chronic illness or disability.

Major Funding

- Federal MCHBG: \$5 million
- State General Revenue: \$4 million
- Medicaid: \$26 million

Funds Distributed to Local Programs

- Funding varies by number of children served

4. Chapter C of Individuals with Disabilities Education Act

First Steps

First Steps is administered by the state and delivered through home-based services by individual providers with whom the state contracts for provision of special services. From 10,000 to 11,000 children are served in any given year by the program. However, the First Steps December Count required by the federal government (the number of children receiving services on a specific day in December) is 4,200.

First Steps provides evaluation, assessment, and direct services as outlined by the federal government. Its services are 80 to 90% home-based. The program funds services for individual children and some respite and transportation services.

Families that receive services have at least one child between the ages of 0 to 3 years who has an established risk condition. Qualifying children have a developmental delay that has been assessed by standardized tests to be two standard deviations below normal range in one or two areas with at least 1.5 standard deviation below normal.

First Steps is funded with \$5 million of Part C federal monies, \$11 million in state general revenue funds, and \$16 million in Medicaid reimbursement dollars.

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KEY FACTS

Kentucky First Steps

Core Services

- Evaluation and assessment
- Primarily home-based direct services
- Respite
- Transportation

Number Served

- 10,000–11,000 children annually
- 4,200 December count: (number served on a specific date in December)

Types of Families Served

- Families with at least one child 0 to 3 at risk for developmental delay

Major Funding Sources

- Federal: \$5 million
- State General: \$11 million
- Medicaid: \$16 million

Funds Distributed to Local Programs

- Based on need, provided by locally contracted service providers

5. Medicaid/Tobacco Settlement Funds

HANDS (Health Access Nurturing Development Services)

HANDS services are delivered in all 120 counties of the state by local health departments or by service providers with whom a local health department has contracted. In fiscal year 2002, HANDS served a total of 6,643 families, and hopes to reach over 10,000 children and their families in fiscal year 2003. Evaluation results from the program's first three years indicate fewer premature and low-birthweight infants, 58% fewer physically abused children, and 62% fewer neglected children than those from non-participating families.

HANDS is Kentucky’s home visiting program that follows the Healthy Families model promoted by Prevent Child Abuse America. All services are voluntary. HANDS home visitors address child development, early brain development, developmental screenings, and home assessments related to safety and parent-child interaction. In addition, home visitors work with families to develop goals for their children, themselves, and their entire family. They make numerous referrals to local service providers and other resources. While some health departments offer group activities, most do not. Transportation is not provided.

While all first-time parents—regardless of age or income—are screened, those who are overburdened or stressed are eligible for home visits. Participating families can receive services for their child and themselves until their child is two years old.

The HANDS program is funded with \$10 million federal Medicaid dollars and \$11 million from state Tobacco Settlement funds. Funds are distributed to local health departments that can provide services directly or contract with trained professionals to provide them. Health Departments are reimbursed for services provided to HANDS families. Counties can only bill the state an amount based on 50% of the total adults in the area and 100% of teen births or first-time births in the county. This is a fee-for-service program with a potential to draw down the federal dollars.

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<p>KEY FACTS</p> <p>Kentucky HANDS</p> <p>Core Services</p> <ul style="list-style-type: none"> ▪ Home visits (Healthy Families model) ▪ Developmental screenings and assessments ▪ Referrals ▪ Group meetings in some counties <p>Number Served</p> <ul style="list-style-type: none"> ▪ 6,643 families <p>Types of Families Served</p> <ul style="list-style-type: none"> ▪ All families with first-time parents ▪ First-time parents who are overburdened or stressed <p>Major Funding Sources</p> <ul style="list-style-type: none"> ▪ Medicaid: \$10 million ▪ Tobacco Settlement funds: \$11 million <p>Funds Distributed to Local Programs</p> <ul style="list-style-type: none"> ▪ Not available
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6. State Appropriations

Family Resource and Youth Services Centers

Kentucky has 774 Family Resource and Youth Services Centers in schools across the state that serve 20% or more children eligible for free and/or reduced lunch. The number of children served comprises all the children who are enrolled at these schools—559,000 as of September 2002.

Family Resource Centers provide full-time childcare or referrals to childcare for 2- and 3-year-olds, after-school programs for 4- to 12-year-olds, Families in Training (similar to Parents As Teachers) for 0- to 3-year-olds, PACE family literacy, health services, and support and training for childcare providers. Youth services include referrals to health and social services, drug counseling, summer and part-time job development, employment counseling, training, job

placement, and family crisis and mental health counseling. All children and families in eligible schools can receive services, though low-income families have first priority if funds are limited.

The Family Resource and Youth Services Centers are completely funded with state general revenue funds. Currently, the state allocates \$51 million for the centers. Schools apply for funding and receive between \$33,000 to \$94,500, depending on the size of their student body.

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KEY FACTS

Kentucky Family Resource and Youth Services Centers

Core Services

- Fulltime childcare or referrals for children age 2-3
- After-school care for children 4-12
- Families in Training for families with children 0-3
- PACE family literacy
- Support and training for childcare providers
- Health services
- Referrals to health and social services
- Drug & alcohol counseling
- Summer and part-time job development
- Employment counseling, training, and placement
- Family crisis and mental health counseling

Number Served

- 774 programs
- 559,000 children and youth

Types of Families Served

- All children and families in schools that have 20% or more children eligible for free and/or reduced lunch

Major Funding Sources

- State General Revenue: \$51 million

Funds Distributed to Local Programs

- \$33,000-\$94,500

Michigan

The State of Michigan has been committed to early intervention and prevention and in the past few years has emphasized early childhood programming as a way of improving results for children and families in the future. Significant funding has been deployed to improve systems of intervention, care, and support for families through integration of services. Michigan's overall efforts have focused on systems change, interagency collaboration, and providing support to the 76 Multi-Purpose Collaborative Bodies (MPCBs) covering 83 counties. These county entities bring stakeholders together to plan and implement a system of supports, meet a specific need in the community, and develop community-wide initiatives.

1. Temporary Assistance for Needy Families

Zero to Three Secondary Prevention Fund

The Zero to Three Secondary Prevention Fund is an inter-departmental collaborative initiative funded by federal TANF dollars, general fund dollars from the Department of Education, and Tobacco Tax funds from the Department of Community Health. The initiative is administered by Michigan's Children's Trust Fund. In fiscal year 2002, 41 programs were funded in a total of 46 counties.

The program is aimed at families at risk and is geared toward providing parenting skills, promoting access to needed community services, increasing local capacity to serve families at risk, improving school readiness, and supporting healthy family environments.

The funds are distributed through a competitive grant process to community-based collaborative prevention services in grants of \$20,000 to \$250,000. In 2000, funding for this program consisted of \$4 million in federal TANF dollars, \$2 million from the state's tobacco education fund, and \$2 million from the Michigan Department of Education. However, the Department of Community Health funds have been cut due to state budget constraints, bringing the current total to \$6 million.

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KEY FACTS

Michigan Zero to Three Secondary Prevention Fund

Core Services:

- Home visiting
- Advocacy
- Parenting education
- Information and referral
- School readiness

Number Served

- 41 programs
- 3,996 families
- 4,341 children

Types of Families Served

- At-risk

Major Funding Sources

- Federal TANF: \$4 million
- State tobacco education fund: \$2 million
- State appropriations: \$2 million

Funds Distributed to Local Programs

- \$20,000–\$250,000

2. Community Based Family Resource and Support

Michigan's federal CBFRS funding stream serves 159 programs reaching 750,000 to 1 million families and children throughout the state.

The funds pay for such core services to families as: recreation activities, parent education, information and referral, transportation, home visiting, teen parent initiatives, support for grandparents raising children, respite programs, fatherhood programs, parent substance abuse treatment, mandatory reporting training, Zero to Three initiatives, a Safe KID program, Parents as Teachers activities, and a Fussy Baby program.

The program is funded by \$885,000 in federal CBFRS funds. These funds are distributed, typically to local councils, in amounts ranging from \$5,000 to \$200,000, generally with a 3-year funding cycle.

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KEY FACTS

Michigan CBFRS Program

Core Services

- Recreation
- Parent education
- Information and referral
- Transportation
- Home visiting
- Teen parent initiatives
- Grandparent caregiver support
- Respite programs
- Fatherhood programs
- Parent substance abuse treatment
- Mandatory reporting training
- Zero to Three initiatives
- Safe KID program
- Parents as Teachers
- Fussy Baby program

Number Served

- 159 programs
- 750,000–1,000,000 families and children

Types of Families Served

- Information not available

Major Funding Sources

- Federal CBFRS: \$885,000

Funds Distributed to Local Programs

- \$5,000–\$200,000 in 3-year cycles

3. Maternal and Child Health Block Grants

Strong Families Safe Children

Michigan's Strong Families Safe Children program is funded by a federal Maternal and Child Health Block Grant.

The families served represent a full range of those who require Medicaid and assistance from the Maternal and Child Health Bureau and the Substance Abuse and Mental Health Services Administration. Those served are predominantly women and their families.

Funding is allocated to local health departments through a state block grant process. Current funding consists of \$20 million from the federal Maternal and Child Health Block Grant, \$46 million from the state's general fund, and \$50 million from local sources. The dollars are available to local health departments and nonprofits pay for a variety

KEY FACTS

Michigan Strong Families Safe Children

Core Services

- Maternal and child health programs

Number Served

- Not available

Types of Families Served

- Those requiring Medicaid and help from MCH and SAMHSA
- Primarily women and their families

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$20 million
- State general fund: \$46 million
- Local program income: \$50 million

Funds Distributed to Local Programs

- Not available

of maternal and child health programs and direct services that are locally planned and implemented.

Contact Information

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4. State Appropriation

Children’s Mental Health Services

Michigan’s Children’s Mental Health Services are funded by the state’s Medicaid appropriation. The program serves 35,753 families with children who have mental illness and 6,638 families with children who have developmentally disabilities through 48 Community Mental Health Services programs.

The core services provided are psychiatric hospitalization, case management, home-based services, wraparound services, psychiatric services, respite services, and clinic services.

\$156.7 million is appropriated from the state’s Medicaid and general funds for children with mental illness. Mental Health Block Grant funds are also provided for children with serious emotional disturbances. Additional funding is provided for children with developmental disabilities.

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KEY FACTS

Michigan Children’s Mental Health Services

Core Services

- Psychiatric hospitalization
- Case management
- Home-based services
- Wraparound services
- Psychiatric services
- Respite services
- Clinic services

Number Served

- 48 programs
- 42,391 families

Types of Families Served

- Those with children with mental illness or developmental disability

Major Funding Sources

- State appropriation: \$156.7 million

Funds Distributed to Local Programs

- \$3,333 to \$1,043,582 (MHBG)

5. State Appropriation

Michigan School Readiness Program

The Michigan School Readiness program is funded by appropriations from the state’s school aid program and the Department of Education. The program serves more than 25,000 children who

display two or more individual or familial factors that place them at risk of school failure. Funds are disseminated to 431 different entities that may operate multiple sites.

The program is focused on preschool learning and provides parental support and fosters parent involvement. Between 7 and 10% of programs are home-based.

The program is funded by \$72.6 million in state local education agency school aid monies and \$12.25 million in Michigan Department of Education funds. The school aid is allocated according to a formula that factors in poverty, size of the school, and community need. The Department of Education funds are competitive to nonprofits that may request serving up to 144 children. Grantees receive \$3,300 per child, with grants distributed between \$3,300 and over \$15.5 million.

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6. State Appropriation

Full-Day Services for Michigan School Readiness and Head Start Programs

Michigan provides grants through state school aid to expand part-day, high-quality publicly funded preschool programs (the Michigan School Readiness Program and Head Start) in order to offer full-day programming to children enrolled.

