Part 2: Home-Based Programs

Early Head Start Program Profile

Region II Community Action Agency Early Head Start
Jackson, Michigan
October 28-30, 1997

The Region II Community Action Agency, a community-based organization with more than 30 years of experience serving low-income families, operates an Early Head Start program for 75 families in Jackson County, Michigan. The Early Head Start program builds on the agency's Infant Mental Health program. The families served by the program are mostly white, single-parent families. The program provides child and family development services in weekly home visits by registered social workers and monthly play groups for parents and children. In the home visits, EHS specialists work extensively with parents on their problems in order to enable them to be better parents.

OVERVIEW

Region II Community Action Agency (CAA) operates an Early Head Start (EHS) program in Jackson County, Michigan. Region II CAA is a community-based organization and Head Start grantee that has been serving low-income community members for more than 30 years. The agency, which has total annual funding of about $11 million, serves approximately 20,000 low-income individuals from three Michigan counties--Hillsdale, Jackson, and Lenawee. The EHS program, which builds on Region II CAA's Infant Mental Health (IMH) program, provides home visits by trained social workers to at-risk families who have children ages 0 to 3. LifeWays, the community mental health agency, funds the IMH program.

Community Context. Jackson is a sizable community an hour west of Detroit. A large state prison is located in Jackson, and the community includes families of inmates. The employment rate is high in the area, but many residents work in low-paying jobs. Many poor families live in substandard housing, in community shelters, or with other families. Region II CAA has been very involved in community collaboratives that are working to improve the delivery of services to families.

Program Model. Region II CAA's EHS program is a home-based program. EHS specialists, who provide child development and case management services, schedule weekly home visits with each family. Region II CAA is building a program for children ages 0 to 5 by connecting its EHS and IMH programs with the existing Region II CAA Head Start program.

Families. The Region II CAA EHS program serves a diverse group of families. Approximately three-fourths are white, and one-fourth belong to other racial and ethnic groups. Approximately one-third are two-parent families. Approximately 40 percent of mothers were pregnant when they enrolled in the program. Nearly half of the families were receiving welfare cash assistance when they enrolled.

Staffing. The EHS program relies on its 10 EHS specialists to provide services to families. As registered social workers, the specialists have the expertise to work with families on both child development and family development issues. A family service worker supports the specialists by coordinating families' transportation needs and connecting families to needed community services, and a child care worker manages the infant-

toddler center. The EHS coordinator provides daily supervision and support to the staff, and the EHS project director, who is also Region II CAA's deputy director for family and children's services, provides general oversight of the program.

RECRUITMENT AND ENROLLMENT

Program Eligibility. The Region II CAA EHS program serves families who meet the eligibility requirements for EHS, include a pregnant woman or an infant under 1 year old, and have two or more issues (such as domestic violence, substance abuse, or limited cognitive abilities) identified on a psychosocial assessment. Most families live in Jackson County.

Recruiting Strategies. EHS relies on referrals from the medical community to identify and recruit families. Originally, the program intended to accept referrals only from the Center for Family Health (CFH), a local health clinic, but changes at the clinic, mainly the loss of the clinic's obstetrician-gynecologist, required the program to seek referrals from other sources. At the time of the site visit, most families had been referred to EHS by CFH, but some referrals, especially for children with disabilities in the Early On system, had come from other agencies in the community. The program has developed brochures and flyers to help these referral sources publicize and explain the program.

Enrollment. The Region II CAA EHS program is funded to serve 75 families, and an additional 40 families participate in the IMH program. The program has been at full enrollment but, at the time of the visit, was serving 66 EHS families, 58 of whom are in the research sample. Nonresearch families either have children too old to be included in the research or have participated previously in the IMH program. Most families that have left the program moved out of the county or state. About three-quarters of the enrolled families are white, and the remainder are African American, biracial, or Mexican immigrants.

CHILD DEVELOPMENT CORNERSTONE

Home Visits. The Region II CAA EHS program provides child development services to families in home visits by EHS specialists. Specialists have caseloads of 12 families, including 9 to 10 EHS families and 2 to 3 IMH families. The specialists, all of whom are registered social workers in the state of Michigan and most of whom have a master's degree in school work or counseling, focus on the bonding between parents and their children and provide support using the Infant Mental Health Model.

Specialists try to spend about half of the home visit on child development issues and half on family development issues. Often, however, specialists spend a large part of the
visit providing therapy to the parent and family. Many families are often in crisis, so the specialist spends time helping the family to navigate the social services system, overcome a violent relationship, or deal with physicians. When not dealing with crises, specialists observe parents and children, encourage parental observation of children, suggest interactions to parents, encourage games and play, model appropriate interactions, and videotape parent-child interactions. Some specialists reported that they begin their sessions by focusing on child development issues so that the adult therapy session does not consume the entire visit.

