

Connecticut Appropriations Committee RBA Template

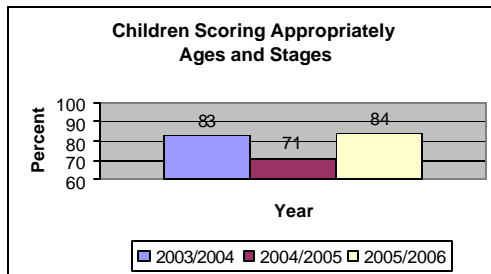
Part II, Program Accountability Summary

Program Purpose Ensure the safety, physical and emotional health, and development of children age 0-6 years old who have been or are at risk of abuse and neglect in order to ensure their readiness for school at age 5.

Program Parents in Partnership Programs (PIP), Department of Children and Families

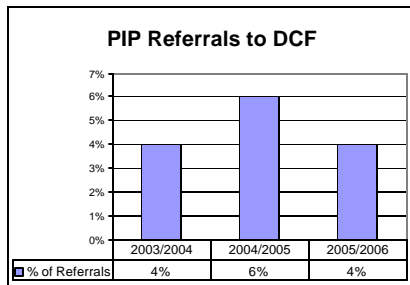
Performance Measure 1

The percentage of children who are developing appropriate cognitive, language, motor and social/emotional skills as a result of participation with their parent(s) in the PIP program.



Performance Measure 2

The percentage of families experiencing increase as a result of receiving support from the PIP Program



Performance Measure 3

Percentage of parents engaging in positive interactions, discipline and guidance with their children.

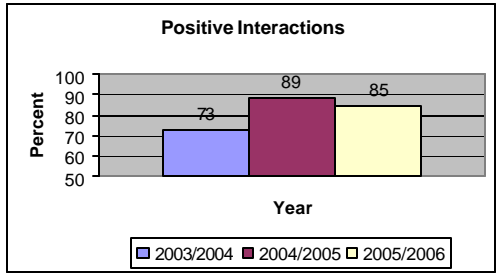
Key Budget Information	
Total Current Program Year Funding	\$505,290.00
Funding as Percent of All Funding for Population Result	
Program Funding As Percent of Total Agency Budget	.006%
Funding Distribution	
Total Federal Funds	0
Total State Funds	\$505,290.00
Capital Projects Subtotal	0
Other Funding	0
Percent of Total Current Funding Contracted to Third Parties	100%

Story Behind the Baselines

Connecticut families are experiencing greater amounts of stress than ever before. Stressors include: complex child dynamics, poverty, under-education, under-employment, domestic violence, substance use, teen parenting, mental health challenges and multi-agency involvement. In order for children to reach their developmental potential they must have safe, healthy, nurturing and permanent environments. The PIP programs exist to monitor the development of young children who experience stressful environments, promote child health, safety and development through parent education, and assist families to provide stable, nurturing environments.

Turning The Curves: What do you propose to do over the next two years and why?

1. Provide all PIP programs with training on parent/child assessments tools in an effort to document pre/post changes in child development outcomes, parent knowledge and parent/child interaction.*
2. Re-incorporate frequent home visiting in all PIP programs to assure the transfer of learning from center-based parent support groups and playgroups into the home environment.*



*Indicates, low-cost, no-cost action steps, including reallocation of existing resources.

Connecticut Appropriations Committee RBA Template Part II, Program Accountability for Parent in Partnership Programs

Program Purpose Ensure the safety, physical and emotional health, and development of children age 0-6 years old who have been or are at risk of abuse and neglect in order to ensure their readiness for school at age 5.

Program Parents in Partnership Programs (PIP)/Department of Children and Families

Contribution to Population Result

1. Stabilize families through the provision of assistance in obtaining housing, education, entitlements, and income.
2. Parents receive information about child development and child care which promotes cognitive/problem solving skills, language, social/emotional and physical development.
3. Promote the health and safety of children by increasing positive interactions and positive methods of discipline.