In fiscal year 2001-02, 66 programs provided services to approximately 3,000 children. The program provides expanded high-quality preschool services, including parenting education, to families with children ages 3 to 4 who are enrolled in Head Start or the Michigan School Readiness Program.

The general fund of state school aid supplied \$5 million in 2000 for programs to operate in 2000-01, and \$20

KEY FACTS

Michigan School Readiness Program

Core Services

- Preschool learning
- Parenting education
- Parent involvement

Number Served

- 431 programs
- 25,712 children

Types of Families Served

- Single-parent
- Low-income
- ESL
- At risk of school failure

Major Funding Sources

- State school aid: \$72.6 million
- State Dept. of Ed.: \$12.25 million

Funds Distributed to Local Programs

- \$3,300–\$15.5 million

KEY FACTS

Full-Day Services for Michigan School Readiness and Head Start Programs

Core Services

- Extended-day high-quality preschool
- Parenting education

Number Served

- 66 programs with multiple sites
- 3,000 children

Types of Families Served

- Children ages 3–4, enrolled in Head Start or Michigan School Readiness Program

Major Funding Sources

- State appropriations: \$30 million (cut in 2003 due to budget constraints)

Funds Distributed to Local Programs

- \$25,000–\$700,000

million in 2001 (of which \$16 million was distributed) for programs to operate in 2001-02. Legislation enabled \$30 million for 2002, but appropriations were completely cut due to budget constraints. Thus no programs were funded for 2003, and none are currently operating.

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7. State Appropriation

All Students Achieve Program—Parent Involvement and Education

Michigan’s All Students Achieve Program—Parent Involvement and Education is supported through an appropriation from the state’s school aid program. 23 of the state’s 57 intermediate school districts receive funding to offer the program.

Any Michigan family residing in the service counties with children ages 0-5 may receive services; 16,542 families and 25,588 children are doing so now.

The core services provided are home visiting; parent group meetings; vision, hearing, and developmental screening; and connections to other resources and to quality preschools. The overall goal of the program is to reduce special education, improve school readiness, and improve parenting skills.

Funds are distributed through a competitive grant process to schools in local communities. The state’s school aid program contributes \$45 million annually, and local programs provide a 20% match; at least 10% must be cash. The awards range from \$347,400 to \$4.5 million. Due to budget constraints, funding for fiscal year 2003 was completely cut and current projects are operating on carryover funds.

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KEY FACTS

Michigan All Students Achieve Program—Parent Involvement and Education

Core Services

- Home visiting
- Parent group meetings
- Vision, hearing and developmental screening
- Information & referral to programs & preschools

Number Served

- 23 intermediate school districts
- 16,542 families
- 25,588 children

Types of Families Served

- Any families with children 0-5

Major Funding Sources

- State appropriation, school aid: \$45 million (cut in fiscal year 2003)
- Local cash match: 20%

Funds Distributed to Local Programs

- \$347,400–\$4.5 million

Minnesota

Minnesota has long been a state that emphasizes the health and well being of families. Since the mid-1970s, its universal Early Childhood and Family Education program has grown to a \$49 million per year state commitment. Beyond this flagship family support program, the state incorporates the principles and practices of family support into many agencies and programs. Review of program materials reveals the language and concepts of family support in several state agencies, including the Department of Children, Families and Learning; the Department of Human Services; and the Department of Mental Health. The state has numerous home visiting programs, an innovative alternative response child welfare program, family resource community collaboratives, children’s mental health community collaboratives, and numerous family resource or support centers. Minnesota invests in quality practice as well with a statewide child welfare training system that is regionally based and provides comprehensive, competency-based training to child welfare, foster care, adoptive care, and kinship workers.

1. Community Based Family Resource and Support

Children’s Trust Fund

The Minnesota Children’s Trust Fund receives federal Community Based Family Resource and Support program dollars and other Children’s Trust Fund resources to fund flexible activities for families with children ages 0 to 18 in 66 communities across the state.

While there are no eligibility requirements, the programs receiving the grants serve mainly low-income families. Services most likely to receive CBFRS funds are parenting education, home visiting, and respite care. The number of adults participating in family support programs funded by combined CBFRS and state funds is 15,668; participating children, 17,897.

Two-year grants are distributed to communities through a competitive process. Family support practice is embedded in the structure of the RFP. Grant applications are reviewed by a citizen review process and the Trust Fund’s Advisory Council, which includes 8 community members. Community-based organizations and public agencies, including Native American reservations, may apply for the grants, which are targeted for the geographic areas in the state with the least comprehensive family resource and support services and the most underserved populations. Funding sources are \$875,000 from state appropriations, \$747,000 from birth certificate fees, and \$1.9 million in CBFRS funds.

The Children’s Trust Fund also manages a two-year competitive grant program using state appropriations to provide an array of programs throughout the state using a citizen review process. The grants provide for primary and secondary prevention of child abuse and neglect, with typical programs including parent information classes, support groups, parent-child groups,

KEY FACTS

Minnesota Children’s Trust Fund

Core Services

- Parenting education
- Home visits
- Respite care

Number Served

- 66 communities
- 18,063 children
- 17,153 adults

Types of Families Served

- Mostly low-income
- All families can access

Major Funding Sources

- Federal CBFRS: \$1.9 million
- State appropriations: \$875,000
- Birth certificate fees: \$747,000

Funds Distributed to Local Programs

- \$80,000–\$300,000 for 2 years

family activities, drop-in time, child care information and referral services, advocacy, home visiting, mentoring, life skills training, and basic supports such as clothing exchanges and emergency food and transportation.

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2. Promoting Safe and Stable Families

Alternative Response in Child Welfare

The Department of Human Services administers Minnesota's Promoting Safe and Stable Families program with \$3.4 million per year that is used to support three major components: Alternative Response, Minnesota Adoption Support and Preservation, and Family Group Decision Making.

Alternative Response is a family support program begun in mid-2000. The four-year pilot received \$16 million from the McKnight Foundation, federal sources, and county governments. The pilot operates in 20 of the state's 85 counties that are representative in population and income distribution. In addition, 42 other counties have chosen to adopt an Alternative Response program, and more are expected to do so.

Annually in Minnesota there are 17,000 investigations of reports of child maltreatment. Alternative Response is a flexible approach to the treatment of child abuse and neglect that provides a strengths-based response to working with families and addressing needs while ensuring the safety of the children.

Families served are those reported for child safety concerns where there is not substantial child endangerment. Qualifying families are given the option of completing an assessment and working with the child protection worker to develop a plan for improving family functioning that ensures child safety. The plan can include support for basic needs and/or access to other services.

KEY FACTS

Minnesota Alternative Response in Child Welfare

Core Services

- Case management
- Connections to community resources
- Counseling
- In-home therapy
- Parenting education
- Treatment for domestic violence and/or substance abuse
- Supports for transportation, child care, or other basic needs
- Concrete items (appliances, rent deposits, car repair, recreational activities)

Number Served

- Pilot operating in 20 counties
- 8,000 families assessed
- 3,200 families received follow-up services

Types of Families Served

- Families reported for child safety concerns but not substantial child endangerment

Major Funding Sources

- McKnight Foundation: \$5 million
- Federal, state & county: \$11 million

Funds Distributed to Local Programs

- \$16 million over 4 years

Evaluation at the end of the first 10 months of implementation in the pilot counties has shown positive effects: an increase in the removal of the safety threat; reduced re-entries with substantiated findings; indications of improvements in family function, such as reduced domestic violence and increased income; and indications of improvements in child well-being, such as behavior, social relationships, and health.

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3. Even Start

The state disseminates federal Even Start funding to 17 sites serving 412 families as of summer 2002. Funds are distributed through a competitive grant process that awards four-year grants requiring a local match starting at 10% in the first year and increasing by 10% a year for each of the following three years. Nonprofit organizations, institutes of higher education, Head Start programs, public health programs, and county agencies can apply for funds in partnership with local school districts. The distribution is based on the model proposed.

The Minnesota program serves families with the lowest English literacy and income. Core services include adult basic education, parenting education, parent and child literacy, early childhood education, and English as a Second Language for parents. Evaluation data reveal that children whose parents participate in the program have better school attendance and more on-time attendance than children from similar families who are not Even Start participants. Minnesota was the recipient of a half-million-dollar grant from the federal government to develop quality practice standards over three years.

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KEY FACTS

Minnesota Even Start

Core Services

- Adult basic education
- Parenting education
- Parent and child literacy
- Early childhood education
- ESL for parents

Number Served

- 17 sites
- 412 families

Types of Families Served

- Those with lowest English literacy and income

Major Funding Sources

- Federal Even Start: \$500,000
- Local match funds

Funds Distributed to Local Programs

- Information not available

4. Early Childhood and Family Education

Early Childhood and Family Education (ECFE) is a statewide program available to all Minnesota families with children from birth to kindergarten. Built on the belief that the family provides a child's first and most important learning environment, and that parents are the child's first and most significant teachers, the program currently operates in 343 school districts and four tribal schools.

Over 300,000, or about 43%, of families with children in the age group participated in the 2000-01 school year. Core services include: parent discussion groups, play and learning activities for children, parent-child activities, special events for the entire family, home visiting, early screening for potential children's health and developmental problems, community resource and information, and libraries of books, toys and other learning materials.

Funds are distributed to local programs based on a state aid/local levy formula that generates \$120 per the number of children 0-4 years of age residing in the school district. The program revenue derived from both state aid and local levies ranges from \$18,000 to \$3,266,280 per district. Tribal schools are supported through the state appropriation. The program has strong parent support and advocacy. The Council for Civic Leadership, a statewide parent leadership organization, grew out of the engagement of parents in ECFE.

The program's Evaluation Committee adopted the Five-Tiered Evaluation Approach developed by Francine Jacobs through which information is collected at five tiers: needs assessment, monitoring and accountability, quality review and program clarification, achieving outcomes, and establishing impact. Results of two major studies show that participating parents have experienced a positive difference in their approach to parenting. Parents have reported greater confidence and more social connection, increased knowledge of child development and the role of a parent in the child's development, and changed perceptions and expectations of themselves as parents and for their children.

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KEY FACTS

Minnesota Early Childhood and Family Education

Core Services

- Parenting education and support
- Early childhood education
- Parent-child learning activities
- Special events for the entire family
- Home visiting
- Early screening for children's health and development problems
- Community information & referral
- Toy, equipment, and book libraries

Number Served

- 343 school districts
- 4 tribal schools
- 300,000+ families

Types of Families Served

- Families with children birth to kindergarten

Major Funding Sources

- State appropriation: \$21 million
- School districts tax levy: \$21 million

Funds Distributed to Local Programs

- \$18,000-\$3,266,280

Missouri

Missouri's family support work has centered on supporting efforts at the county level to define and meet local needs in specific communities. The result is a wide array of services and a versatile menu of programs and strategies that support both the state's large rural population and its significant urban one. Across funding streams, the state's family support efforts emphasize parenting education and support for young parents in raising healthy children.

1. Community Based Family Resource and Support

Children's Trust Fund

The Missouri Children's Trust Fund receives Community-Based Family Resource and Support program dollars; with additional monies from the federal Office of Child Abuse and Neglect and a local 12.5% match, it is funding a five-year demonstration project that has served approximately 1,500 families. Each site is required to have a minimum of 50 families enrolled in service and control groups.

Major services include parenting education and support, home visiting, information and referral, advocacy services, crisis intervention, community awareness, and some financial assistance. The types of families served differ among programs, but the overall focus is high-risk, young parents or expectant parents, single-parent homes, families with special needs, low-income families, and those with other socio-economic factors. Family stress is determined by a stress index score; families are assessed every six months to determine if services impact their stress. A nonprofit can apply for funds if it is a community collaborative with a strong history in working with communities.

