DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

SEMI-ANNUAL PROGRAM PROGRESS REPORT

Contract Number:  90CB-0167
Reporting Period:  September 01, 2008 – March 31, 2009
Project Title:  Early Support for Lifelong Success
Date:   April 30, 2009

1. Major activities and accomplishments during this period

Program Start-up

Program start-up of the Early Support for Lifelong Success (ESLS) program has been ongoing during the first six months of the grant. Start-up activities included: a) Planning, b) Hiring of Early Intervention Specialist, c) Outreach Activities, d) Client Recruitment, e) Intake & Assessment of Families, and f) Development of Evaluation Protocol.

a) Planning- The ESLS start-up and planning team, made up of The Family Center’s Executive Director, Deputy Executive Director, ESLS Program Director, Director of Social Services, Research and Evaluation Manager and several members of the Social Service team have worked extensively to plan the program, integrate ESLS program components with existing programs, pilot assessment tools including the Ages and Stages and HOME assessments and create recruitment and enrollment protocols. In addition, staff have informed community partners about the new services being implemented, have developed consents, submitted the paperwork for IRB approval, and begun training all staff in early childhood development. Program staff attended the training ‘Role of Culture in Parenting’- Feb 5 and 12, and are currently participating in the ‘DIR/Floortime Online training program. Four staff are registered to receive training in the ‘Ages and Stages’ in May. Play Therapy training begins this month and continues through the summer.

b) Hiring of Early Intervention Specialist- The Family Center began advertising for a bilingual Early Intervention Specialist in the late fall. Over 50 candidates went through an initial screening process leading to in-person interviews with eight qualified prospects. Of these eight, three were invited back to spend a half day in the office meeting staff throughout the agency. This is TFC’s standard hiring practice. Following the half-day interviews, Ms. Iraira Butcher was offered the position of Early Intervention Specialist/Coordinator. Iraira brings 7 years of experience in Early Childhood Development and Early Intervention. Most recently she supervised a program funded under the Federal Healthy Families program which employs a model similar to the ESLS model. She has extensive experience administering the ASQ and HOME assessments. With a Masters degree in psychology, Iraira, who is bilingual, has extensive experience providing and supervising individual and group interventions related to early childhood development and parenting education.
c) Outreach Activities- In addition to executive management informing community partners about the new Early Intervention services being implemented, the Program Director also worked with the organization’s Outreach Coordinator to identify new referring partners including EI providers, prenatal providers, childhood development centers and pediatric medical providers. Program Director also worked with social work staff to identify current families with children in the age range who might benefit from the program.

d) Client Recruitment- The Program Director and Director of Social Services identified and recruited an initial cohort of program participants. Initial assessment with these families is underway. The initial cohort of program participants includes:

- 24 children (ages 0-7) in 15 households
- 3 HIV+ kids below age 7
- Families residing in 4 of the 5 boroughs of NYC
- 2 parent hhs, male headed hhs, female headed hhs and cg headed hhs

e) Intake & Assessment of Families- We have enrolled 15 families (8 African-American, 6 Latino; 1 Asian); 24 children ages 0-7 years old. The Intake and Assessment phase, which lasts from one to two months, has begun. Every family referred into the program, whether internally from other Family Center programs or from other community-based agencies, has had a preliminary intake assessment. An additional 28 assessments were conducted with 13 of the families, including medical assessments for HIV+ family members. These medical assessments assess clients’ health and quality of primary care. Thirteen of the 15 families enrolled in ESLS have at least one HIV+ person in the household; total of 16 positive individuals, including 3 children. All HIV+ family members are currently engaged in care, however three family members, one adult and two children, have CD4 < 250, and one child has a viral load over 10,000. These markers indicate poor control of the virus and may indicate a need for different medication or the need for more attention to medication adherence issues. TFC’s healthcare access team (in-kind) provides intensive services to stabilize the health of these individuals. For all families, service plans addressing family need have been initiated. These plans will be further elaborated with additional assessments conducted by the ESLS coordinator.

Below are 2 cases highlighting the families enrolled in the ESLS program:

M. Family
Matt, a 48 year old single father, was referred to the ESLS program internally, from TFC’s legal department. Matt had been working with a TFC attorney since March 2009 preparing for a hearing related to a disability claim. Matt is HIV+, has Hepatitis C and suffers from constant back pain due to a pinched nerve. Matt had back surgery in 2001 but by his account this surgery was unsuccessful and in fact exacerbated the pain. Prior to this surgery, Matt had worked in his family business but he has been unable to work since 2001.