Key Budget Information (*Dollars reported in millions*)

Total Current Program Year Budget for PIP	\$505,290.00
Funding as Percent of All Funding for Quality of Life Result	
Program Funding as Percent of Total Agency Budget	.006%
Budget Distribution:	
Federal	
State	
General Fund	\$505,290.00
Capital Project Funds	
Other State Funding	
Other Funds (Not Federal or State)	
Percent of Total Current Funding Spent on Direct Service	91%
Percent of Total Current Funding Contracted to Third parties	100%

Basic Program Facts

The Parent in Partnership Programs was developed in the late 1980's based on a strength-based model of intervention and prevention for families with children with disabilities. The model originated in Tennessee and was referred to as the Regional Intervention Program (RIP). The Connecticut adaptation identified families of young children who were either clients of the Department of Children and Families due to a history of abuse and neglect, and therefore were mandated to participate in a parenting program; or who were perceived to be at risk of future abuse and neglect of their young children. The programs were initially entitled Preschool Intervention Programs. The model promoted active engagement of parents in promoting their children's development by identifying needs and strengths with families, developing family action plans and providing in-home and center-based services. Services included assistance with accessing housing, education, financial planning, employment and case management. A strong

DCF: Parents in Partnership Programs

emphasis is placed on identifying the developmental needs of children and the health and mental health needs of parents. Parents who attend often have one or more of the following characteristics: difficult child, chaotic family dynamics, poverty, undereducation, underemployment, domestic violence and substance use, and multi-agency involvement. During the 1990's the program's name changed to the Parent in Partnership (PIP) programs to reflect more accurately the partnership developed by service providers and their clients. Services remained essentially unchanged, focused on the individualized needs of the family and young children. There are four PIP projects in the state. Since 1988, they have served approximately 2,250 families.

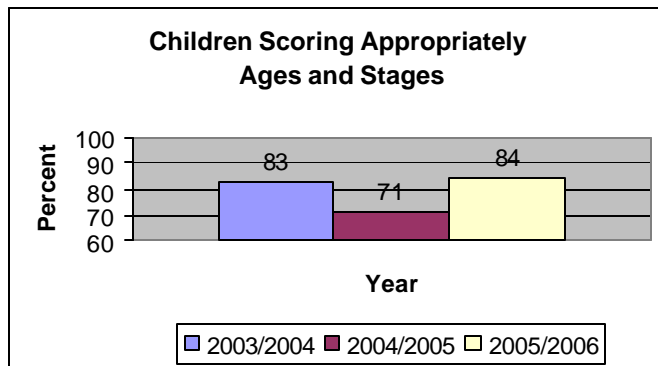
Performance Measures and Story Behind the Baselines

Summary of Story Behind the Baselines:

The measures of program effectiveness should be considered proxy measures since not all programs used the same method of data collection.

Performance Measure 1:

The percentage of children who are developing appropriate cognitive, language, motor and social/emotional skills as a result of participation with their parent(s) in the PIP program.



Story Behind Measure 1

The Ages and Stages Questionnaires were selected as a developmental measure for several reasons:

- Frequency of monitoring (every four months B-2 years, every 6 months thereafter)
- Comprehensive set of questionnaires dealing only with social/emotional development at each specified age
- Availability of questionnaire in several languages
- Ease of use with parents
- Educational value of questionnaire for informing parents about child development

Questionnaires are administered to children with parental participation. All staff assisting in this process have been trained in the administration and scoring of the questionnaires. The graph shows that 83% of children 0-5 screened in 2003/2004 were developing typically, while 17% were referred for follow-up testing. In 2004/2005, 71% of the children 0-5 attending PIP were at typical levels of development while 29% were referred for follow-up testing. In 2005/2006,

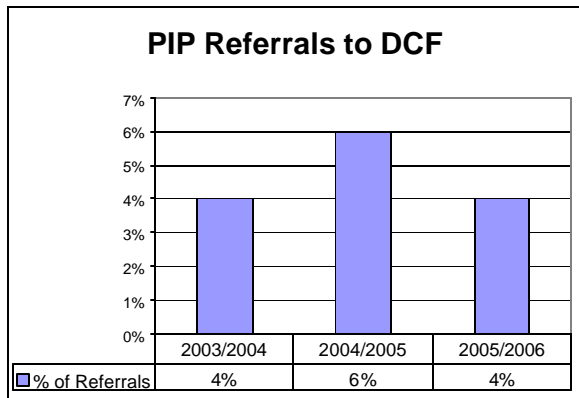
DCF: Parents in Partnership Programs

84 % of the children 0-5 were developing typically while 16% were referred for follow-up testing. The total number of children was not reported; however, anecdotal information obtained through interviews suggested that in some PIP programs all children in a family being served under the age of 6 were screened using the Ages and Stages Questionnaire. All children scoring in less optimal ranges were referred to either Birth to Three services or the LEA. The outcomes of these referrals were generally unknown by the program.