Funding for this program is \$412,939 from the Federal Office of Child Abuse and Neglect, \$472,500 in CBFRS dollars through the Children's Trust Fund, and a 12.5% local match (\$110,681 last year). Programs receive from \$93,000 to \$186,000 each year.

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KEY FACTS

Missouri Children's Trust Fund

Core Services

- Parenting education and support
- Home visiting
- Information and referral
- Advocacy services
- Crisis intervention
- Community awareness
- Financial assistance

Number Served

- 6 programs
- 1,500 families

Types of Families Served

- High-risk, young parents
- Single-parent families
- Low-income
- Special needs families

Major Funding Sources

- Federal CBFRS: \$472,500
- Federal Office of Child Abuse and Neglect: \$412,939
- Local match (12.5%): \$110,681

Funds Distributed to Local Programs

- \$93,000–\$186,000

2. Maternal and Child Health Block Grants

Missouri Community-Based Home Visiting Model (MCBHV)

Maternal and Child Health Block Grants fund the Missouri Community-Based Home Visiting Model, which served 796 families in 13 communities in fiscal year 2002.

Using a holistic approach, the program offers parenting education, health assessments, referrals, screening for substance abuse and domestic violence services, and child development information. Sites work with mothers in reaching their life goals (such as getting a job or furthering their education), and make sure immunizations are up to date. They also collaborate with such programs as Parents as Teachers. The target population for services is based on community needs assessments. Participants tend to be high-risk families with a child age 2 or younger. The program is based on a nurse-lay worker model developed by the University of Missouri Sinclair School of Nursing in collaboration with the Department of Health.

RFPs were originally offered to local health departments, some of which subcontract within local communities. Sites are paid based on the number of visits completed each month, plus \$100 for data entry. They are base-funded for 25 families, and there is a maximum amount they can receive each year. Many programs get additional grants to increase enrollment. Each program receives \$27,000 to \$68,000.

Funding for this program is \$400,133 in federal Maternal and Child Health Block Grants and \$41,000 in state general revenue.

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KEY FACTS

Missouri Community-Based Home Visiting Model

Core Services

- Parenting education
- Health assessments
- Referrals
- Screenings for substance abuse
- Domestic violence services
- Child development information
- Life goals
- Immunization
- Collaborate with PAT and others

Number Served

- 13 communities
- 796 families

Types of Families Served

- High-risk families with children 0-2

Major Funding Sources

- Federal Maternal and Child Health Block Grants: \$400,133
- State general revenue: \$41,000

Funds Distributed to Local Programs

- \$27,000–\$68,000

3. Maternal and Child Health Block Grants

Building Blocks of Missouri

The Building Blocks of Missouri program is funded by federal Maternal and Child Health Block Grants and state general revenue funds. In fiscal year 2002, 253 families received services.

The program offers parenting education, health assessments, referrals, screening for substance abuse, domestic violence services, and child development information. It is aimed at low-income

first-time mothers as they enter their 28th week of pregnancy; services continue until the child turns 2. The program is based on the David Olds Model of Nurse Home Visiting.

Building Blocks funds are awarded by competitive bids, open to all, and are awarded to two sites. Funds are allocated monthly based on the number of clients enrolled in the program. Each site has funding for up to 100 families. Based on the number of families in the program, the total allotment is divided by 12 for a monthly allocation. The range of funds distributed to local programs is \$300,000 to \$320,000.

Funding for this program is \$196,000 in Federal Maternal and Child Health Block Grants, and \$465,616 in state general revenues.

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KEY FACTS

Missouri Building Blocks

Core Services

- Parenting education
- Health assessments
- Referrals
- Screenings for substance abuse and domestic violence
- Child development information

Number Served

- 2 sites
- 253 families

Types of Families Served

- Low-income, first time mothers of children prenatal to 3.

Major Funding Sources

- Federal Maternal Child Health Block Grants: \$196,000
- State general funds: \$465,616

Funds Distributed to Local Programs

- \$300,000–\$320,000

New Jersey

New Jersey is committed to family support programming and has used a variety of funding streams to promote the expansion of services. The programs are diverse and use multiple settings and approaches. They are located in hospitals, health departments and health centers, schools, housing authorities, Community Action Agencies, and community-based organizations. Program eligibility varies from program to program but most reach out to low-income families. While some programs may target low-income families or high-risk communities, others are open to all.

1. Community Based Family Resource and Support

Children's Trust Fund

The New Jersey Childrens Trust Fund receives funding from the federal Community Based Family Resource and Support program, a state income tax check-off, and private donations. The 24 programs it funds in geographically diverse communities statewide provided needed support to 1,294 families in 2001.

The family support programs provide a range of supports for any family in the community, including family education, home visiting, parenting education, support groups, respite care, substance abuse treatment, and anti-victimization in schools. However, most families who participate are high-risk/at-risk and homeless, single parents, teenagers, isolated families, have children with physical disabilities, have experienced substance abuse and/or domestic violence, or are headed by parents with mental impairments, fathers, or new immigrants.

Funds are distributed so that all families have access to services and so that geographic areas of highest need are served. Efforts are made to maintain existing programs and to allow for re-application. Programs receive a range of funds from \$5,000 to \$55,000 each year. Types of programs that are eligible for funding include nonprofits and public agencies.

Funding for this program is \$620,000 in federal CBFRS dollars, \$400,000 from a state income tax check-off, and approximately \$35,000 from private donations.

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KEY FACTS

New Jersey Children's Trust Fund

Core Services

- Family education
- Home visiting
- Parenting education
- Support groups
- Respite care
- Substance abuse treatment
- Anti-victimization in schools

Number Served

- 24 programs
- 1,294 families

Types of Families Served

- High-risk/at-risk
- Homeless
- Single parents
- Teenagers
- Isolated families
- Children with physical disabilities
- Families with substance abuse
- Families with domestic violence
- Parents with mental impairments and handicaps
- Fathers
- New immigrants

Major Funding Sources

- Federal CBFRS: \$620,000
- State income tax check-off: \$400,000
- Private donations: \$35,000

Funds Distributed to Local Programs

- \$5,000–\$55,000

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2. Family Outreach Program

The Family Outreach Program receives funding from a variety of federal, state, and local sources to help 23,000 families in 2001.

The range of services the family support programs provide includes linking families with social services such as CHIP child health insurance, housing, counseling, and healthy development programs. Staff provide case management and make sure—through 3 home visits yearly and other personal visits—that parents follow up on referrals. Services are offered to all families with a 3- or 4-year-old enrolled in an Abbott Early Childhood Program at a community-based center contracted with an Abbott school district.

Funds are based on the requirement that a family worker is available for participating families at a ratio of one worker to 45 children. All family workers receive training and supervision at a ratio of one MSW to every 20 family workers.

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3. Even Start

New Jersey's Even Start program receives funding from the U.S. Department of Education. Currently, 31 programs are funded statewide in geographically diverse communities. In the 2001-02 fiscal year, 32 programs provided needed support to a minimum of 640 families.

The family support programs offered by Even Start provide a range of supports for families, such as early childhood education, adult education, parenting skills, parent and child interactive time, and home-based education/instruction. The types of families receiving services vary by location and include two-parent households, single-parent households, low-income families, and

KEY FACTS

New Jersey Family Outreach Program

Core Services

- Link families with social services
- Case management with home visiting
- Information and referral

Number Served

- 30 low-income school districts
- 23,000 families

Types of Families Served

- Tend to be low-income and may face issues such as immigration and English literacy
- Families with a child age 3-4 in an Abbott Early Childhood Program

Major Funding Sources

- Variety of federal, state, and local sources

Funds Distributed to Local Programs

- Based on number of eligible students

immigrant families. The program targets families who are low-income as defined by federal guidelines (eligible for free or reduced-price lunch and food stamps, and other criteria).

Funds are distributed so that all families have access to services and so that geographic areas of highest need are served. Programs receive approximately \$35,000 to \$200,000 annually. Each applicant must represent a partnership between a local school and a community college or community-based organization. Either may be the lead agency.

Funding for this program is \$5.5 million in federal Even Start funds, with a 10% local match the first year that increases in subsequent years. Based on availability of funding, additional programs may apply for an Even Start grant. For fiscal year 2003-04, six new programs are anticipated.

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4. Maternal and Child Health Block Grant

Family Centered Care Services

Family Centered Care Services, a case management program, receives funding from the federal Maternal and Child Health Block Grant. It funds 21 sites statewide in geographically diverse communities, which provided needed support to 10,000 children and their families in 2001.

The sites provide a range of supports for families, including a parent-to-parent network aimed at helping individuals deal with a first diagnosis of health issues. Case managers help children and families access respite care, medical practitioners, networks that focus on their specific needs, housing, and more, and coordinate these services for them. Direct services are provided to prevent child health problems. Services are not limited to any socioeconomic group; however, they target special-needs populations (those at high risk or with current needs).

KEY FACTS

New Jersey Even Start

Core Services

- Early childhood education
- Adult education
- Parenting skills
- Parent-child interaction
- Home-based education/instruction

Number Served

- 32 programs
- 640 families

Types of Families Served

- Low-income
- Immigrant families
- Single parent households

Major Funding Sources

- Federal Even Start: \$5.5 million
- Local match: 10%+

Funds Distributed to Local Programs

- \$35,000–\$200,000

KEY FACTS

N.J. Family Centered Care Services

Core Services

- Parent-to-parent health network
- Case management and service coordination
- Information and referral
- Direct prevention services
- Parent advocacy
- Peer support
- Parent leadership training

Number Served

- 21 programs
- 10,000 children and families

Types of Families Served

- Special needs populations

Major Funding Sources

- Federal Maternal Child Health Block Grants: \$1.5 million
- State appropriations: \$1.2 million
- County funds: 10–25% match

Funds Distributed to Local Programs

- \$34,000–\$235,000

Funds are distributed so that all families have access to services and so that geographic areas of highest need are served. Efforts are made to maintain existing programs and to allow for re-application. Programs receive approximately \$34,000 to \$235,000 each year. Entities such as hospital-based service providers and parent agencies are eligible for funding; however, most of the applicants are local health departments.

Funding for this program totals at least \$2.7 million, which includes \$1.5 million from federal Maternal and Child Health Block Grants, \$1.2 million from state appropriations, and an additional 10–25% in county government funding.

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5. Federal Social Services Block Grant

Family and Children Early Education Services (FACES)

New Jersey’s Family and Children Early Education Services receives funding from the federal Social Services Block Grant program and local cash matches. It funds 11 programs statewide in geographically diverse communities. These programs provided needed support to approximately 5,000 families in 2001.

The services these programs provide include: quality childcare, prenatal and health care, parenting education, and family literacy services. While any family with a child age 0-6 can participate, most are low income, since the programs are focused on municipalities in which a school has 20% or more children eligible for free or reduced-price lunch.

Funds are distributed so that all families have access to services and so that geographic areas of highest need are served. Any nonprofit community-based organization can apply for funding. Efforts are made to maintain existing programs and to allow for re-application. Programs receive approximately \$125,000 to \$250,000 each year.

Funding for this program consists of \$2.6 million from the federal Social Services Block Grant program and \$2.6 million from a variety of local school district and non-profit funding sources.