Specialists attempt weekly visits but often either exceed or do not meet this goal. Specialists may see some families in crisis several times during the week, and other families may not keep their weekly appointments. On average, families receive two home visits per month. Typically, home visits last 60 to 90 minutes.

COMMUNITY PROFILE

Jackson is a sizable town with a small-town feel. Community providers tend to know each other and are able to collaborate to provide services. Residents also tend to know each other or to know people in common.

The employment rate is high, but many residents are in low-paying jobs in the service and retail industries. Beyond some critical need areas, such as housing and child care, families can find most of the resources they need within the community.

One of Jackson, Michigan's prominent characteristics is the large state prison within its borders. According to some informants, the prison has profound effects on the community. Families have moved to the community to be near incarcerated loved ones. This situation has the potential to bring in families with high incidence or risk of domestic violence, drug abuse, and other problems. Also, Department of Correction workers are in high-stress jobs that might result in unstable domestic situations.

The level of crime in Jackson depends on where one lives. Parents participating in the

group discussion said that the south and east sides of the town are more drug- and crime-ridden than the other parts of town.

The greatest need of poor families is for affordable and decent housing. Region II CAA conducts an annual survey of its clients, and, for the fourth year, respondents listed affordable housing as the greatest community need. Families continue to live in substandard housing because they have no other options, and many families are homeless, either living with other families or in community shelters. Additional community needs cited by community residents include child care for infants and special needs children, dental care for children and adults, and better job opportunities for poor families.

Various community agencies and human service providers collaborate in many formal and informal ways to meet these needs. According to a list compiled by the Human Services Coordinating Alliance (HSCA), there are 34 collaborative efforts in the community.

HSCA, which is mandated by the state to disburse funds from the state's Strong Families/Safe Children initiative, is charged "to promote, facilitate, evaluate, and coordinate collaborative interagency planning and delivery of human services to enhance community health." The membership of the group includes the welfare department, community mental and public health agencies, intermediate and public school districts, and other agencies. The executive director of Region II CAA has served as chairperson of this alliance. The HSCA goals for 1997 included a community-wide needs assessment, integration and expansion of programming for children ages 0 to 3, and a focus on school-aged children. Currently, the group is working on a plan for disbursing its remaining funds. The group does not want to fund programs that will end when the funding runs out; instead, its members are working with local foundations to develop programs that will receive long-term support.

Another collaboration, the County Transformation Project, focuses on improving the community in which EHS families live. It is a partnership between the county and the Kellogg Foundation and is administered by Jackson Community College and the Jackson Area Quality Initiative. This project is open to all community members. Its mission is to develop a plan for the community and to teach members how to create community change

Group Child Development Activities. The program invites EHS families to participate in monthly play groups for parents and children. These groups, which are planned and conducted by staff members, include parent-child interactions and age-appropriate play for infants and toddlers. The main focus of the activities is to teach parents to have positive interactions with their children. Play group activities during the last year included a community service day, a day in the park, a zoo trip and picnic, and sessions on making costumes and cooking turkeys. About 20 families participate in each monthly activity.

EHS staff members believe that their program improves child development outcomes by first working with parents on their own self-esteem and behavior. Helping parents deal with their own self-esteem issues enables them to be better parents. Staff members work extensively with parents on their problems in order to improve the lives of their children. In the past, the program tended to focus on the family, but at the time of the site visit, staff members had begun shifting their focus to consider families' problems from the children's perspective.

Child Care Services. In the last year, the EHS program opened its Infant-Toddler drop-off child care program. Families call their EHS specialists to gain access to this care. The care is used when parents are busy with program-related activities, such as doctor appointments, meetings with Family Independence Agency (FIA) caseworkers, and program group meetings. Occasionally, a specialist invites a family to the facility to play using the center's age-appropriate children's toys. The center is staffed by a child care specialist. The person holding this position must have a child development associate (CDA) credential or equivalent degree.

Low-income families in Jackson have few affordable, high-quality child care options. Many EHS families use relatives to care for their children. When parents need other care for their children, EHS specialists can refer families to a local child care network, Community Coordinated Child Care (CCCC), which provides families with lists of licensed child care providers. The CCCC worker helps parents identify criteria for the child care that will meet their needs. The parent is responsible for visiting the listed child care providers to determine which

ones meet the family's needs. On occasion, at the request of the parents, the EHS specialist will accompany the parents to check the quality of the listed child care providers. Specialists do not routinely check the quality of the child care being provided to EHS children. If a specialist has concerns about a particular child care arrangement, however, the specialist tries to visit the provider. If the specialist feels that concerns are warranted, she will counsel the parents to find alternative care for the child.