While it may appear that there was a decrease in children screening in the typical range of development during 2004/2005, this is likely due to a difference in the cohort of children served in that year by the PIP programs. Anecdotal history indicates that there have been years where there were increases or decreases in referrals based on the families who participate in the program and the unique characteristics and needs of their children. It would be interesting to determine what domains of development prompted the referrals. As the demographics of our state change, it will be interesting to determine if the Ages and Stages Questionnaires is useful in monitoring children who may be speaking languages other than English. It will also be important to develop a method of determining the service options offered to families and outcomes of these services.

Performance Measure 2:

The percentage of families experiencing increased stability as a result of receiving support from the PIP Program.



The Story Behind Measure 2

Families who neglect and abuse their children often are families who experience one or more of the following: difficult child, chaotic family dynamics, poverty, under-education, under-employment, domestic violence, substance use and multi-agency involvement. The PIP programs assess individual needs of families and children, develop action plans based on identified strengths, and create goals with families. Services are individualized to achieve greater stability in families. This can mean connecting families to food stamps, WIC or to medical facilities. For many families referrals are made for counseling. In addition, all families have opportunities to attend classes and center-based programs that help them learn to care for and support the development of their children. Participation in PIP may mean assisting a mother access child care while she attends school, or assisting with locating and paying for child care. One measure of greater stability is fact that the family is able to maintain their family unit

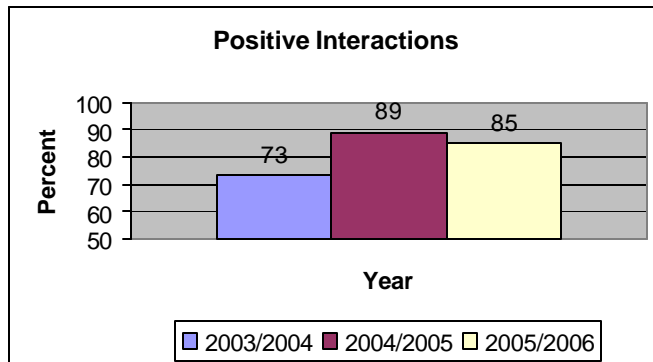
DCF: Parents in Partnership Programs

without re-referral to the Department of Children and Families. The graph above demonstrates that over the past three years, less than 6% of families participating in the program were re-referred during the time they participated in the PIP program.

Although it may appear that there is an increase in referrals to DCF during 2004-2005, there is a danger in drawing this conclusion. The cohort of families participating in the PIP programs differs each year; therefore, comparisons from year to year cannot be made. The relevance of the data lies in understanding that within each year there are very few referrals made to DCF indicating that outcomes in terms of maintaining family stability are encouraging. Outcomes for families after participation in the programs are not known. Since some families do participate for longer than a year (anecdotal information), it would be interesting to follow a sample cohort for several years to determine long-term outcomes.

Performance Measure 3:

Percentage of parents engaging in positive interactions, discipline and guidance with their children.



The Story Behind Measure 3

All learning first occurs within the context of relationships. Children must have a secure sense of attachment before they are able to leave a parent to inquire and explore. Secure attachments result when infants and young children engage in positive, satisfying relationships with those who care for them. Positive, responsive relationships form the basis of all future learning and are therefore of utmost importance. When parents live in stressful environments, have unmet needs, or have a history of distorted parenting themselves, engaging in positive interactions with their young child becomes a serious challenge. Positive interactions are defined as those interactions where both parent and child experience mutual pleasure. Interactions occur during play but also during times when young children are being nurtured, guided and disciplined. During healthy parent child interactions discipline is given in the form of guidance and is not punitive in nature. Limits are clearly set in a responsive manner appropriate to the child's age. There is generally a limited amount of commanding and demanding and concomitantly an increased amount of explanation. Several instruments are utilized to explore parent /child interactions. Among them are the HOME Environment Scale, Parent Behavior Progression System, and the Parent/Caregiver Involvement Scale. During PIP participation these observation tools are administered by staff trained in the process of administration and scoring.