<p>KEY FACTS</p> <p>N.J. Family and Children Early Education Services (FACES)</p> <p>Core Services</p> <ul style="list-style-type: none"> ▪ Quality childcare ▪ Prenatal and health care ▪ Parenting education ▪ Family literacy ▪ Parent engagement in schools ▪ Parent leadership training <p>Number Served</p> <ul style="list-style-type: none"> ▪ 11 programs ▪ 5,000 families <p>Types of Families Served</p> <ul style="list-style-type: none"> ▪ Low-income ▪ With children ages 0-6 <p>Major Funding Sources</p> <ul style="list-style-type: none"> ▪ Federal Social Services Block Grant: \$2.6 million ▪ Local sources: \$2.6 million <p>Funds Distributed to Local Programs</p> <ul style="list-style-type: none"> ▪ \$125,000–\$250,000
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6. State Appropriations

School Based Youth Services Program

The New Jersey School Based Youth Services Program receives funding from state appropriations (which includes some federal block grants). It funds 44 school-based programs statewide in geographically diverse communities. These programs provided needed support to 33,000 youth and families in 2002.

The supports these programs provide to families include mental health and family counseling, access to health services, employment services (for youth), substance abuse prevention and intervention, youth development activities, adolescent pregnancy prevention, teen parent support, violence prevention, recreation, and learning supports.

Programs receive approximately \$250,000 each year. Each applicant must represent a coalition that includes a school. The coalition selects one managing agency to receive the funds. Funding for this program consists of \$6.5 million in state appropriations; \$5 million in federal dollars—Temporary Assistance to Needy Families (TANF), SAMSA, and Child Care Development Block Grant; and \$2.8 million in local in-kind contributions.

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KEY FACTS

New Jersey School Based Youth Services Program

Core Services

- Mental health and family counseling
- Access to health & employment services
- Substance abuse prevention and intervention
- Youth development activities
- Adolescent pregnancy prevention
- Teen parent support
- Violence prevention
- Recreation
- Learning supports

Number Served

- 44 programs
- 33,000 adolescents and families

Types of Families Served

- Families with teens

Major Funding Sources

- State appropriations \$6.5 million
- Federal TANF, SAMSA, CCBG: \$5 million
- Local in-kind: \$2.8 million

Funds Distributed to Local Programs

- \$250,000

New Mexico

New Mexico, while lacking economic resources, has been very committed to providing services for children and families, with a focus on early intervention, prevention, education, and overall support. Programs are located in schools, health clinics, nonprofits, and local governmental entities. Eligibility for services varies from program to program, but most reach out to low-income families and those at most risk.

1. Community Based Family Resource and Support

Young Family Support Centers and Graduation, Reality and Dual-Role Skills (GRADS) Project

GRADS is a school-based family support program serving 987 children and 1,172 adults at 36 sites statewide. It concentrates on developing parents' employment and parenting skills.

The 36 programs serve pregnant and parenting teens, their children, and their parents, and other community children and families. The core services provided are parenting education, child development classes, life skills, connection back to the school to complete basic education requirements, employment readiness classes, referral and access to health care services, and referrals for other support services.

Funding for this program is \$245,500 in CBFRS federal funds, and \$64,400 from the state general fund. GRADS distributes the CBFRS funds to school districts across the state in support of the school-based programs; first-year sites can get up to \$25,000, while established programs receive up to \$6,000.

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KEY FACTS

N.M. Young Family Support Centers and GRADS

Core Services

- Parenting education
- Child development
- Life skills
- Access and referral to health care
- Help in completing education
- Employment readiness
- Referral

Number Served

- 36 programs
- 987 children
- 1,172 adults

Types of Families Served

- Pregnant and parenting teens and their children and parents
- Other community families

Major Funding Sources

- Federal CBFRS: \$245,500
- State general fund: \$64,400

Funds Distributed to Local Programs

- \$6,000– \$25,000

2. Promoting Safe and Stable Families

Federal Promoting Safe and Stable Families dollars fund 18 programs in New Mexico—6 family support programs, 6 family preservation programs, and 6 family reunification programs—serving more than 300 families.

The core services provided are parenting education, skill building, and child development education/training. The types of families served are first-time parents, those who seek out the program and are not being investigated by the child protective services system, and any families needing parenting education.

Funding is distributed statewide, and currently consists of \$444,968 per service area using federal Promoting Safe and Stable Families funding and 25% local matching funds. Types of programs that are eligible for funding are nonprofits, schools, and health clinics.

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3. Maternal and Child Health Block Grant

The federal Maternal and Child Health Block Grant funds programs in New Mexico serving approximately 10,000 children with special needs.

Programs provide care coordination, transportation, parent-to-parent support, translation, health education, developmental assessment for children birth to 3 years, nutrition assessment, primary care, SIDS support services, family counseling, hearing and genetic screening for all newborns, and formula for PKU-sensitive babies.

Funds are distributed in multiple ways to nonprofits and health clinics.

Contact Information

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New Mexico Department of Health
PO Box 26110
Santa Fe, NM 87502-6110
505/476-8901

KEY FACTS

N.M. Promoting Safe and Stable Families

Core Services

- Parenting education
- Skill building
- Child development education

Number Served

- 18 programs
- 300+ families

Types of Families Served

- First-time parents
- Self-referred parents
- Any families needing parenting ed

Major Funding Sources

- Federal Promoting Safe and Stable Families: \$444,968 per service area
- Local match: 25%

Funds Distributed to Local Programs

- Not available

KEY FACTS

N.M. Maternal Child Health Block Grant

Core Services

- Care coordination
- Transportation
- Parent-to-parent support
- Translation
- Health education
- Developmental assessment, 0–3
- Nutrition assessment
- Primary care
- SIDS support services
- Family counseling
- Hearing and genetic screening
- Formula for PKU-sensitive babies

Number Served

- Number of programs not available
- 10,000 children

Types of Families Served

- Families with children with special needs

Major Funding Sources

- Federal Promoting Safe and Stable Families: \$1.64 million
- State general fund: \$1.24 million

Funds Distributed to Local Programs

- Not available

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4. State Appropriation

Children's Trust Fund

Through state budget appropriations, the state government funds the New Mexico Children's Trust Fund in its support of 24 programs targeted to children and families experiencing or at risk of child abuse and neglect. Programs are geared at primary and secondary prevention of child abuse and neglect.

Requests for proposals are issued as funds are available. The types of agencies eligible include nonprofits, schools, and local governmental agencies. The process is competitive, and a Children's Trust Fund board reviews all applications and makes awards. Currently, 12 programs are funded at an average level of \$35,000, and 12 additional programs have been granted smaller amounts. The state general funds appropriated for these programs include revenues from special license plate sales and marriage license fees.

Contact Information

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KEY FACTS

N.M. Children's Trust Fund

Core Services

- Primary and secondary prevention of child abuse and neglect

Number Served

- 24 programs
- Number of families not available

Types of Families Served

- Children and families experiencing or at risk of child abuse and neglect

Major Funding Sources

- State general fund: \$410,000

Funds Distributed to Local Programs

- \$35,000 or less

5. Child Care and Development Fund

Training and Technical Assistance Programs

New Mexico's 10 Training and Technical Assistance Programs, which currently serve 20,470 families, are funded through federal Child Care and Development Fund dollars.

The programs serve all families, as well as early care and education professionals, including childcare staff, early intervention staff, Head Start staff, and aides in public classrooms. Services include a lending library of toys and professional resources library, support and training for early care and education providers, enhanced childcare referrals and training for families, and coordination and collaboration with other community agencies to provide families with a seamless service system.

Funds are distributed through an RFP process, based on score and service delivery area. Amounts are based on numbers of children served. The funds are available to nonprofits and institutions of higher education. Each program receives \$153,824–\$722,259, with \$2.9 million in funding from the federal Child Care Development Fund and \$100,000 from the state general fund.

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6. State Appropriation

Head Start Expansion Project

The Head Start Expansion Project serves 978 children whose families receive or are eligible for TANF. Five programs provide these families with a range of support services and full-day Head Start services.

Eligible programs are Head Start federal grantees; they can apply for this funding, which is provided from the state’s general fund, through an RFP process. The amount of money granted to each program varies depending on how much is in the state’s general fund and on the number of applying programs and the quality of their proposals. Currently, \$2.51 million is available for distribution.

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<p>KEY FACTS</p> <p>N.M. Training and Technical Assistance Programs</p> <p>Core Services</p> <ul style="list-style-type: none"> ▪ Support and training for early care and education providers ▪ Lending library ▪ Childcare referrals and training for families ▪ Information and referral ▪ Coordination of services <p>Number Served</p> <ul style="list-style-type: none"> ▪ 10 programs ▪ 20,470 families <p>Types of Families Served</p> <ul style="list-style-type: none"> ▪ All families <p>Major Funding Sources</p> <ul style="list-style-type: none"> ▪ Federal Child Care and Development Fund: \$2.9 million ▪ State general fund: \$100,000 <p>Funds Distributed to Local Programs</p> <ul style="list-style-type: none"> ▪ \$153,824–\$722,259
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<p>KEY FACTS</p> <p>N.M. Head Start Expansion Project</p> <p>Core Services</p> <ul style="list-style-type: none"> ▪ Full-day Head Start services <p>Number Served</p> <ul style="list-style-type: none"> ▪ 5 programs ▪ 978 children <p>Types of Families Served</p> <ul style="list-style-type: none"> ▪ Receiving or eligible for TANF <p>Major Funding Sources</p> <ul style="list-style-type: none"> ▪ State general fund: \$2.51 million <p>Funds Distributed to Local Programs</p> <ul style="list-style-type: none"> ▪ Varies based on funds available and number of applicants

New York

New York State is committed to family support programming and has used a variety of funding streams to promote the expansion of services. The programs are diverse and use multiple settings and approaches. Programs are located in hospitals, health departments and health centers, schools, housing authorities, Community Action Agencies, and community-based organizations. The state has emphasized home visiting programs as well as center-based models. While most programs reach out to low-income or high-risk communities, others are open to all families.

1. Community Based Family Resource and Support

Children and Family Trust Fund

New York's Children and Family Trust Fund receives federal Community Based Family Resource and Support program dollars. It funds 23 programs statewide in geographically diverse communities, which provided needed support to 4,500 families in 2001.

The programs provide a range of supports for families, including community referral and outreach, linkage to child development, developmental screenings, parenting education, peer support, respite care, follow-up services, and community education and training. Services are offered to all families in the community. Participants include single and two-parent families, families eligible for TANF, and anyone living in the community where the program is located.

Funds are distributed so that all families have access to services, as well as to geographic areas of highest need. Efforts are made to renew existing programs for up to four years and to allow for reapplication. Programs receive funds ranging from about \$30,000 to \$85,000 annually. Types of programs eligible for funding include nonprofits, schools, Community Action Programs, Cooperative Extensions, Child Care Resource and Referral agencies, and housing authorities.

The Trust Fund also supports domestic violence and elder abuse prevention and intervention programs with state dollars. Funding is \$1.26 million in federal CBFRS dollars, \$1.6 million from state appropriations, and \$1.98 million in local match from public and private foundations, United Ways, and developmental disabilities and mental health funds.

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KEY FACTS

N.Y. Children and Family Trust Fund

Core Services

- Community referral and outreach
- Linkage to child development
- Developmental screening
- Parenting education
- Respite care
- Peer support
- Follow-up services
- Home visits

Number Served

- 23 programs
- 4,500 families

Types of Families Served

- All families in program community

Major Funding Sources

- Federal CBFRS: \$1.26 million
- State appropriation: \$1.6 million
- Local match: \$1.98 million

Funds Distributed to Local Programs

- \$30,000–\$85,000

2. Even Start

Family Literacy Partnership

New York's Family Literacy Partnership receives funding from the federal Even Start program. It funds 70 programs statewide, which served 2,515 families in 2001–02. The program served 4,325 adults, 4,289 children under age 8, and 1,281 children over age 8. Even Start targets children below age 8 but provides services to older siblings as well.