Region II CAA has a contract with CCCC to conduct training for EHS parents who want to become family child care providers. Staff members believe that this training will be useful whether or not the families provide child care for other children. This program component has not been used much by families, in part because the training location is not accessible to many families. Also, EHS families often have too many personal problems, such as poor housing conditions and abusive relationships, to provide child care for other families' children.

Child Development Assessments. EHS specialists assess children's development using the HELP Strands Child Assessment tool every six months. Parents tend to enjoy this instrument, because it enables them to see their children's progress. Specialists also administer an Infant Assessment that provides additional information about the children from the parents' perspective. The assessment is completed within 45 days of the family's enrollment into the program.

Health Services. Most families enrolling in the Region II CAA EHS program have a medical home at the Center for Family Health (CFH). Originally, the program expected all families to be using CFH medical services, but the center lost its obstetrician-gynecologist. Now, some families receive medical care from other health care providers. According to parents' reports, most EHS children are up-to-date with immunizations and well-child visits. Parents sign releases so that the program can access their medical records from providers, but the program has not been following up regularly on children's doctor visits.

Services for Children with Disabilities. The EHS program has a close relationship with Early On, the community's Part C provider. Early On trained EHS specialists on administering the HELP Strands Assessments. EHS also adapted Early On's individual family service plan (IFSP) for use with EHS families. Early On and EHS staff members work together to develop the IFSP for jointly enrolled families. Currently, about nine EHS children have disabilities.

Transitions. When the family is in its third year of EHS, the EHS specialist will start helping the family transition out of program services. The specialist will hold a team meeting with the family service worker, the disability coordinator (if necessary), and any other appropriate service providers to work with the family on making the transition to other programs. Region II CAA plans to provide a smooth transition to Head Start for eligible EHS children.

COMMUNITY CHILD CARE

Many EHS families need child care. At the time of the site visit, most parents were relying on their families for child care, and few children were enrolled in child care centers or family child care homes.

A key collaboration, the Child Care Coalition, is focusing on the community's child care needs, and its mission is to plan strategically around the issue. The coalition, which is sponsored by the Kellogg Foundation and run by CCCC, assessed the needs of the community and developed a strategic plan for child care in Jackson. Coalition members identified three goals and began addressing the needs. First, they focused on the need for infant child care. The coalition devised an incentive package which included equipment for infant care and provided training in cardiopulmonary resuscitation and first aid. Through this program, the coalition created new spaces for infants in 15 child care settings. The second need identified was for emergency care. The coalition has worked with a home health agency to train workers to go into private homes to provide child care or to work as substitutes in child care centers. The ultimate goal is to make this service affordable. To date, eight people have been trained. The third need is respite care for families with special needs children.

In general, Jackson County has sufficient child care capacity. CCCC's child care statistics for the county show that there is adequate infant, weekend, and evening care capacity. Parents are choosing not to place their children in some of the child care spaces, however, because of the poor quality. For example, in Michigan, family child care providers are not required to have any training; only 45 percent of providers have training.

FAMILY DEVELOPMENT CORNERSTONE

Needs Assessment and Service Planning. The EHS specialists work with parents to identify their goals and strengths and to develop IFSPs, which are updated every six months.

Case Management. A family service worker (FSW) assists EHS specialists by connecting families to needed services, such as child care and emergency assistance. The FSW also coordinates various group activities, including the monthly play group; a weekly, parent-led support group; and a monthly group for fathers. EHS specialists rely on the FSW as a resource to learn about other community programs and providers.

Father Involvement. Staff members encourage fathers' participation in the program. EHS specialists try to include fathers in the weekly home visits, but fathers are not always at home, or they may feel that the program is for mothers. The monthly Dads group is led by a male social worker in the community. Because EHS staff members are all women, the program looked outside to find a qualified individual to lead the group and attract fathers. The group, which is conducted in collaboration with the community's Child and Parent Center, is also open to fathers of Head Start children and other community fathers. A core group of fathers has been participating in the monthly meetings, in which fathers discuss their personal growth and participate in father-child activities.

Parent Involvement in the Program. Parents are involved in the program primarily by participating in the Head Start Policy Council, which has input into Head Start and EHS staff hiring decisions. Region II CAA added five membership slots to the Head Start Policy Council for EHS parents. Recently, three EHS parents joined the council, and one other parent has filled out her membership forms. Few other avenues exist for parental involvement, because the EHS home-based model creates few volunteer opportunities for parents.