DCF: Parents in Partnership Programs

Based on the individual results PIP programs assist parents to improve their knowledge of children's development, especially in the areas of social and emotional development, discipline and guidance. The graph above shows the assessment of parental interactions **after intervention**. Pre/Post data was not available for all PIP programs. In addition, it is not known if these results maintain over time.

Partners and Their Roles

- Community Providers include: mental health providers, clinics, substance abuse treatment centers, employment agencies, homeless shelters, Local Educational Agencies, Head Start, day care providers, physicians, dentists, and local housing authorities. A critical, bi-directional relationship is developed with the individuals and agencies on a local and statewide level. PIP relies on these individuals as both a source of referrals and as resources with which to connect families requiring services.

For example, a single mother with two children may be referred to PIP when she has an open case with DCF Child Protective Services. While completing the PIP intake process which includes assessment of parent needs as well as assessment of children's developmental status and parent /child interactions, the following needs are identified: 1. 4 year old child experiences developmental delay documented by Ages and Stages and is referred to the Local Educational Agency for assessment and follow-up; 2. Mother is about to be evicted from apartment she is referred to Section 8 and is assisted in locating new housing and 1st months rent; 3. Mother is in an abusive relationship and is referred for domestic violence counseling.

In another circumstance, the community resource is the referral unit, e.g., a pediatrician may see a family and refer the family for services based on observations of parent/child interactions that are of concern.

- **Community Networks and Councils.** PIP Directors and staff participate in local community networks and councils for similar reasons. These networks and councils offer an opportunity to increase awareness of the program and services it offers families and children. It also provides opportunities to share information and receive referrals. During the past twenty years PIP has partnered with agencies to support local efforts at obtaining additional programs through cooperative grant writing
- **State Agencies.** PIP Directors and staff invite state agency representatives from area offices that provide financial assistance, housing assistance, child care, nutrition supplement, and transportation to parent support and information groups. Representatives of these agencies provide information and training to parents and staff alike enabling parents to learn the eligibility criteria and skills necessary to apply for assistance; and enabling staff to gain critical, current information that assists them in promoting family advocacy. The training and technical assistance is generally offered at no cost to the program. Developing relationships with representatives of DSS, DCF, WIC, Head Start, DMHAS and SDE is critical to supporting families.

What steps are needed to improve performance in the next 3-5 years and why?

No-cost/low-cost action steps:

1. Provide a standard format for all PIP programs for use in developing Family Plans. Some PIP programs have deviated from the original model of assessing families. All programs must use comparable measures of assessing child and family strength and needs and must have a process to address family needs as goals in a family plan.
2. Assure that all PIP programs offer a menu of services including home visiting. Most PIP programs offer home visiting; however, some do not. Short-term site-based classes of 10 weeks or less do not allow for in depth knowledge of the family thereby weakening conclusions regarding long-term family stability and changes in the way families interact with their children.
3. Convene several meetings of PIP programs to review and critique curriculum used, share resources, and collaboratively plan for program improvement.
4. Provide training in use of Ages and Stages, Knowledge of Infant Development Inventory (KIDI), use of the Parenting Stress Index, Home Environment Scale, Parent/Child Caregiver Involvement Scale.

Appendix A

Data Development Agenda

1. All programs will collect pre/post measures on any assessment or screening tool used.
2. All programs will incorporate parental satisfaction surveys into their data collection.
3. All programs will develop a data system to answer the following questions:
 - What was the status of the family/child at entry to program (DCF status, housing, finances, education, parent child interaction, child development knowledge)?
 - What services were provided (housing, finances, education, parent child interaction, child development knowledge)?
 - Did the family create a Family Service Plan with goals, timelines and strategies?
 - What was the status of the family at program exit?
 - Did the family accomplish goals in plan?
 - Is the family/child better off after service provision? How?

Appendix C, Information and Research Agenda

1. Engage each PIP program in deep analysis of current program data with the ultimate goal of quality improvement. Each program must look deeply at the type of data they collect, the reasons for collecting the data and whether the data is meaningful. Is this an action step or a research agenda?
2. Develop a method of site-based data collection that is linked with DCF Central Office and DCF LINK System as appropriate and as determined by the Decision Support Unit.