There are four basic components to the program: early childhood education for families with children birth to 8, basic adult education, parenting education with an emphasis on the role of parents as the child's first teacher, and interactive literacy between the child and parent. Families who receive services are those most in need and with lowest literacy levels, non-English speakers, and those at 100% of poverty. Target populations include Native Americans, families with an incarcerated parent, migrant families, and those who have experienced domestic violence or other abuse.

Funds are distributed through a competitive process on a four-year cycle with an increasing local match. Programs receive \$270,000 as a base amount and have the opportunity to reapply for continuous funding. Each program serves 45 to 50 families. Each grantee program is based on a partnership between a school and a community-based organization that is formalized in a written agreement. Half of the programs are center-based; the others are home-based. Half of the center-based programs have schools as their lead agencies; the others are led by community-based organizations.

Funding for this program is \$21 million in federal resources and approximately \$21 million in local allocations. The local share is a combination of resources from the New York Universal Pre-Kindergarten Program, Head Start, and adult education. The local match requirement is 10% in the first year and increases 10% each consecutive year. In years five through eight, funding is 50% federal and 50% local. There are no state funds allocated to this program.

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KEY FACTS

N.Y. Family Literacy Partnership

Core Services

- Early childhood education 0-8
- Basic adult education
- Parenting education
- Parent-child interactive literacy

Number Served

- 70 programs
- 2,515 families
- 4,325 adults
- 4,289 children under 8; 1,281 over 8

Types of Families Served

- Children under 8 and older siblings
- Those most in need
- Lowest-literacy
- Non-English-speaking
- At 100% of poverty level
- Native American
- Families with an incarcerated parent
- Migrant families
- Domestic violence or other abuse history

Major Funding Sources

- Federal Even Start: \$21 million
- Local: approx. \$21 million

Funds Distributed to Local Programs

- \$270,000+

3. Temporary Assistance for Needy Families

Healthy Families New York

The Healthy Families New York program receives funding from the federal TANF program. Through this funding source, 27 programs across the state provide needed home support to 3,000 families each year.

A range of supports is provided to families through screening and assessment services; home visiting; connections to prenatal care; assessment for lead screening and immunizations; information and referral to a medical home, well-baby visits, and other supports; and parenting education and support as well as group activities to stimulate parent/child interaction. Home visiting is provided with a goal of improving parent/child interaction, improving self-sufficiency, and promoting child development. Families are visited two times per month prenatally, weekly until the infant is six months or older, and less frequently based on needs until the child is 5 years old or enters kindergarten.

Healthy Families New York provides services to all families. The family support program screens for all expectant or new parents but provides services to those most in need. The KEMP assessment tool is used to assess families based on needs such as substance abuse, mental illness, and other abuse.

Funds are distributed through an RFP process. Priority is given to high-need communities based on indicators such as teen pregnancy, infant mortality, lack of housing, high abortion rates, and substance abuse. Providers who are eligible to receive funding are prenatal health providers, hospitals, local health departments, community-based organizations, and Community Action Programs.

Funding for this program in 2002 was \$16 million in TANF dollars, \$1.6 in state appropriations, and approximately \$160,000 or 10% in local support.

Contact Information

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KEY FACTS

Healthy Families New York

Core Services

- Screening and assessment
- Home visiting
- Child development
- Prenatal care referral
- Lead screening and immunizations
- Information and referral
- Parenting education and support
- Parent/child activities
- Home visiting

Number Served

- 27 programs
- 3,000 families

Types of Families Served

- Screens for all expectant or new parents
- Services to most in need

Major Funding Sources

- Federal TANF: \$16 million
- State appropriations: \$1.6 million
- Local match (10%): \$160,000

Funds Distributed to Local Programs

- \$200,000–\$500,000

4. Maternal and Child Health Block Grant

Children with Special Health Care Needs

New York's Children with Special Health Care Needs program is funded through the federal Maternal and Child Health Block Grant. Funding is provided to 57 local health departments and one community-based organization. Based on 1999–2000 data, 6,000 children are served by this program.

These family support programs provide many supports and services to families. Core services include information and referral, assistance in seeking health and community resources, access to insurance, and paying for gaps in insurance. This program provides support to all children with special health care needs and their families regardless of income. Each locality has established guidelines for the insurance coverage portion of the program. There are no restrictions for the information and referral portion of support. The 57 sites serve children 0 to 21 years old and their families. The program supports children who have, or are suspected of having, a serious health condition that is either physical, emotional, behavioral or developmental.

Programs reach out to and engage families through several innovative strategies to ensure they receive needed services and supports. Local programs have conducted outreach by developing brochures, posting information about the program in local Penny Savers, pharmacies, and banks, and placing information on milk cartons and pizza boxes.

Funds are distributed across New York State to local health departments and one community-based organization. Each location is provided a base amount to ensure statewide coverage. Additional support is provided to more populous counties. Programs receive a range of funds from \$20,000 to \$150,000. Funding for this program is \$1.65 million in federal Maternal and Child Health Block Grant funds and \$6 million in state appropriations and local share.

Contact Information

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nak01@health.state.ny.us

KEY FACTS

N.Y. Children with Special Health Care Needs

Core Services

- Information and referral
- Help accessing health and community resources & insurance
- Medical expense assistance if locally eligible

Number Served

- 57 programs
- 6,000 children and their families

Types of Families Served

- All children 0-21 with special health care needs and their families

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$1.65 million
- State appropriations & local share: \$6 million

Funds Distributed to Local Programs

- \$20,000–\$150,000

5. State Appropriations and Medicaid

Community Health Worker Program

The Community Health Worker Program has 23 programs in its network. Based on 2000–01 data, these programs provide needed support and services to 4,352 families.

Core services of the program include home visiting from prenatal to first year, outreach, enrollment in prenatal care services and in Medicaid, enrollment in WIC, connections to supportive services to promote healthy pregnancies, health education, and parenting education through Ages and Stages questionnaire. The types of families served include low-income pregnant women and families at risk of poor birth outcomes. Most are Medicaid eligible.

Funds are distributed through an RFP process to selected communities that meet criteria related to low-birthweight rates, high infant mortality, Medicaid eligibility, increased rates of out-of-wedlock pregnancies, and poor prenatal care. Home visiting programs receive between \$111,000 and \$324,000 each year. Funding support for these programs covers the cost of paraprofessional community health workers and a coordinator who supervises the community health workers and oversees the program. A modest amount of funding supports administration of the program. Types of programs that are eligible for funding include community-based organizations, health centers, and county health departments. Two Native American reservations receive funding for this program.

Funding for the program is \$2.3 million in federal Medicaid funding, \$203,000 from the federal Maternal and Child Health Block Grant, and \$2.3 million in state appropriations.

Contact Information

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llt01@health.state.ny.us

KEY FACTS

N.Y. Community Health Worker Program

Core Services

- Home visiting
- Outreach
- Enrollment in prenatal care, Medicaid, WIC
- Referral to healthy pregnancy services
- Health education
- Parenting education

Number Served

- 23 programs
- 4,352 families

Types of Families Served

- Medicaid eligible
- Pregnant, low-income women
- At risk of poor birth outcomes

Major Funding Sources

- Federal Medicaid: \$2.3 million
- Federal Maternal and Child Health Block Grant: \$203,000
- State appropriations: \$2.3 million

Funds Distributed to Local Programs

- \$111,000–\$324,000

6. State Appropriations

Universal Pre-Kindergarten Program

The Universal Pre-Kindergarten Program receives funding from state appropriations. For the 2002–03 school year, there are UPK programs in 188 school districts outside of New York City and 34 community school districts in NYC. Nearly 60,000 children are projected to be served.

The pre-kindergarten programs provide instructional activities for young children, parent engagement, continuity and transition to early education, and referrals to social services, either directly or through a contractual relationships. The programs also meet the needs of English as

Second Language children and children with disabilities. All families can participate. In the early years, preference was given to children in families who were “economically disadvantaged” (defined locally as related to the number of children participating in the free lunch program). The provision is being phased out beginning in June 2002. The program now is attempting to provide access for all 4-year-olds and their families.

Funds are distributed through a grant process. A complex and fair formula has been developed, which is based on the number of 4-year-olds in a geographic area. At the start of the program in the 1998–99 school year, selected districts could apply for funds based on additional factors of poverty and size of the school district. Currently, money is distributed to school districts, which can contract with local community-based organizations.

There has been an increase in contracting with nonprofits, with 60% of the funds now going to community-based organizations.

Funding for this program is \$205 million in state appropriations. Program costs are approximately \$2,700 to \$4,000 per child. New York City receives about \$146.5 million and smaller districts receive from \$30,000.

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KEY FACTS

N.Y. Universal Pre-Kindergarten Program

Core Services

- Early child development
- Parent engagement
- Continuity / transition to early education
- Referrals to social services
- ESL for children
- Children with disabilities

Number Served

- 222 school districts
- 59,734 children

Types of Families Served

- All 4-year-old children and their families

Major Funding Sources

- State appropriations: \$205 million

Funds Distributed to Local Programs

- \$30,000–\$146.5 million (NYC)

Oklahoma

Oklahoma's commitment to family support is evident in its programs and initiatives. The state makes many of its family support programs available not to a specific population, but to entire communities. The state's programs build the strengths of the entire family through key services such as parenting education, child development, and an array of life skills, all focused on empowering families. Oklahoma's family support efforts are based in a range of settings, including freestanding family support centers and schools.

1. Community Based Family Resource and Support

Children's Trust Fund

The Oklahoma Children's Trust Fund receives federal CBFRS dollars to supplement funding of 23 home- and center-based Child Abuse Prevention Service programs, 2 Native American programs, and 1 statewide nurse home visitation program. Home visitation services are provided to 9,500 families using the Healthy Families approach and the Nurse Family Partnership Model.

These programs provide a range of supports for families, including respite care, parenting education and support through home visitation and center-based services, and referrals to other community resources for immunizations, smoking cessation programs, and medical services. Programs provide services to three distinct populations: 1) low-income first-time mothers during pregnancy, 2) members of the Chickasaw and Comanche tribes who assess positive for risk factors associated with child abuse and neglect, and 3) families who assess positive for risk factors associated with child abuse and neglect who live in the communities where services are available.

Funding for this program is \$1.2–1.3 million in federal CBFRS dollars and \$3.2–3.9 in state appropriations for community-based programs. Funds are distributed according to a state-established formula together with analysis of child abuse and neglect rates. Each program receives \$100,000–\$500,000. Another \$11.1 million in state appropriations is designated for a statewide nurse home visitation program.

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405/271-7611
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SallyC@health.state.ok.us

KEY FACTS

Oklahoma Children's Trust Fund

Core Services

- Respite care
- Parenting education and support
- Referrals
- Home visits
- Promote access to health care services such as prenatal care and immunizations

Number Served

- 23 community-based programs
- 2 Native American programs
- 1 statewide program (77 counties)
- 9,500 home visitation families

Types of Families Served

- Families at risk for child abuse and neglect
- Low-income first-time mothers during pregnancy

Major Funding Sources

- Federal CBFRS: \$1.2–1.3 million
- State appropriations: \$15 million
- Medicaid reimbursement: \$1.2 million

Funds Distributed to Local Programs

- \$100,000-\$500,000

2. State Appropriation

Child Guidance Services Program

The Child Guidance Services Program receives funding from the Oklahoma Department of Health as well as from counties to serve 57,871 participants at 37 full-time and three part-time sites. Major services include parenting education, child development, life skills, and individual and relationship/marriage counseling. Services are provided to all families, but populations served differ from county to county. For example, more low-income families are served in the urban counties, whereas a wide range—from students and faculty to residents—are served in the university town of Stillwater. There is no target population, and the whole family is served.