Matt has a history of substance abuse, with cocaine having been his drug of choice. Matt reports that he cleaned up when he learned that he was going to be a father, almost 5 years ago. The mother of his child showed no motivation to get control of her own addiction and readily handed over the care of their daughter to him immediately after
Tiffany’s birth. Matt reports that his daughter has minimal contact with her mother. He feels that in recent months, Tiffany is becoming more conscious of the absence of a mother-figure in her life and that this impacting her emotionally. He reports that she has been having nightmares and has asked for help in understanding and addressing this and other issues that may be affecting her. Tiffany is enrolled in a day care program, and Matt reports that she is doing well, socializing with peers and adults, and meeting developmental milestones. The family has recently been assigned a social worker who is in the process of assessing Matt and his daughter.

Meanwhile, Matt has started participating in a support group at TFC for single fathers and male caregivers. Through the group, Matt has met several other men in similar situations, and has been able to get support from them and from the group leaders. Like other men in the group, Matt reports that he didn’t have other single fathers to talk to before meeting the other men in the group. Matt and Tiffany have also participated in family recreational programs such as a cooking program.

A Family
Aisha and Ousmane are immigrants from Sierra Leone raising their six children, ranging in age from 6 months to 13 years old. Aisha and Ousmane have been in the US for approximately 15 years, and have their green cards, while all 6 children are US citizens by birth. Aisha and Ousmane are both HIV+, as are their second and third children (ages 10 and 11). All four HIV + family members receive their medical care at Lincoln Hospital, the organization which referred them to TFC in January 2009 for counseling and case management support. The staff social worker assigned to work with the family is primarily working on providing counseling to Aisha on issues related to medical care and access, HIV disclosure, public benefits and immigration. The family was recently referred to receive the ESLS intervention and the program-specific assessments will be completed in the next several weeks.

The two youngest children (currently ages 6 months and 5 years) will be the focus for the purposes of the ESLS program. Although Aisha reports that both of these children are in good health and developing normally, she does indicate that she feels overwhelmed by her parenting responsibilities. Ousmane is frequently absent from the home due to traveling for his job as a salesman. Coming from a polygamous culture, he is also supporting other wives and children back home in Sierra Leone. Aisha is therefore, primarily responsible for keeping on top of the children’s educational, medical and emotional needs. She expresses concern that her older children have fallen behind academically and wants help addressing this at the same time that she wants to avoid a similar outcome for the younger children.

f) Development of Evaluation Protocol-The Family Center’s Research and Evaluation Manager, Dr. Reich, will be conducting the evaluation. Our protocol for collecting data is currently under review at the Western IRB. We expect the protocol to be approved in several weeks’ time.
2) Describe any deviations or departures from the original project plan. Special problems encountered or expected.

It took a bit longer than expected to find the right person for the Early Intervention Coordinator position. This position is new to the agency and is critical for the program. While we were looking for the right candidate, the Program Director and the Director of Social Services indentified current TFC clients for the ESLS program. Social workers have conducted the case-management and psychosocial assessments, and all families are currently scheduled for program-specific assessments (Ages and Stages assessment, and school readiness assessment) to be conducted by the EI Coordinator. Families needing EI services will begin their ongoing work with EI coordinator in May. Those children who would benefit from play therapy will be matched during the summer with a TFC social worker enrolled in the play therapy training being offered on-site. Workshops and groups will also begin in the summer with an expanded schedule of offerings in the fall when more families will have been enrolled, assessed and engaged in services. We are confident that once the program is fully implemented we will meet our enrollment targets.

Delays in program start-up, particularly hiring, have resulted in under spending of the first-year budget. We anticipate a carry over of funds into Year 2, but do not expect under spending to be a continuing issue.

3) Significant findings and events/Dissemination Activities.

For this new program, we have no significant findings or events to report at this time. Nor do we have dissemination activities to report other than the program outreach mentioned previously.

4) Activities Planned for next period.

We are developing the school readiness assessment to be used by staff to determine whether school-age children are prepared for entry into school or if already enrolled in school, what kind of supports they might need in order to perform optimally in a school setting. This assessment will be piloted in May and will be available for routine use well in advance of the beginning of the next school year in September. We are also developing the protocols needed to access school records. As mentioned previously, we will also begin piloting new groups for families and children in the summer.