> Region II CAA's approach to the family development cornerstone rests on the belief that parents are the primary nurturers and advocates for their children. Through a model of building relationships between the staff and families and between parents and children, the program strives to enhance family functioning by building on individual family strengths and ensuring that parents have the resources available to them to be good parents.

STAFF DEVELOPMENT CORNERSTONE

Training. Region II CAA is committed to providing the necessary support to staff members so that they can work effectively with families. Region II CAA contracts with the Merrill-Palmer Institute of Wayne State University to provide training and clinical consultation for EHS specialists. Initially, the Merrill-Palmer Institute provided six days of training to all EHS specialists. The training focused on the Infant Mental Health model. All EHS specialists participate in biweekly three-hour clinical consultations with the Merrill-Palmer consultant. Other EHS staff members, including the child care worker, the FSW, and the EHS supervisor, attend the consultations when they can.

All EHS specialists also have received training from other sources. They attended the Michigan Association for Infant and Mental Health conference training, a three-day conference for providers of infant mental health services. In addition, the local Part C program provided training to all specialists on writing IFSPs and working with children with special needs, and a local health care provider offered training on mental health issues. The regional technical assistance coordinator from Early On provided two training sessions on using the HELP Strands Child Assessment Tool, along with follow-up training meetings.

The EHS program also provides support for individual professional activities. Staff members may take leave for educational activities during the week, and Region II CAA will pay for one course per semester toward a staff member's continuing education.

Supervision and Support. The EHS coordinator provides weekly individual reflective supervision to all staff members. During the one-hour supervision session, the coordinator reviews the specialists' cases and discusses other staff members' work activity. These supervision meetings often provide support and advice to specialists on conducting their next visit to their families. As part of the supervision, the coordinator occasionally accompanies EHS specialists on their home visits.

To improve their understanding of the other agencies with whom the EHS program is collaborating, EHS staff members meet monthly with Center for Family Health staff members and monthly with LifeWays staff members. These meetings provide an opportunity for staff members to raise questions and further coordinate their activities.

At the time of the site visit, staff morale was good, and most staff members were satisfied with their salaries. The project director reported that staff salaries were at good levels for the community.

Staff Turnover. The program has experienced little staff turnover. In the year prior to the site visit, only one

person left her position; she moved from the community for personal reasons.

COMMUNITY BUILDING CORNERSTONE

Program Collaborations. As part of its EHS program, Region II CAA has formal contracts with several agencies. LifeWays provides training for EHS specialists and also contracts with Region II CAA to run the IMH program. LifeWays has provided psychiatric services for 10 EHS families and open psychiatric consultations for medical service providers accessed by EHS families. Region II CAA does not have a formal agreement with the CFH, but staff members of both agencies work closely together on behalf of their families. Region II CAA contracted with the Early On program to have Part C children and their families join EHS play groups in summer 1997. EHS also has a contract with Community Coordinated Child Care to provide training in child care to EHS parents.

EHS has less formal relationships with other agencies, including the Family Independence Agency, the state's welfare department; the Child and Parent Center, which provides drop-in child care and other services; the AWARE shelter, for victims of domestic violence and abuse; the Jackson Housing Commission; and Region II CAA's own community services office. In most cases, the EHS program refers families to these agencies.

Interagency Collaboration. The goal of the Region II CAA EHS program's community building activities is to increase families' access to high-quality services and to create a seamless system of service delivery. Region II CAA has links with most service providers in the county and is working on improving the service delivery system. Region II CAA and the EHS program have a good relationship with many community agencies, including the Family Independence Agency, LifeWays, the local Part C agency, the Literacy Council, the library, and the Center for Family Health. EHS also works with Community Coordinated Child Care to improve the availability and quality of child care in the community.

Region II CAA, and indirectly EHS, is involved in many community collaboratives. The Region II CAA executive director chairs one community collaboration, the Human Services Coordinating Alliance. The Alliance, whose membership is mandated by the state, has responsibility for administering Strong Families/Safe Children, the state's implementation of the federal Family Preservation and Support Services Act of 1993. In addition to its leadership role on the council, Region II CAA is the lead agency or is involved in many Alliance collaborative programs. Region II CAA also is involved in the Child Care Coalition, formed by the Kellogg Foundation to develop a strategic plan for community child care.

EHS staff members also participate in various organizations and activities. For example, one specialist is a member of the Jackson County Association for Infant Mental Health, an informal network of providers serving children ages 0 to 3.