Historically, funds are distributed to local counties based on current caseload need and ability to recruit a staff member appropriately trained in one of the Child Guidance disciplines. Due to budget shortfalls, many positions have been cut over the past several years, and this has caused gaps in geographic areas due to attrition. Local programs do not formally request funding from the program, nor does the Oklahoma Department of Health contract for each site's local services. Funding for this program is \$5.8 million in state funds and \$1.2 million from counties.

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3. State Appropriation

Children First Program

The Children First Program receives funding from the Oklahoma State Department of Health. Major services include child development assessments, parenting education, health information and assessments, nutrition education, and help with job training and childcare. Although anyone can receive services, most are low-income. While there is no set target population, many first-time mothers receive services. Only county health

KEY FACTS

Oklahoma Child Guidance Services Program

Core Services

- Parenting education
- Child development
- Life skills
- Individual and relationship/marriage counseling

Number Served

- 37 full-time and 3 part-time sites
- 8,330 families
- 57,871 individuals

Types of Families Served

- All families with children 0–18
- Whole family served
- Population varies county to county

Major Funding Sources

- State appropriation: \$5.8 million
- Local counties: \$1.2 million

Funds Distributed to Local Programs

- All funds allocated through central budget

KEY FACTS

Oklahoma Children First Program

Core Services

- Child development assessments
- Parenting education
- Health information and assessments
- Nutrition education
- Help with job training
- Childcare

Number Served

- Not available

Types of Families Served

- Mostly low-income families served

Major Funding Sources/Distribution

- Not available

departments are eligible to apply for funding.

Contact Information

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4. State Grants on Child Abuse Prevention

Four-Year-Old Program

The Oklahoma Department of Education administers the Four-Year-Old Program with state grants on child abuse prevention, enabling 487 programs to serve 15,477 children half-day and 10,230 children full-day (2001–02).

Each grant recipient can implement its own curriculum that meets an early development checklist and has proper accredited staff/teachers. All families are served on a first-come/first-served basis.

Through the established Oklahoma grant formula, funds are distributed to schools and school districts on a first-come/first served basis, dependent on class size. Amounts range from \$1,700–1,800 per child for half-day programs, and \$3,100–3,300 per child for full-day programs.

Contact Information

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KEY FACTS

Oklahoma Four-Year-Old Program

Core Services

- Early childhood activities

Number Served

- 487 programs
- 10,230 children full-day
- 15,477 children half-day

Types of Families Served

- All families served on a first-come, first-served basis

Major Funding Sources

- Not available

Funds Distributed to Local Programs

- \$1,700-3,300 per child

Pennsylvania

The Commonwealth of Pennsylvania devotes significant resources to family support initiatives through a variety of funding streams. The Family Center Initiative is notable for its direct service to families in holistic and comprehensive family centers located throughout the state, and with an especially strong presence in Pittsburgh and Philadelphia. The collaborative bodies funded through the Family Service System Reform Initiative provides a structure for better planning and coordination at the local level, allowing for more deliberate and efficient use of programs and funding. Other systems that devote significant resources to family support efforts include: education/literacy through the Even Start Initiative; early care and education through the Child Care Development Block Grant; and health through the Maternal and Child Health Block Grant.

1. Title IV-B

Pennsylvania Family Center Initiative

The Family Center Initiative receives funding from the federal government (Part IV-B), state government, and local funds. These funds are used to support 48 programs that serve 5,500 families and 10,000 children.

The family centers provide a broad range of services, including: Parents as Teachers program (including home visiting), coordination of services, parenting education, life skills, information and referral services, and child development information. The Family Centers will provide services to any families with young children, but many target at-risk populations.

The range of funding is based on the needs of the community and the number of people served.

Applications from multiple sites receive more money in comparison to single-site applications. Funding ranges from \$120,000 to \$325,000 per center. Eligible providers include schools and counties/communities. While there may be a local partnership, the application must come from the county.

The Family Center Initiative receives \$6.1 million in federal Title IVB funds, \$165,000 in CBFRS funds, \$3.2 million in state funds, and \$49,000 in local funds. The local cash match requirement is 5% of each grant award, although many Family Center grantees acquire a larger portion.

KEY FACTS

Pennsylvania Family Center Initiative

Core Services

- Home visiting/PAT
- Coordination of services
- Parenting education
- Life skills
- Information & referral
- Child development information

Number Served

- 48 Family Centers
- 5,500 families
- 10,000 children

Types of Families Served

- Any families with young children, but local centers may target specific at-risk populations

Major Funding Sources

- Federal Title IVB: \$6,139,231
- Federal CBFRS : \$165,000
- State: \$3,183,505
- Local: \$48,967 (5% local dollars of each grant award)

Funds Distributed to Local Programs

- \$120,000-\$325,000

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2. Community Based Family Resource and Support

Parent to Parent Program of Pennsylvania

The Parent to Parent Program receives CBFRS as well as state funding. The program currently serves 880 families.

The program matches new parents of special needs children to veteran or experienced parents who act as mentors and offer education and support.

Funding is distributed on a needs-based budget proposal and on the availability of funds. Local programs use the funds as needed and submit quarterly reports to the state. Counties, in partnership with local agencies, apply for the funding, act as the fiscal agents, and disperse the funds to the local Parent to Parent program. The program receives \$100,000 from CBFRS, along with other state funds.

Contact Information

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Department of Public Welfare
Office of Children, Youth & Families
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Health & Welfare Building, Room 131
PO Box 2675
Harrisburg, PA 17105-2675
717/214-3809
Twoods@state.pa.us

KEY FACTS

Parent to Parent Program of Pennsylvania

Core Services

- Education and support for new parents of special needs children through experienced parent mentors

Number Served

- Number of programs not available
- 880 families served

Types of Families Served

- Parents with children with special needs

Major Funding Sources

- Federal CBFRS: \$100,000
- State funds: Not available

Funds Distributed to Local Programs

- Not available

3. Even Start and State Appropriations

Using federal Even Start funds combined with state literacy funds (State Act 143), the Pennsylvania Bureau of Adult Basic and Literacy Education funds 68 family literacy programs statewide: 27 through federal Even Start, and 41 through state appropriations. In the most recent year, these programs served 3,820 families, including 3,511 adults and 4,956 children.

The family literacy programs offer adult education, which includes basic education and GED and ESL classes; early childhood education, focusing on birth through 3rd grade; parenting education; parent-child interaction; and home visiting, focusing on literacy and reading activities. The program is targeted towards families in need, including low-income families, those on welfare, single parents, and those who have special educational needs.

Funding decisions are made based on factors such as the needs of the community to be served, the number of people to be served, and the quality of the application. Funding for State Act 143 programs range from \$84,872 to \$806,284 per year. Those eligible for funding tend to be local education agencies and school districts, intermediate units, community-based organizations, and higher education institutions. Family literacy programs receive \$8.3 million in federal Even Start dollars and \$9.6 million in state dollars.

Contact Information

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 717/787-5532
 Fax: 717/783-0583
 dpaquette@state.pa.us

4. Child Care Development Block Grant

Parent Child Home Program (PCHP)

The Parent Child Home Program receives funds from the Child Care Development Block Grant to support 28 programs that serve 700–1,400 families per year.

PCHP offers a range of services focusing on parent-child relations, including: home visiting (twice a week for two years), preschool literacy programs with a focus on a developmental understanding of literacy needs, parent-child literacy and language interactions, and caregiver-child bonding. The program serves families with young children, especially low-income families, and those with identified literacy needs.

Funds are distributed based on the size of the population served and the guidelines from the national PCHP model. Programs receive a range of funds

KEY FACTS

Pennsylvania Even Start and State Appropriations

Core Services

- Adult education
- Early childhood education
- Parenting education
- Parent/child interaction
- Home visiting for literacy activities

Number Served

- 68 programs
- 3,820 families
- 4,956 children
- 3,511 adults

Types of Families Served

- Low-income
- On welfare
- With special educational needs
- Single parents
- Homeless
- Teen parents

Major Funding Sources

- Federal Even Start : \$8.3 million
- State Appropriations: \$9.6 million

Funds Distributed to Local Programs

- \$110,000-\$806,284

KEY FACTS

Pennsylvania Parent Child Home Program

Core Services

- Home visiting
- Focus on caregiver-child bonding
- Preschool literacy program
- Parent-child interaction
- Connect to nurse home visiting

Number Served

- 28 programs
- 700–1,400 families yearly

Types of Families Served

- Families with young children
- Low-income families
- Families with literacy needs

Major Funding Sources

- Federal Child Care Development Block Grant: \$12 million

Funds Distributed to Local Programs

- \$280,000–\$480,000 (maximum) over 3.5 grant years

from \$280,000 to \$480,000 (maximum) per site over 3.5 grant years. Eligible providers include nonprofit agencies, schools, land agencies, churches, and counties/communities.

Pennsylvania PCHP receives \$12 million from the federal Child Care Development Block Grant over a period of 3.5 years.

Contact Information

Carrie Collins, Program Manager
Pennsylvania Children’s Trust Fund
Parent-Child Home Program
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Pennsylvania Department of Public Welfare
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Harrisburg, PA 17105
717/705-2910
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5. State Appropriations and Title IV-B

Family Service System Reform Initiative

The Family Service System Reform Initiative receives funding from federal, state, and local sources. It funds approximately 40 local collaborative bodies that serve all members of the participating communities.

The local collaboratives do not provide direct services to families, but provide program planning and coordination. They share accountability for improving child and family outcomes through community-wide planning and system coordination and data analysis. The collaborative bodies also act as a catalyst in pooling existing funds and resources and leveraging new ones; and focus on systems enhancement—making the service system work better.

Funding for the local collaborative partnerships is determined through the application process and by the size of the population served; it ranges from \$25,000 to \$71,000. The Initiative receives \$1.8 million in federal Title IV-B funds and \$611,000 in Appropriation 187 state funds. There is also a 40% local match requirement.

Contact Information

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Program Development
Office of Children, Youth & Families
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717/705-2911

KEY FACTS

Pennsylvania Family Service System Reform Initiative

Core Services

- Outcomes-based planning and coordination
- Systems enhancement
- Common intake
- Cross-training

Number Served

- 40 collaboratives
- No direct services to families

Types of Families Served

- No direct services to families

Major Funding Sources

- Federal Title IV-B: \$1.8 million
- State appropriation: \$611,000
- Local match: 40%

Funds Distributed to Local Programs

- \$25,000–\$71,000

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dderbes@state.pa.us

6. Title IV-B

Multidisciplinary Approach to Substance Abusing Families in the Child Welfare System (MASAF)

MASAF is a pilot program that started in December of 2002 with funding from Title IV-B and foundation dollars (the Annie E. Casey Foundation). It is a holistic, family-oriented approach to addressing concerns in families with substance abuse issues. Family group decision making will be a key component. Participating families will be those within the child welfare system who have substance abuse issues.

Funds, to be evenly distributed to participating counties, total \$574,000 from Title IV-B and \$380,586 from the Casey Foundation.

Contact Information

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Harrisburg, PA 17105-2675
717/214-3809
twoods@state.pa.us

KEY FACTS

Pennsylvania Multidisciplinary Approach to Substance Abusing Families in the Child Welfare System

Core Services

- A holistic, family-oriented approach empowering family decision making

Number Served

- New Program

Types of Families Served

- Families within the child welfare system with substance abuse issues

Major Funding Sources

- Federal Title IV-B: \$574,106
- Casey Foundation: \$380,586

Funds Distributed to Local Programs

- Not available

Washington

Washington State has a long history of stand-alone family support programs and programming nested in larger organizations. In recent years, Washington has developed statewide efforts utilizing prevention funds devolved from the state to local communities. The Washington Community Health and Safety Networks have played an important role in developing community decision-making processes that are based on local needs and responsive to all families in the state.

Washington programs are located in rural, urban and suburban communities, in schools, state-funded early childhood centers, child abuse prevention efforts, and health programs. Washington has one of the few community college-based professional training programs for family support workers in the nation, as well as interdisciplinary programs at its universities focused on incorporating family support practices in the preparation of nurses, educators, and social workers. The state incorporates family support principles into the program performance standards for its early childhood education and care program.

1. Community Based Family Resource and Support

Community-Based Grants Program

The 16 programs supported by the Washington Council for the Prevention of Child Abuse/Children's Trust Fund of Washington (WCPCAN) during the past year (2001–02) served 3,765 children and their parents/caregivers.

Primarily low-income families of all configurations receive primary and secondary prevention programming in accordance with national CBFRS guidelines. The Council-funded child abuse prevention grantees offer a wide array of services from parenting education and parent support to crisis nurseries and home visiting. Fatherhood programming, their newest effort, can be found at many sites. All programs must meet specific outcomes designated in their request for funding.

Funding is distributed by a competitive RFP process. Each grantee must stipulate what outcomes they intend to reach and measure the results achieved. WCPCAN reviews and approves all grants. Programs receive a range of funds from approximately \$20,000 to \$50,000, with first-year programs receiving the maximum amount.

Funding decreases and the local match requirement increases over the typical three-year funding commitment. Types of programs eligible for funding include nonprofits, schools, government agencies and, most recently, faith-based programs.

Contact Information

Joan Sharp, Director, or
Tim Gahm, Program Manager

KEY FACTS

Washington Community-Based Grants Program

Core Services

- Parenting education
- Home visiting
- Parent support
- Crisis nurseries
- Fatherhood programs at many sites
- Primary or secondary prevention

Number Served

- 16 programs
- 3,765 individuals

Types of Families Served

- Low-income

Major Funding Sources

- Federal CBFRS: \$600,000
- State Child Abuse Prevention: \$600,000

Funds Distributed to Local Programs

- \$20,000–\$50,000

Washington Council for the Prevention of Child Abuse and Neglect
Children's Trust Fund of Washington
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Promoting Safe and Stable Families

Family Preservation Services and Intensive Family Preservation Services

Family Preservation Services reach 1,750 families and 3,004 children annually with primary prevention services provided at 13 sites. Intensive Family Preservation services reach approximately 577 families, 926 children, and 2,248 adults with secondary prevention, treatment, and intervention programming at 113 sites.

Any family with an open case at Child Protective Services deemed at risk of having a child in out-of-home placement is eligible for services, which vary with the degree of risk of placement. Many of the 13 Family Preservation sites commonly offer parenting education, support groups, information on child development, and intensive case management services, including family therapy and clinical services as needed. More intensive clinical services are offered to families with a record of high-risk behaviors or reported incidents.

Any provider in the state can apply if it meets state application requirements. To determine funds for each of six regions, the state uses a formula based on the reported incident and poverty rates for each region. Programs are reimbursed per intervention costing up to \$3,277 each, depending upon each family's needs.

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Yous300@dshs.wa.gov

KEY FACTS

Washington Family Preservation Services and Intensive Family Preservation Services

Core Services

- Parenting education
- Peer support
- Child development
- Life skills
- Case management
- Family therapy
- Clinical services

Number Served

- 116 sites
- 2,307 families
- 3,930 children
- 2,248 adults

Types of Families Served

- Any family with a case at CPS at risk of out-of-home placement
- Parents who will be reunified with their children

Major Funding Sources

- Federal Title IV Part B-PSSF: \$5,796,079
- State Family Preservation Services: \$1,159,216

Funds Distributed to Local Programs

- Up to \$3,277 per intervention

3. Even Start

Even Start/Family Literacy Program

Eighteen sites throughout Washington serve families with low literacy skills who are living in poverty. The program serves 575 families a year.

Parents who are eligible for Adult Basic Education Services with literacy rates lower than 8th grade are targeted for services. Each program site offers the four federally required program options of adult basic education, parenting skills and support, early childhood education for their children, and two-generational parent/child literacy experiences. Childcare and transportation to all aspects of the programming are provided, as are referrals to other local community services as required by the families.

Local school districts or education service districts can apply for a competitive grant from the state Department of Education. To be considered for funding, an applicant must have a minimum of two community partners to provide literacy services or early education and care. Most sites have three to four partners. Competitive funds are awarded for a four-year period with a potential for continuous awards and an increase match requirement for every year of funding. Several sites have been funded continuously for eight years.

Funding is composed of \$3,030,807 from federal Even Start dollars, and a local match of \$1,933,000. Awards range from \$92,000–\$275,000 per year.

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KEY FACTS

Washington Even Start/Family Literacy Program

Core Services

- Adult basic education
- Early Childhood Education
- Parenting skills and support
- Parent/child literacy activities
- Referrals to services
- Childcare and transportation

Number Served

- 18 sites
- 575 families

Types of Families Served

- Low income
- ESL families
- Low literacy with children 0-8
- Parents with literacy rates below 8th grade

Major Funding Sources

- Federal Even Start: \$3,030,807
- Local match: \$1,933,000

Funds Distributed to Local Programs

- \$92,000–\$237,000

4. Maternal and Child Health Block Grant

Services are provided at each of the state's 34 Local Health Jurisdictions to carry out activities in each of the grant's six components: maternal and infant health, child/adolescent health, children with special health care needs, genetics, immunization, and assessment. Together they address state health needs with flexibility to meet local health concerns. Local Health Jurisdictions receive the bulk of MCH funds, but funds are also distributed to local nonprofits, to the University of Washington, and to tertiary care hospitals to conduct research and/or develop prevention programming.

Pregnant women, families with newborns, young children, adolescents, children with special health care needs and their families, and some adults with immunization needs are served by the program. The range of services available in each county varies, but generally includes maternal and infant health, immunizations, maternity support services, oral health, and smoking cessation programs for youth. The children with special health care needs programs exist in all counties to make sure families have the health and community resource information to help them make sound decisions about the care of their child. This program also assists childcare providers to better understand the needs of families that have children with complex health needs.

Programs are supported by approximately \$9 million from the federal Title V Block Grant, the Center for Disease Control and Prevention, and state general funds. The funds partially support Dr. David Olds' research at the University of Washington on the prevention effects of home visiting to families of newborns, as well as Parent to Parent of Washington and the Washington State Fathers Network.

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KEY FACTS

Washington Maternal and Child Health Block Grant

Core Services

- Maternal and Infant health
- Immunizations
- Maternity support services
- Youth smoking cessation programs
- Childcare provider training to work with families that have children with complex health needs
- Research on effects of home visiting to families of newborns
- Support to Washington State Fathers Network and Parent to Parent of Washington

Number Served

- 34 Local Health Jurisdictions
- Number served not available

Types of Families Served

- Pregnant women
- Families with newborns
- Young children
- Adolescents
- Children with special health care needs and their families
- Adults with immunization needs

Major Funding Sources

- Federal Title V Block Grant and CDC: \$9 million
- State General Fund: not available

Funds Distributed to Local Programs

- Amounts not available

5. Comprehensive Early Care and Education Programs

Washington Early Childhood Education and Assistance Program (ECEAP)

Thirty-five contractors serve families of young children ages 3–4 at 250 sites across the state of Washington. A total of 7,313 children were served in the most recent year.

The program serves families with 3- and 4-year-olds that meet 110% of the poverty guidelines, with preference given to 4-year-olds. Ten percent of state program funds are set aside for migrant and Native American programs. A comprehensive early childhood program is offered at each of the 250 sites, featuring preschool/childcare services, parenting education and support, social services, access to health and dental care, adult life skills training, and literacy skill development for adults and children.

All sites have collaborative agreements to provide transportation to and from the site. Childcare is provided during all family functions. All sites must be in compliance with program

performance standards. ECEAP has written standards for family support services as a part of their performance standards and program review.

Private/public organizations, local education agencies, colleges, universities, and other nonprofits can apply for funds. Technical assistance is offered to communities with high poverty rates to support their application process. This non-competitive grant process is offered by the State Department of Community Trade and Economic Development. Keeping services a consistent option for poor families is emphasized. Legislative mandates have allowed monies for expansion and development.

ECEAP is funded by \$30 million from a state general fund. Awards to grantees in 2002 range from \$88,297 to 8,249,560.

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Department of Community, Trade and Economic
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Lynnes@cted.wa.gov

KEY FACTS

Washington Early Childhood Education and Assistance Program

Core Services

- Preschool/childcare services
- Parenting education and family support
- Social services
- Access to health and dental care
- Adult life skills training
- Literacy skill development for children and parents
- Transportation and childcare during family functions

Number Served

- 35 grantees; 250 sites
- 7,313 children ages 3 and 4

Types of Families Served

- Families of 3- and 4-year-olds that meet 110% of federal poverty guidelines
- 10% set-aside for migrant and Native American programs

Major Funding Sources

- State general fund: \$30 million

Funds Distributed to Local Programs

- \$88,297-\$8,249,560

West Virginia

West Virginia has made a commitment to family support programs that embody the ideas of supporting families and building community capacity. Efforts have been made to develop numerous models of support, emphasizing comprehensive community collaboratives of family support through its Family Resource Networks. West Virginia has used innovative funding strategies to ensure statewide coverage of services for all citizens, and the spirit of collaboration across service domains is strong. Programs are located in community-based organizations, local educational agencies and schools, and health departments and centers. Program eligibility varies from program to program but most are directed to low-income families and those most in need.

1. Community Based Family Resource and Support and Medicaid

West Virginia Family Resource Networks (FRNs)

Family Resource Networks, a community collaborative approach, each provide opportunities for direct involvement of approximately 2,000–3,000 individuals and families every year. The 45 networks touch over 100,000 families annually, either as part of the planning and community development process or beneficiaries of needed services in their county.

Family Resource Networks work to support community-building efforts across the state. They concentrate on six outcome areas: (1) Community members are aware of local and state issues that effect children and families; (2) Community groups work together to identify and address local issues using relevant information; (3) Local partners work together to maximize community investments; (4) Local partners coordinate existing community services to maximize benefits to families; (5) Local services and programs are provided in a way that respects and supports families; and (6) Families have opportunities to impact decisions that affect them.

Although the program is available to all families in the state, a disproportionate number of lower-income families are involved in community-building efforts, and the impact is greatest on these families.

In 1991, when the program was designed, an RFP was sent to invite nonprofit, community-based organizations with the ability to meet specific criteria and improve services for children and families. This RFP process was discontinued in 1996–97. The existing Family Resource Networks can continue with sustained funding as long as they are able to meet program goals, assessment of which is based on quarterly reports detailing performance indicators, reviewed annually for progress. Each FRN receives approximately \$40,000, which is used to support staff positions responsible for community development and coordination.

KEY FACTS

West Virginia Family Resource Networks

Core Services

- Support to identify gaps in services
- Planning and implementation of services
- Community building

Number Served

- 45 local collaborative bodies
- 100,000 families

Types of Families Served

- Universally available but lower-income families are most involved

Major Funding Sources

- Federal CBFRS: \$35,000,
- Federal Medicaid: \$719,490
- Federal Community Services Block Grant: \$12,500
- State appropriations: \$1,540,315
- Local: 10% cash or in-kind match

Funds Distributed to Local Programs

- \$40,000

Community-based organizations that meet government structure standards are eligible for funding. They must include on their decision-making bodies representatives from public health, local educational entities, social services, and behavioral health. Parents and other community leaders must comprise the majority of representatives. Funding for Family Resource Networks is \$35,000 from CBFRS, \$719,490 in Medicaid administrative dollars, \$12,500 from the Community Services Block Grant, and \$1,540,315 in state appropriations. Local programs provide a 10% match, either as cash or in-kind.