WELFARE REFORM

Michigan welfare reform began in October 1996. Families now face a five-year lifetime limit on cash assistance, and welfare recipients must comply with the new work program, Work First. Recipients must work at least 20 hours per week. New mothers must start work when the child is 3 months old. There are few exemptions to participation in Work First. An FIA administrator estimated that 90 percent of the caseload is working. Approximately half of EHS families were receiving cash assistance when they enrolled in the program.

Welfare reform has already affected families and programs. The EHS program is finding it harder to complete weekly home visits because of parents' work schedules, and parents are clamoring for a child care program similar to Head Start. Parents face many difficulties and choices when trying to comply with the welfare changes. In terms of child care, problems arise when the FIA child care reimbursements come after the parent starts working, leaving parents without the means to pay for the first weeks of child care. This situation also is difficult for the providers. Furthermore, the 20-hour work requirement means that families often need part-time care, which requires finding a provider willing to fill only half a slot. Adults who were in school prior to welfare reform find that the new rules make it difficult for them to continue their studies. If the parent works for 20 hours to comply with Work First and takes classes at school, then he or she will have little time to spend with the children. As a result, parents are choosing to drop out of school. Finally, the jobs that are available to welfare recipients do not pay well and often do not provide any health benefits. These jobs do not pay enough to support a family.

EHS staff members and clients hoped the program would be able to create a child care

center for the EHS program to better serve families' needs under welfare reform. However, at the time of the site visit, the program had not succeeded in obtaining funding for a center. In the meantime, the EHS specialists are accommodating families' changing schedules and helping families cope with the changing welfare rules.

CONTINUOUS IMPROVEMENT AND LOCAL RESEARCH

Early Program Support. At the time of the site visit, the EHS program staff had not received much technical assistance or feedback from its Technical Assistance Support Center or Resource Access Project. It had, however, received support from its federal project officer and consultants from Zero to Three.

Continuous Program Improvement. Region II CAA uses several tools to evaluate and improve EHS. It uses the on-site program review instrument (OSPRI) provided by the Head Start Bureau to evaluate both the Head Start and EHS programs. Region II CAA uses the results of its annual community needs assessment, feedback from the policy council, and information from the local research team to make changes to the program. The agency also incorporates information from the research and the clinical supervision sessions conducted by the Merrill-Palmer Institute of Wayne State University to improve the services provided to families.

Local Research. A team of researchers from the Michigan State University (MSU) Colleges of Nursing, Social Science, and
Human Ecology, with expertise in family health, child psychology, and community-based studies, is serving as the Region II CAA EHS program's local research partner. Although located in East Lansing, about 40 miles from Jackson, the local research team is in regular contact with the program.

The local research focuses on family health. The local research team will define family health status using bio-psycho-social components of family health, explore family health as an outcome of EHS participation, and assess family health as a predictor of service use. Data for the research come from observations and surveys, parent interviews, and reviews of medical and service records. As part of the initial program application, MSU was slated to conduct research on EHS fathers. This work is continuing in tandem with the national research consortium's work on fathers.

EHS, Head Start, and Michigan State University worked together to design a welfare reform survey. Program staff members distributed the survey to all EHS, Head Start, and IMH families in fall 1997.

PROGRAM SUMMARY

The Region II CAA EHS program provides child and family development services primarily in home visits focusing on enhancing parent-child relationships and providing support using the Infant Mental Health Model. At the time of the site visit, the program was beginning to shift the focus of services to emphasize child development and address family problems from the children's perspective.

PROGRAM COORDINATOR

Shelley Hawver
Region II Community Action Agency
Early Head Start Program
1214 Greenwood Avenue
Jackson, MI 49201

LOCAL RESEARCHERS

Rachel Schiffman
Michigan State University

College of Nursing
A230 Life Sciences Building
East Lansing, MI 48824-1317

Cynthia Gibbons
Michigan State University
College of Nursing
A230 Life Sciences
East Lansing, MI 48824-1317

Millie Omar
Michigan State University
College of Nursing
A230 Life Sciences Building
East Lansing, MI 48824

Tom Reischl
Department of Psychology
Michigan State University
129 Psychology Research Building
East Lansing, MI 48824-1117

Dennis Keefe
Michigan State University
116 Human Ecology Building
East Lansing, MI 48824

Hiram Fitzgerald
Department of Psychology
Michigan State University
6 Kellogg Center, Applied Developmental Science Programs
East Lansing, MI 48824-1022

Marjorie Kostelnik
Michigan State University
107 Human Ecology Building
East Lansing, MI 48824

Holly Brophy-Herb
Michigan State University
203 Human Ecology Building
East Lansing, MI 48824

Table of Contents | Previous | Next