Contact Information

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Heasley@wvnet.edu

2. State Funds and the Community Based Family Resource and Support Program

West Virginia Starting Points Centers

Starting Points Family Support Centers are models of local collaboration in rural areas. The centers are focused on bringing together services for families with young children under one roof. Some centers provide home-based and outreach services as well. There are seventeen Starting Points Centers serving eighteen of the state's fifty-five counties. The Starting Points Centers were recently recognized by the Center for Children in Poverty as one of twenty-five initiatives across the nation that other states may wish to model.

The Starting Points initiative creates Family Resource Centers across the state to bring together early care, education, and family support services and to increase service coordination and accessibility for families with young children. Established originally with a four-year grant from the Carnegie Corporation of New York, the initiative is now largely funded through a state legislative appropriation. The state makes grants to existing community-based planning collaboratives to create Starting Points Centers. These collaboratives must provide a 25 percent local match and develop contracts within the community they represent to provide and fund services. Centers are required to offer a set of core child and family services, but have leeway on how best to offer these

KEY FACTS

West Virginia Starting Points Centers

Core Services

- Parent Education
- Preschool Education
- Health & Nutrition
- Intake and Assessment
- Family Resource Coordination

Number Served

- 21,500 Families

Types of Families Served

- Universally available but lower income families are most involved

Major Funding Sources

- State Appropriation: \$1,182,866
- Federal CBFRS: \$90,000,
- 25% cash or in-kind (local)

Funds Distributed to Local Programs

- \$ 45,000

services. Center programming targets families with children from birth to age eight, but infant and toddler services make up a large proportion of center offerings. Starting Points Centers are open to all families, but typically serve low-income families with young children.

Starting Points Centers are funded from a state appropriation of \$1,182,866 and funds from CBFRS in the amount of \$90,000. Local programs receive a \$45,000 annual grant that covers the costs associated with local coordination. In general, direct services available at the Starting Points Centers are funded from other sources including the Child Care Development Fund, WIC, State Health Department funds, and Head Start.

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3. Even Start

The West Virginia Even Start Program has 11 programs in 2002, an expansion of three programs since 1996.

They provide such core services as adult education, early childhood education, family and child interactive literacy activities, and parenting education. Services and supports are provided to low-income parents or guardians in need of a GED or adult education. Efforts are made to reach families who use English as a second language. Families most in need are the target population.

Funds are distributed competitively through an RFP process. Grants are provided on a 4-year cycle with annual requests for continuation. The percent of federal funding awarded for this match grant is based on a sliding scale over the duration of the grant, but cannot exceed 90% of the total project cost. The range of funding for programs is \$70,000 to \$212,000. The types of providers eligible to receive funding are nonprofits or local educational agencies. The program receives \$1.7 million in federal Even Start dollars from the Department of Education and local match dollars.

KEY FACTS

West Virginia Even Start

Core Services

- Adult education
- Early childhood education
- Family and child literacy activities
- Parenting education

Number Served

- 11 programs
- Number served not available

Types of Families Served

- Low-income with at least 1 parent or guardian in need of GED or adult education
- ESL Families

Major Funding Sources

- Federal Even Start: \$1.7 million
- Local match: varies

Funds Distributed to Local Programs

- \$70,000–\$212,000

Contact Information

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Early Childhood/Even Start
West Virginia Department of Education
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4. Maternal and Child Health Block Grant

Adolescent Health Initiative

The Adolescent Health Initiative receives funding from the Maternal and Child Health Block Grant. Eight regional staff work in community areas of assignment. Programs are offered at host sites such as schools and churches. Based on 2001 data, these programs provide needed support to 15,000 young adults and their families.

In eight regions across the state, this innovative program places a health coordinator who stimulates local collaboration and partnership around adolescent health among community organizations, schools, and community residents. Activities include providing information and referral, increasing access to needed services, stimulating educational programs for teens and their parents, encouraging parent-teen communication and interaction, promoting mentoring, and developing community education programs. This effort seeks to decrease risky adolescent behaviors such as dropping out of school, early sexual activity and pregnancy, drinking, and obesity; and to stimulate early identification and community involvement with youth. Services are available to all families, but high-risk/high-need adolescents and their families are targeted.

Funds are distributed through a grant process to agencies identified as able to collaborate locally, support the tenets of youth development and family support, and work regionally. Grantees include local health departments, universities, and community health centers. The programs receive \$50,000 each year. Funding for the Adolescent Health Initiative is \$450,000 in federal Maternal and Child Health Block Grant dollars.

KEY FACTS

West Virginia Adolescent Health Initiative

Core Services

- Information and referral
- Increasing access to services
- Stimulating educational programs for teens and parents
- Promoting parent-teen communication and interaction, teen decision-making, and mentoring
- Furthering community education programs

Number Served

- 8 regional staff
- 15,000 youth and their families

Types of Families Served

- All families with adolescents
- High-risk/high-need families targeted

Major Funding Sources

- Federal Maternal and Child Health Block Grant: \$450,000

Funds Distributed to Local Programs

- \$50,000

Contact Information

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West Virginia Department of Health and Human Resources
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Patmoss@wvdhhr.org

5. State Appropriations

Family Options Initiative

Five county-based demonstration sites of the Family Options Initiative are funded by state appropriations. This program was developed in 1995–96 as a differential response approach for families who have not entered the child protective system but are in need of intensive services.

For 12 months, families receive family support services and practical help: a needs assessment, caseworker support, parenting education, life skills development, social supports, and individual, marital, and family counseling. They have been referred to the child protection or juvenile justice system, which recommends them for an in-home treatment plan. They are at low risk of child abuse or present no threat to the child's safety.

The Department of Health and Human Resources invited interested counties to apply for this demonstration program. Nonprofit organizations were selected to contract for this fee-for-service work. Funding for this program is \$200,000 in state appropriations. Using Promoting Safe and Stable Families resources to expand the Family Options Initiative statewide is being considered because the program has provided lower level, less intensive services to prevent entry into the child protection systems. The program also frees up child protection staff to work with and concentrate on the most seriously at-risk families.

Contact Information

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KEY FACTS

West Virginia Family Options Initiative

Core Services

- Needs assessment
- Caseworker support
- Parenting education
- Life skills development
- Social supports
- Individual counseling
- Marital and family counseling

Number Served

- 5 demonstration sites
- Numbers of families served not available

Types of Families Served

- Families who have not entered the child protection system but are at risk and need services
- At low risk for child abuse

Major Funding Sources

- State appropriations: \$200,000

Funds Distributed to Local Programs

- Not available

Appendix

Survey Instrument



Family Support America

Telephone Interview Questionnaire

Interview Conducted By:

Date:

State:

Purpose : To capture changes in the number of programs, funding, implementation, evaluation, and policy development of Family Support Programming that are freestanding (*model I*) nested (*model II*) and comprehensive community collaboratives (*model V*).

Goals of the Study:

1. To discern the extent to which family support has proliferated in the 15 states selected for this study.
2. To track changes in funding of family support programs (all three models). A similar inventory was last completed in 1996, for models one and two.
3. To capture data and other descriptive information that can be replicated in other states throughout the nation.
4. To prepare states for the mapping process, by initiating conversations and raising awareness, about the degree to which family support programs and/or practices are evident in their state.
5. To use the data collected from these interviews to educate the field as to the depth and breath of family support across America.

1. Contact information:

Who:

Title:

Organization:

Address1:

Address 2:

City/State/Zip

Phone:

Fax:

E-mail:

2. Name of funding source:

3. **Title of program in this state:**

4. **Total number of individuals/families served by this program.**

Program Name:

of programs:

of families: OR # of children and # of adults

When was this data gathered (*date*):

5. **Types of families served:** (*for example, single parent family, ESL, low-income, etc.*):

6. **Target Populations:** Is a special population for targeted for this program?

yes no

If yes, please describe:

7. **Core Services:** Describe services offered by or through the programs (*for example, parenting education, peer support, child development, life skills, etc.*):

8. **Program Family Support Model:** Please help the interviewee determine which model appropriately describes all of their programs. Mark all that apply. (*Please either describe the 3 models [see model description attached to instructions] or ask pertinent questions to determine the model.*)

Freestanding – Model I

Nested within other or larger organizations (Model II)

Comprehensive community collaborative structures (Model V) (*see below*)

If funds support Model V, please determine:

How many Model V programs existed in 1996?

How many Model V programs exist in 2002?

9. **Provider Eligibility:** Who can apply for these funds? (*Non-for-profits, Schools [LEA], health clinics, etc.*)?

10. Criteria and Range of Distribution of Funds:

How are funds distributed (for example: universal, at-risk, special indicators, multiple ways, etc.)?

Range of Funds Distributed to local programs (amounts):

\$ - \$

11. Current Funding Source and Amounts (that are funding the family support program described):

	<i>Source</i>	<i>Total Amount</i>
<input type="checkbox"/>	Federal	
<input type="checkbox"/>	State:	
<input type="checkbox"/>	Local:	

12. Evaluation: Was an evaluation recently performed on this program? (check one)

Yes

No

Planned for the future. When?

If yes:

When was this conducted?

(date)

If yes or planned for the future:

Type of evaluation: (Check all that apply)

Process (for example, summative/formative, formal study, control group, etc. measures program impact)

Outcome-based performance indicators

Longitudinal Study

Self-study

Participatory (parent survey, etc.)

Other? Describe below.

Name of organization or other entity conducting the evaluation:

Contact information for evaluator:

Evaluation Outcomes: Describe the significant outcomes from the evaluation:

13. Changes in Funding: Was there a change in funding for this program from previous years? (*either in dollars or number of programs funded?*)

What do you attribute to this loss or growth?

Cause: (explanation)

Political? (for example, changes in leadership or priorities)

Federal budget cuts?

State Deficit?

Evaluation Results?

Community Support/Advocacy?

Disaster? (for example, 9/11, earthquake, flood, etc.)

Please specify:

Other? Please specify:

14. What would you project the program will look like by 2005? (long-term vision?)

STOP!! The following questions are intended for use in Colorado, Connecticut, Georgia, Michigan, Minnesota, New York, Washington, and West Virginia interviews only!!!

15. Quality Practice: Since 1996, has there been any increase in family support training and quality practice (*for example, standards*)? Describe the type, scope, target populations, frequency, funding source, sponsoring organizations.

Were there any changes in policy that created this increase?

16. Parent Leadership and Engagement: What evidence is there of increased parent leadership and engagement since 1996? Please describe opportunities, outcomes (new training, funding, mandates, etc.), at what level and for what purpose (advocacy, advisory, etc.)? (*If this state is adopting a specific model of parent engagement, please note in your description below.*)

What policy changes (*for example, new training, funding, mandates*) resulted in this opportunity to increase parent engagement?

17. Legislation: In the last 5 years, have state-level family support legislation or administrative direction and/or guidelines been created for this work? Please describe these efforts, including who is responsible for this development (*legislature, governor, local advocacy group*)? What strategies did they use (*public relations campaigns, visits to programs, etc.*)?

If possible, please get give specific legislation information:

Title of Legislation:

Sponsor:

Bill #:

18. Strategic Alliances: Since 1996, what major collaborative partner and strategic alliances have been created to embed family support principles and practice into systems and services?

19. Sustainability: Since 1996 what mechanisms (*for example, legislative, advocacy, public relations campaigns, private funding, etc.*) have been put in place to sustain the programs, alliances, and strategic partnerships described above?

Closing Comments:

Mapping Project: Please describe the mapping project, briefly, to your phone contact. Check to be certain that their programs have not already been mapped by Family Support America. If not, suggest that this is a great opportunity for programs to network and learn from one another. What has typically worked well for us, is to offer to write a memo on their behalf to be included with the mapping materials. If they can send us addresses, we would be glad to distribute the mapping information with their approved cover memo....be sure to forward their response to Guy Schingoethe.